PREA Facility Audit Report: Final

Name of Facility: Halifax County Adult Detention Center
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 09/16/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Ron L Kidwell	**Date of Signature:** 09/16/2024

AUDITOR INFORMATION	
Auditor name:	Kidwell, Ron
Email:	ronnie.kidwell@yahoo.com
Start Date of On-Site Audit:	08/01/2024
End Date of On-Site Audit:	08/02/2024

FACILITY INFORMATION	
Facility name:	Halifax County Adult Detention Center
Facility physical address:	1010 Blue Ridge Lane, Halifax, Virginia - 24558
Facility mailing address:	1010 Blue Ridge Lane, Halifax, Virginia - 24558

Primary Contact

Name:	Jacob Roberts
Email Address:	Jroberts@brrja.state.va.us
Telephone Number:	434-300-2303

Warden/Jail Administrator/Sheriff/Director	
Name:	Jason Ross
Email Address:	Jross@brrja.state.va.us
Telephone Number:	434-847-3100

Facility PREA Compliance Manager	
Name:	Jacob Roberts
Email Address:	jroberts@brrja.state.va.us
Telephone Number:	O: 434-476-5500 ext.2

Facility Health Service Administrator On-site	
Name:	Nicole Gallup
Email Address:	Ngallup@brrja.state.va.us
Telephone Number:	434-847-1300 Ext. 21

Facility Characteristics	
Designed facility capacity:	200
Current population of facility:	83
Average daily population for the past 12 months:	102
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	18-80
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	43
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	6

AGENCY INFORMATION	
Name of agency:	Blue Ridge Regional Jail Authority
Governing authority or parent agency (if applicable):	
Physical Address:	510 Ninth Street, Lynchburg , Virginia - 24504
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Debbie Dews	**Email Address:**	ddews@brrja.state.va.us

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-01
2. End date of the onsite portion of the audit:	2024-08-02

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor contacted Just Detention International and the Young Women's Christian Association of Central Virginia who also provides victim advocacy for the Blue Ridge Regional Jail Authority's facilities.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	102
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	96
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The Auditor began conducting random and targeted prisoner interviews on the second day of the on-site audit. The Auditor was provided a private area to conduct the confidential interviews. All inmates were made available in a timely manner and no inmates refused to be interviewed by the Auditor. All interviews were conducted using the established DOJ interview protocols.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	43
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The Auditor began conducting random and specialized staff interviews immediately following the completion of the on-site facility tour. The Auditor was provided a private area to conduct the confidential interviews. All staff were made available in a timely manner and no staff refused to be interviewed by the Auditor. All interviews were conducted using the established DOJ interview protocols.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Inmates were selected from all housing units, using the inmate cell assignment report. The Auditor went down the list of each housing unit and selected the inmate's name from all housing units. The Auditor also ensured that a representative sample of inmates based on race, gender, and ethnicity were selected.
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to interviewing the random inmates. However, the facility only identified two targeted inmates and there was no evidence to suggest there were any additional targeted inmates that the facility or Auditor was aware of. Therefore, the Auditor interviewed additional Random Inmates to meet the appropriate number of inmate interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported that they were not currently housing any inmates with a physical disability. The Auditor met with the PREA Coordinator and reviewed the list of inmates housed in the facility that requested accommodations, given a particular disability. The Auditor found no evidence of any inmate listed with physical disabilities.
61. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that they were not currently housing any inmates with cognitive disabilities. The Auditor met with the mental health professional and asked if there were any inmates housed in the facility that requested or was in need of mental or emotional accommodations, given a particular cognitive disability. The mental health professional confirmed there were no inmates that met this targeted group in facility at that time. The Auditor found no evidence of any inmate with cognitive or functional disabilities located at the facility.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that they were not currently housing any inmates that are blind or have low vision. The Auditor met with the PREA Coordinator and reviewed the list of inmates housed in the facility that requested accommodations, given a particular disability. The Auditor found no evidence of any inmate listed with disabilities regarding vision issues.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported that they were not currently housing any inmates that were deaf or hard of hearing. The Auditor met with the PREA Coordinator and reviewed the list of inmates housed in the facility that requested accommodations, given a particular disability. The Auditor found no evidence of any inmate listed with disabilities regarding hearing issues.
64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported that they were not currently housing any inmates that were limited English proficient. The Auditor met with the PREA Coordinator and reviewed the list of inmates housed in the facility that requested or required accommodations, given a particular language. The Auditor found no evidence of any inmate listed that required assistance regarding translation services.

65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported that they were not currently housing any inmates that identified as transgender. The Auditor met with the PREA Coordinator and reviewed the list of inmates housed in the facility that requested or required accommodations, given any gender identity. The Auditor found no evidence that would suggest any transgender inmate was being housed at the facility at the time of the on-site visit.
67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported four sexual harassment allegations during the last twelve months. However, the facility reported no instances of receiving any allegation involving sexual abuse. The Auditor found no evidence that would suggest otherwise.
68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported five incidents were inmates reported prior sexual victimization during the intake process over the last twelve months. However, at the time of the on-site portion of the audit, the facility reported that no inmates currently being housed had reported prior sexual victimization.

69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The Facility reported no instances of placing any inmate in segregated housing for risk of sexual victimization. This was confirmed through interviews with the staff who supervise inmates in segregated housing, the Facility Head, and inmates that reported sexual abuse.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The Auditor interviewed 2 targeted inmates at the HADC. Of those inmates interviewed, 0 reported sexual victimization during the risk screening process, 0 reported sexual abuse, 0 physically disabled, 0 cognitively disabled, 0 transgender, 2 LGB, 0 juveniles and 0 inmate that was limited English proficient. The HADC reported no inmates housed in segregation for high risk of sexual abuse, no inmates that were blind or low vision, and no inmates that were deaf of hard of hearing . The Auditor did not receive any correspondences from inmates at the HADC for this audit through the mail.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	The Auditor ensured that female officers were interviewed to provide their point of view working at this facility.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The staff were randomly selected by the PREA Auditor. The Auditor chose staff from all shifts, working different assignments, and with different levels of experience. The Auditor also made sure interviews were conducted with a proportionate number of female staff corresponding to the HADC's employee demographics.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
76. Were you able to interview the Agency Head?	◉ Yes ○ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	The Auditor interviewed a representative from the Rape Crisis Center Advocate (YWCA of Central Virginia)
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility reported only one contractor that has contact with inmates and six volunteers. Neither the contractor or volunteers were present at the facility during the on-site portion of this audit.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	◉ Yes ○ No

Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	On 08/01/2024, at approximately 0800 hours a PREA audit kickoff meeting was conducted. Present at the meeting was the Site Administrator, Assistant Site Administrator, and the Agency PREA Coordinator. The inmate population on 08/01/2024 was 96 inmates. The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next three days. Soon after the conclusion of the meeting the Auditor began the facility observation tour. Accompanied by the PREA Coordinator Site Administrator, and Assistant Site Administrator, the tour covered the entire facility over the next 3 hours. The tour covered the Front Entrance, Receiving and Intake, Food Services/Kitchen, Laundry, Gym, Program Classrooms, and nine separate housing units. During the facility tour, the Auditor looked at camera placement for possible blind spots and inmate to officer supervision ratio. The Auditor looked at privacy issues, how the toilet and shower areas were configured, and did the inmates had adequate privacy. Also, did staff of the opposite gender announce their presence when entering a housing unit of the opposite sex. The Auditor documented if PREA posters and PREA audit notices were displayed in the housing units and public areas as well. The Auditor noted the number of phones in each unit and if the advocacy hotline number along with the outside reporting entity contact information was readily available in the housing units. The Auditor also conducted several test calls to the outside entity to prove the effectiveness of the facility’s practice. The Auditor spoke to multiple inmates about if they knew how to report an allegation of sexual abuse. Finally, the Auditor entered the Control Center to view camera views to ensure appropriate pixelated coverage in areas that required inmates to have a level of privacy. In addition, during the facility tour the Auditor identified a potential blind spot in the laundry room due to stacked clothing shelves. The facility immediately

	rectified the problem by moving the obstruction and rearranging the room.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	At the conclusion of the second day of the audit, the Auditor reviewed a total of 33 files. Those files consisted of 17 inmate files, 12 staff personnel files, and 4 investigative files. The inmate files consisted of those inmates that had been previously interviewed during the audit. The staff personnel files were selected from those officers the Auditor had previously interviewed. In the staff personnel files, the Auditor was looking for evidence of an initial criminal history check, institutional references, 5 years background check, PREA training documentation, and PREA refresher training. In regard to inmate files the Auditor would confirm evidence of the PREA Intake Screening taken place within 72 hours, proof of a reassessment, PREA information provided at Intake, and if the inmate received their comprehensive education within 30 days of Intake. Finally, when reviewing the investigative files, the Auditor was looking for a complete administrative investigation. This would include the investigative outcome, retaliation monitoring, if a Sexual Abuse Incident Review was conducted, was the preponderance of the evidence used, victims, witnesses, and perpetrator interviewed among many other factors.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	3	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	4	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
121. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

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: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) Halifax Adult Detention Center (HADC) Pre-Audit Questionnaire b) Blue Ridge Regional Jail Authority (BRRJA) Policy 28.01 Prevention and Intervention for Sexually Abusive Behavior c) BRRJA Administration Organizational Chart d) Halifax Adult Detention Center (HADC) Organizational Chart Interview: 1. Interview with Specialized Staff (PREA Coordinator)

2. Interview with Specialized Staff (PREA Compliance Manager)

Observations made during the On-Site Audit and Document Review

115.11 Provision (a)

The Halifax Adult Detention Center is one of five facilities operated by the Blue Ridge Regional Jail Authority. The HADC facility has provided a written policy Standard Operating Procedure (SOP) 28.01 that indicates; “Complying with the standards of PREA is a priority of the BRRJA. The BRRJA has zero tolerance for inmate-on-inmate sexual assault or abuse, or sexual misconduct or harassment toward inmates. The BRRJA strives to provide a safe environment where inmates are free from such assault and sexual misconduct and makes every effort to detect, prevent, reduce, and punish sexual abuse, assault, harassment, and misconduct. Sexual conduct by staff, contractors, or volunteers with inmates, regardless of consensual status is prohibited by the BRRJA as well as the Code of Virginia 18.2-64.2 and 18.2-67.4. This operating procedure applies to all BRRJA employees, contractors, volunteers, inmates, and all persons who conduct business with the BRRJA.”

The following procedure outlines the department's approach to preventing, detecting, and responding to such conduct. There is a zero tolerance of staff on inmate, inmate on staff, staff on staff, and inmate on inmate sexual abuse and/or sexual harassment. The goal is to create an environment and culture of mutual respect. Also, the definitions associated with prohibited behaviors are present in this agency policy. For example: the definition of sexual abuse, sexual harassment, and voyeurism. The policy also addresses sanctions for those who violate the PREA policy with discipline up to and including termination. Finally, the BRRJA Policy in its entirety incorporates the necessary fundamentals needed to describe HADC’s approach to detecting, preventing, and responding to allegations of sexual abuse and/or sexual harassment.

The evidence collected for this provision shows that the facility has a written policy mandating zero tolerance towards all forms of sexual abuse. The policy also outlines the agency’s approach to detecting, preventing, and responding to sexual abuse. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.11 Provision (b)

BRRJA SOP 28.01 states in part that; “The BRRJA has designated an agency wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Standards in all of its facilities.”

The HADC provided an organizational chart that the Auditor reviewed. The Auditor observed that the PREA Coordinator in the rank of Sergeant is subordinate to the BRRJA Assistant Administrator. The Assistant Administrator is supervised by the BRRJA Administrator who oversees all five jail facilities. Thus, providing upper-level management positions to develop and implement oversight for the agency’s compliance with PREA standards.

	An interview was conducted with the PREA Coordinator, and she was asked whether she felt like she had enough time to manage all her PREA related responsibilities. The PREA Coordinator stated that she did have sufficient time, and that the agency was more than accommodating to her needs and time to coordinate PREA-related standards. She further stated that she coordinates the effort to comply with PREA standards by ensuring the appropriate training takes place and monitors the standards for any changes or modifications. If changes or modifications needed to be made, not requiring policy change, the coordinator would immediately make the necessary protocol changes. If there were a need for policy change then the PREA Coordinator would consult with the Agency Head. The agency PREA Coordinator does oversee five facility PREA Compliance Managers. The Agency's Compliance Managers position is the Facility Site Assistant Administrators. The evidence collected for this provision shows that the facility has demonstrated that they employ an upper level PREA Coordinator with enough time and authority to develop, implement, and oversee agency efforts to comply with PREA standards. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. 115.11 Provision (c) BRRJA Policy 28.01 states in part that; "The BRRJA has designated a PREA Compliance Manager at each individual facility with sufficient time and authority to coordinate and oversee agency efforts to comply with the PREA Standards at each respective facility." The facility has provided the HADC Organizational Chart that outlines the command structure in which the PREA Compliance Manager falls. The PREA Compliance Manager is in the position of the Assistant Site Administrator and is subordinate to the Site Administrator. At this facility, the Assistant Administrator in the rank of Lieutenant is supervised by a Captain. The PREA Compliance Manager work profile indicates that; the role of the PREA Compliance Manager is to have specific responsibilities, such as: maintaining necessary documentation of all PREA standard compliance efforts, act as primary facility contact for the PREA Coordinator in coordinating compliance and ensure compliance with all PREA relative departmental policies and procedures. An interview was conducted with a PREA Compliance Manager, and it was asked if he felt that he had enough time to manage all the PREA related responsibilities? The PREA Compliance Manager stated that, "Yes, he did have sufficient time to perform the duties required." Therefore, through written policy, personal observations, and interviews conducted the agency has demonstrated that it meets this provision. Conclusion: The BRRJA operates five separate facilities. The Halifax facility is a facility capable of holding 200 inmates. This facility is used as the one of the primary housing correctional facilities for the counties of Bedford, Halifax, Campbell, Amherst, and Lynchburg City, Virginia. Therefore, based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully

	compliant with this standard requiring the agency to have a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and to employ an agency PREA Coordinator.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) Memorandum of Record indicating no contracts with private agencies or other entities to house BRRJA inmates. Interviews: Observations made during the On-Site Audit and Document Review 115.12 Provision (a) BRRJA PREA Policy 28.01 states in part that; “A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.” The BRRJA reports that the HADC facility does not currently have an agreement to contract with any other detention facilities to house its inmates. Additionally, the jail has not engaged in an agreement or contract of this nature within the past twelve months. Therefore, this standard is not applicable to this facility. The facility provided a memorandum of record dated 07/23/2024 that states that, “BRRJA HADC has not entered into a contract with private agencies or other entities to house BRRJA inmates on or after August 20, 2012.” Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard because the standard is not applicable to this agency.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents a) HADC 2024 Staffing Plan b) HADC 2024 Staffing Plan Review c) Average Monthly Population Reports from June 2021 to June 2024 d) Memorandum of Record indicating no instances of staffing plan deviations e) BRRJA SOP 12.15 Supervision of Inmates f) Unannounced Supervisor Rounds forms Interviews: 1. Interview with Facility Head 2. Interview with PREA Coordinator 3. Interview with Intermediate or higher-level Facility Staff Observations made during the On-Site Audit and Document Review 115.13 Provision (a) BRRJA policy 12.15 states in part that; “The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted detention and correctional practices, any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated), the composition of inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or Local Laws, Regulations, or Standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.” Staffing positions throughout the Halifax Adult Detention Center are allocated from

	the staffing model established by the Virginia Department of Corrections. The facility employs 43 sworn officers. The current staffing level of the HADC is within generally accepted guidelines and practice. Staffing levels are also determined by post orders, job descriptions, and adequate schedule preparation. Through these measures, supervision and facility administration will ensure that a preferred and sufficient level of staff will be present for each shift. Video surveillance will assist staff in monitoring movement throughout the jail. This will be accomplished by utilizing a centralized area specific control room that is staffed around the clock. Incidents of future sexual abuse, sexual behavior, and any type of retaliation involving sexual abuse or sexual behavior may cause a necessary change in the staffing plan. The HADC did not have any judicial findings of inadequacy during this annual review period and provided a memorandum of record stating such. The HADC did not have any findings of inadequacy from federal investigative agencies during this annual review period. The HADC did not have any findings of inadequacy from internal or external oversight bodies during this annual review period. The HADC consists of 11 housing units with 4 direct supervision open bay/dorm units and 5 multiple occupancy cell housing units. Security rounds are made at a minimum of 30 minutes or less where every inmate is physically viewed by staff. Inmates are forbidden to create any obstruction, or otherwise inhibit any line of sight, which would create a temporary “blind spot” within the facility. Video monitoring systems are also strategically placed throughout the facility to enhance security and surveillance. HADC operates on a 12-hour rotation schedule with two-day shift squads and two-night shift squads. They also use a Monday through Friday Power Shift. The HADC Administrative staff consists of a Captain and Lieutenant position. The Classification Section has a Corporal assigned. The Intake Section entails a Corporal and two officers. The jail security staff contains four sworn supervisory Shift Commanders who hold the rank of Sergeant and manage both day and night shifts. Each shift consists of one (1) shift supervisor, Sergeant, one (1) assistant shift commander, Corporal, and a minimum of six (6) post officers that are assigned to confinement duties. These supervisory levels have been shown to be appropriate through many years of operating at this level, and they coincide with generally accepted, best practices. Since the last PREA audit, the average daily population of inmates at the HADC was 102 and the current staffing plan was predicated on 200 inmates housed at the facility. During the interview with the Facility Head, he was asked if the facility had a staffing plan and if the staffing levels to protect inmates from sexual abuse was considered in the plan, if video monitoring is part of this plan, and if the staffing plan is documented? The Facility Head confirmed, “Yes” to all the above questions. The Facility Head also confirmed that when reviewing the staffing plan on an annual basis they consider all the above matters. The Auditor also interviewed the PREA Coordinator and asked if the above considerations are weighed when developing the staffing plan. The coordinator explained that they were considered. During the on-site facility tour, the Auditor looked for potential blind spots, camera placement, and understaffing or overcrowding situations. The Auditor observed and

documented the staff to inmate ratio in each housing block and the number of supervisors present and working alongside staff.

The evidence collected for this provision shows that the agency has a written policy that addresses appropriate staffing plans and reviews. Therefore, through written policy, personal observations, interviews conducted and corrective action, the facility has demonstrated that it meets this provision.

115.13 Provision (b)

BRRJA policy 12.15 states in part that; “In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.”

During the interview with the Facility Head, he was asked if the facility documents all instances of non-compliance with the staffing plan. The Facility Head stated that, “Yes, it is documented and the explanation for not meeting the plan must be justified.”

The annual staffing plan review notes indicated that the attendees acknowledged that they have acceptable staffing levels given their inmate population and that there had been no instances where the facility fell below the staffing levels while utilizing overtime personnel.

The evidence collected for this provision shows that the agency has a written policy that addresses documenting situations where staffing plans are not met. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.13 Provision (c)

BRRJA policy 12.15 states in part that; “Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator, the agency shall assess, determine, and document whether adjustments are needed to: the staffing plan pursuant to 115.13 (a); the facility’s deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan.”

HADC provided last year’s staffing plan review through a memo generated by the PREA Manager and signed by the attendees, which were the Site Administrator, Assistant Site Administrator, PREA Manager, Shift Leader, and Classification Supervisor. The plan was then sent to the PREA Coordinator which she reviewed and acknowledged. This meeting covered the staffing plan for the Halifax Facility. All documentation indicates that review of the staffing plan is conducted at the beginning of each calendar year for the Blue Ridge Regional Jail. The review assessed, determined, and documented whether adjustments were needed to the facility’s established staffing plan, any additional deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

	During the PREA Coordinator interview, the coordinator was asked if she is consulted regarding any assessments or adjustments to the staffing plan. The coordinator stated that the staffing plan is reviewed yearly for each facility and that the facilities forward the staffing plan review to the PREA Coordinator at which time she must review and acknowledge all staffing plan documentation. The evidence collected for this provision shows that the agency has provided evidence that addresses performing annual staffing plan reviews. Therefore, through written documentation, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. 115.13 Provision (d) BRRJA policy 12.15 state in part that; “Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.” The HADC provided 62 pages of Unannounced Supervisor Rounds documenting PREA Supervisor unannounced rounds spanning both day and night work. The unannounced log pages identify and document unannounced rounds by supervisors across all shifts at separate housing units during different times of the tour of duty. The Auditor reviewed several Officer Unit Logbooks on security posts during the site review tour confirming that these unannounced rounds are being conducted. During the interview process, the Auditor interviewed an intermediate or higher-level supervisory staff about unannounced rounds. The supervisor was asked if he conducted unannounced rounds and if he documented those rounds. The supervisor stated that, “Yes, he performs unannounced rounds and that they are documented on the ‘Logbook.’” When asked how the supervisor would prevent staff from alerting other staff members about unannounced rounds; the supervisor responded that he doesn’t let staff know when the rounds will be conducted. The evidence collected for this provision shows that the agency has a written policy that addresses performing unannounced rounds. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to have supervision and monitoring.

115.14	**Youthful inmates**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA Policy 9.01 Classification b) BRRJA Policy 27.01 Juveniles c) Memorandum of Record indicating that HADC does not house juveniles Interviews: 1. Line Staff who supervise Youthful Inmates 2. Education and Program Staff who work with Youthful Inmates 3. Youthful Inmates Observations made during the On-site Audit and Document Review 115.14 Provision (a) BRRJA policy 9.01 states in part that; “A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. Juveniles shall be so housed as to be separated by a wall or other barrier that would result in preventing visual contact and normal verbal communication with adult inmates.” In addition, BRRJA policy 27.01 states that, “Juveniles shall be so housed as to be separated by a wall or other barrier that would result in preventing visual contact and normal verbal communication with adult inmates.” The policy furthers states, “All juvenile offenders shall be housed in an area away from adult offenders. Juvenile areas will be located in an area where the juvenile offender has no contact through sight or sound with adult offenders. Cell inspections will be conducted daily.” The facility provided the Auditor with a memorandum indicating that the HADC does not house juvenile inmates and has not housed any juveniles over the last twelve months. The Auditor found no evidence of a juvenile being committed to the HADC within that timeframe. Finally, the HADC indicated that if a juvenile was received then that inmate would immediately be transported to the BRRJA Lynchburg Facility where that are certified and capable of holding juvenile offenders. The Auditor did not conduct interviews with line staff that supervise youthful inmates or youthful inmates because no staff member has had an experience with that situation and there were no youthful inmates present at the time of the onsite audit.

	The evidence collected for this provision shows that the facility has a written policy that prohibits any juvenile to be housed in an area which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. 115.14 Provision (b)&(c) BRRJA policy 9.01 states in part that; “In areas outside of housing units, agencies shall either maintain sight and sound separation between youthful inmates and adult inmates, or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.” BRRJA policy 9.01 further states that; “Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.” The BRRJA does not hold or house youthful inmates. The BRRJA has an agreement that if they receive a juvenile, that individual is transferred to the Lynchburg Adult Detention Center which is certified and accredited to hold youthful offenders. During the on-site tour of the physical plant, the Auditor did not witness any youthful inmates housed in the general or restricted housing units. After conducting 40 interviews with staff and inmates, there was no evidence to suggest that the HADC houses youthful inmates. Also, no interviews were conducted for this standard because there have been no incidences involving youthful inmates. Therefore, this standard is not applicable, however, the agency does have policies and procedures in place to manage youthful inmates when these situations occur. The evidence collected for this provision shows that the facility has a written policy that when a juvenile is in areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence the PREA Auditor has determined that the facility is fully compliant with this standard.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA Policy 12.09 Searches b) BRRJA Policy 12.15 Supervision of Inmates c) Memorandum of Record indicating no instances of cross-gender searches d) BRRJA PREA Policy 28.01 e) BRRJA Cross-gender training materials f) Cross-gender announcements documented in Post Logbook Interviews: 1. Interviews with Random Staff 2. Interviews with Random Inmates 3. Interview with Non-Medical Staff involved with strip searches Observations made during the On-Site Audit and Document Review 115.15 Provision (a) The HADC houses both male and female inmates. BRRJA policy 12.09 states in part that; “The facility shall not conduct cross-gender visual body cavity searches, meaning a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners.” There were no examples of exigent circumstances in the last 12 months where a cross-gender strip search had to be conducted and it’s against policy. When conducting the on-site review of the facility, the Auditor observed adequate female staff to accommodate any day-to-day operations involving gender specific searches. When interviewing the non-medical staff responsible for conducting strip searches, the officer was asked under what circumstance would it require a cross-gender strip search. The officer replied that he could not think of any circumstance that would constitute the need to cross gender strip-search an inmate of the opposite gender unless in a life-threatening situation. The evidence collected for this provision shows that the facility has a written policy that prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances when performed by medical practitioners. The interview with non-medical staff that conduct strip searches

confirmed the practice during the interview. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.15 Provision (b)

BRRJA Policy 12.09 states in part that; “As of August 20, 2015, or August 20, 2017, for a facility, whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates’ access to regularly available programs or other out-of-cell opportunities in order to comply with this provision.”

During the on-site phase, the Auditor interviewed 12 random staff members from both day and night shifts. When asked, “If female staff are not available to search female inmates does the jail limit those inmates’ access to programs?” Eleven officers stated that no, it had never occurred, and the supervisory staff would ensure if the shift was short female officers then a female officer would be called in to cover that shift or they could ask for assistance from another BRRJA facility or law enforcement. One officer stated that yes, the female inmates would be limited access to privileges and programs. In addition, 16 inmates were interviewed during the on-site phase of the audit. Out of those 16 inmates interviewed, 5 of them were female. When asked by the Auditor if they had ever been unable to participate in activities outside their cell because of the lack of female officers to perform pat searches all 5 female inmates stated, “No.”

The evidence collected for this provision shows that the facility has a written policy that prohibits staff from conducting cross-gender pat searches. The interviews conducted with staff and female inmates confirmed there have not been incidents where female inmates have been limited to activities due to the shortage of female officers. Therefore, through written policy, personal observations, and interviews conducted the agency has demonstrated that it meets this provision.

115.15 Provision (c)

BRRJA policy 12.09 states in part that; “The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates.”

The facility reported that there were no instances regarding the need to document a cross-gender pat-search that occurred during this rating period.

The evidence collected for this provision shows that the facility has a written policy that requires documentation of all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates. Therefore, through written policy, the facility has demonstrated that it meets this provision.

115.15 Provision (d)

	BRRJA policy 12.15 states in part that; “The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.” When conducting the site review, the Auditor observed half wall partitions separating toilets from view, full shower curtains to view the calf down to the ankle for privacy when showering, and monitoring screens that was pixelated in specific areas so staff could not view inmates when using the restrooms or showering. The Auditor also witnessed officers announce their presence when entering a housing block of inmates of the opposite sex. Finally, the Auditor observed Unit Logbooks with notations made by officers documenting their opposite gender announcements. During the on-site phase, the Auditor interviewed both random staff and inmates. The 12-random staff were asked if they or other officers announce their presence when entering a housing unit of inmates of the opposite sex. All 12 officers stated that they do. When asked if inmates can dress, shower, and use the restroom without being viewed by officers of the opposite sex, 12 officers stated yes. The Auditor also interviewed 14 random inmates and 2 targeted inmates. When asked if officers of the opposite gender announce their presence when entering the housing block; all 16 inmates stated, “Yes”. When asked if they, or other inmates, are ever naked in full view of officers of the opposite gender all 16 inmates stated, “No, that they are not.” The evidence collected for this provision shows that the facility has a written policy that enables inmates to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite sex. They also have a policy that requires all staff to announce their presence when entering a housing unit of inmates of the opposite sex. The interviews conducted with random staff and inmates confirmed that the staff are practicing these policies. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. 115.15 Provision (e) BRRJA policy 12.09 states in part that; “The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined 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.” When interviewing random staff, they were asked if they were aware of the agency’s policy prohibiting staff from searching or physically examining a transgender person for the sole purpose of determining the inmate’s genital status. All random officers that were interviewed stated that yes, they are aware and searching for the sole purpose of identifying gender is prohibited. At the time of this audit, the HADC

	informed the Auditor that there was no inmate housed in their facility that identified a transgender. Therefore, a transgender or intersex inmates' perspective could not be obtained during the on-site interview phase of this audit. The evidence collected for this provision shows that the agency has a written policy that directs staff not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The interviews conducted with random staff and transgender inmate confirmed that these policies are being practiced by staff. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. 115.15 Provision (f) BRRJA policy 12.09 states in part that; "The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." The HADC provided the cross-gender training curricula slides as proof of receiving training on cross-gender pat searches and searches of transgender and intersex inmates in a professional manner. During the on-site review, the Auditor interviewed 12 random staff and in those interviews the officers were asked if they had received training on how to conduct a cross-gender pat search and when did they received the training. All twelve officers indicated that they had received the training. From those interviews, 4 officers stated that they received the training during annual refresher training, 5 officers stated that they received the training in the academy, and 3 officers indicated they received the training during orientation. The evidence collected for this provision shows that the agency has a written policy that directs security staff to be trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner. The interviews conducted with the majority of random staff confirmed that these policies are being practiced by staff. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to have limits on cross-gender viewing and searches.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) HADC Inmate Handbook in both English & Spanish c) CTS Language Link Services Contract d) PREA Brochure in both English & Spanish e) PREA Informational Posters in both English & Spanish f) PREA Inmate Acknowledgement in both English & Spanish g) Inmate PREA educational video in both English & Spanish Interviews: a) Agency Head b) Random Staff c) Inmates with Disabilities or limited English proficient 115.16 Provision (a) BRRJA PREA policy 28.01 states in part that; “The BRRJA shall make arrangements for inmates that speak languages other than English or Spanish, and with inmates who are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills to receive training and materials in a language understood by the inmate. For inmates with disabilities and inmates who are limited English proficient the BRRJA shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” The policy further states that, “Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.” In addition, the BRRJA shall 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, limited reading skills, or who are blind or have low vision. The BRRJA is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of service, program, or activity, or in any undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. “The BRRJA shall take reasonable steps to ensure

meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

The facility has provided documentation of a contract between the BRRJA and CTS Language Link Services to provide interpreting services. This contract also provides sign language translation through qualified American Sign Language (ASL) interpreters that provide face to face interpretation via video remote interpretation (VRI). The CTS Language Link also provides 240 language translations utilizing foreign language interpreter services via telephone. The facility also reported no instances where the facility had housed any inmate who were deaf, hard of hearing, blind, or had low vision. The HADC provides an Inmate PREA training video in English and Spanish and has closed caption interpreting available on the video for those inmates who are deaf or have limited hearing. During the site review, the Auditor observed the PREA Posters located in the housing units in both English and Spanish.

The Agency Head was interviewed and was asked if his agency has established procedures to provide inmates with disabilities and inmates who are limited English the ability to participate in, or benefit from, all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head/Designee stated that; "Yes, his staff is aware of the Language Line Link Services that provides both language and documentation translation." He also indicated that staff may also be called upon to interpret when needed. The facility reported no inmates currently being housed at the HADC that were considered disabled. Therefore, a disabled inmate's perspective could not be obtained during the on-site interview phase of this audit.

The PREA Compliance Manager was asked how the facility would provide the PREA sexual abuse information to an inmate that was either blind or deaf. The compliance manager explained that if an inmate was deaf, the facility would utilize the CTS Language Link ASL video services to relay the information. If the inmate was blind, then the intake officer would read the inmate handbook to the inmate. With those who had intellectual disabilities, the staff would have to take their time and provide the information in a way the inmate could comprehend if capable.

The evidence collected for this provision shows that the facility has a written policy that addresses that the agency takes 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 or sexual harassment. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.16 Provision (b)

BRRJA PREA policy 28.01 states in part that; "The BRRJA shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English

proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

The PREA Brochure is available for inmate review during the Booking and Processing stages. The Brochure is available in both English and Spanish. The Intake Officer ensures inmates waiting for the Initial Housing Assessment have the opportunity to review the brochure and watch the PREA video and then acknowledges the information by signing for it. The second phase of the inmate educational information is that a PREA video runs continuously in the Intake area and the channels cannot be changed. The video is provided in both English and Spanish. In addition, the HADC Handbook is made available on the inmate tablet in both English and Spanish.

The agency has drawn up a contract between CTS Language Link Services and the BRRJA to provide interpreting services. The facility provided a Spanish-Inmate PREA Training Acknowledgement form that the inmate signs acknowledging receiving the PREA training. During the site review, the Auditor observed PREA Posters and PREA brochures located in the housing units both in English and Spanish.

The Agency Head was interviewed and was asked if his agency has established procedures to provide inmates with disabilities and inmates who are limited English can participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head/ Designee stated that; "Yes, his staff is aware of the Language Line Services that are provided."

The facility has reported that they did not have any inmates that identified as limited English proficient. Therefore, a LEP inmate's perspective could not be obtained during the on-site interview phase of this audit.

The evidence collected for this provision shows that the facility has a written policy that addresses that the agency takes appropriate steps to ensure that inmates who are "limited English proficient" 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 or sexual harassment. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.16 Provision (c)

BRRJA PREA policy 28.01 states in part that; "The BRRJA shall not rely on 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 this policy, or the investigation of the inmate's allegations."

During the audit interview process, the Auditor asked 12 random staff if the facility ever allows the use of inmate interpreters. From that, 8 officers stated that they would not use inmate interpreters, 3 staff members stated that they would, and 1 officer stated that they were unsure. When asked further about when and how, no

	officer could reflect back on a situation where an inmate interpreter was used. When asked why they would use an inmate interpreter, both officers stated when the alleged victim could not communicate the situation in English. The evidence collected for this provision shows that the facility has a written policy that addresses that the facility shall not rely on inmate interpreters. Therefore, through written policy, observations, and interviews conducted the facility has demonstrated that it meets this provision. Recommendation: The Auditor is recommending refresher training be provided to security staff regarding in what circumstances an inmate interpreter can and should be used to assist in making an alleged sexual abuse report at the HADC. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard referencing requirements for inmates with disabilities and inmates who are limited English proficient having equal opportunity or benefiting from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA Policy 2.36 Promotion and Demotion b) BRRJA Policy 1.10 Recruitment, Selection and Hiring c) BRRJA PREA Disclosure Form d) 2023 PREA 5-year Background Checks spreadsheet e) Applicant Status Report Form identifying VCIN/NCIC check performed f) Contractor Background Log Interviews: a) Interview with Human Resources Staff Observations made during the On-Site Audit and Document Review

115.17 Provision (a)

BRRJA policy 2.36 states in part that; “The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:

Ø Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

Ø Have been convicted of engaging or attempting to engage in sexual activity by overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

Ø Have been civilly or administratively adjudicated to have engaged in sexual activity.”

During the file review portion of this audit 12 personnel files were sampled. The review resulted in all 12 files containing the BRRJA PREA Disclosure Forms that specifically asks the above-mentioned questions. In addition, the facility provided examples of BRRJA PREA Disclosure Forms where the staff member answered the sexual misconduct questions and acknowledged the form by signing and dating the paperwork for the annual performance evaluations, promotional processes, and during the initial hiring process. When interviewing the Human Resources staff member, she stated that all newly hired employees and all contractors have a background check conducted. Finally, the facility provided documentation as proof of Background Investigations conducted on newly hired employees and contractors. A list indicating 5-year background checks ran through VCIN was provided to the Auditor as well as security staff and contractors.

The evidence collected for this provision shows that the facility has a policy prohibiting the hiring or promoting of anyone who may have contact with inmates if they had engaged in sexual abuse in a confinement setting or if convicted of engaging or attempting to engage in sexual abuse and had been civilly adjudicated due to engaging in these activities. Therefore, through written policy, personal observations, and file review the facility has demonstrated that it meets this provision.

115.17 Provision (b)

BRRJA policy 2.36 states in part that; “The agency 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 inmates.”

During the audit interview process, the Human Resources staff member was asked if the agency considers prior incidents of sexual harassment when determining whether to hire or promote anyone and to enlist services of any contractors. The H.R. staff member stated that the facility does consider those prior incidents when reviewing employee evaluations and new hire applications.

The evidence collected for this provision shows that the facility has a policy requiring

	the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision. 115.17 Provision (c) BRRJA policy 1.10 states in part that; “Before hiring new employees, who may have contact with inmates, the agency shall; perform criminal background checks; and 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. The agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates.” During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all newly hired sworn employees, employees considered for promotion, and any contractor that may have contact with inmates. The H.R. staff member stated that; “The agency performs a criminal record check on all new hires, volunteers, contractors, and current employees every five years through the VCIN system.” The Auditor reviewed 12 personnel files. The Auditor determined that the 12 names of staff members that were selected had evidence in the personnel file of an initial VCIN Background Check and the facility provided a list of staff that had a recurring five-year check. The facility also provided copies of Applicant Status forms that documented a criminal record check being performed, the initials of the background investigator, and date the record was run. This also included a record check log that identifies the individual being run, the date, and the reason for the record check including pre-employment background checks. Finally, from the 12 employee files that were reviewed, there was one institutional reference checks conducted on any employee that had previously been employed by another correctional institution. The evidence collected for this provision shows that the facility has a policy requiring that criminal records be run on all new employees. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. 115.17 Provision (d) BRRJA policy 1.10 states in part that; “The agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates.” During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all newly hired sworn employees considered for promotion and any contractor that may have contact with inmates. The H.R. staff member stated that; “The facility performs a criminal record check on all volunteers, contractors, prior to having access to the facility and every five years after that through the VCIN system.” The facility provided examples of contractors’ background investigations that documented a VCIN criminal history record being run

prior to enlisting their services.

The evidence collected for this provision shows that the facility has a policy requiring that criminal records be run on all new contractors that have contact with inmates. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.17 Provision (e)

BRRJA policy 1.10 states in part that; “The agency shall 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.” The policy further indicates that, “NCIC/VCIN records check will verify criminal history and is to be completed during the hiring process and at a minimum of every 5 years thereafter.”

During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all sworn employees and any contractor that may have contact with inmates. The H.R. staff member stated that; “The agency performs a criminal record check on all new hires, volunteers, contractors, and current employees every five years through the VCIN system.” The Auditor reviewed 12 personnel files. The Auditor determined that all the staff files contained a record of a criminal background check and those employed for more than five years also had evidence of the five-year background check. The facility also provided The Auditor with a logbook with the dates the records check was conducted on all staff, contractors, and volunteers.

The evidence collected for this provision shows that the facility has a policy requiring that criminal records check be run on all employees, contractors, and volunteers at least every five years. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.17 Provision (f)

BRRJA policy 1.10 states that; “The agency shall 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 and in any interviews or self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”

The HADC requires all sworn staff to answer the BRRJA PREA Disclosure form as part of the hiring process. The agency also requires all candidates participating in a promotional process to answer the PREA Disclosure form while in this process. Finally, the agency requires all staff that has contact with inmates to answer the questionnaire during the annual performance evaluation. The form is used for all three situations and there is a section on the form to indicate for what purpose the form was used for. Furthermore, the document indicates that, refusing to disclose or provide information on the release about past behavior or any relevant information,

at this time or any time in the future will constitute grounds for immediate termination, denied of employment, or removal as a volunteer with the BRRJA. This form is then acknowledged by the employee/contractor signature and dated.

During the interview with the H.R. staff member, she was asked if the facility asks all applicants and employees about previous misconduct regarding inmates and does the facility impose upon employees a continuing affirmative duty to disclose previous misconduct. The H.R. staff member stated that the agency has a list of questions that must be answered during the applicant's interview as part of the background investigation. She also stated that, "Yes, all employees must report any misconduct or interaction with law enforcement."

The evidence collected for this provision shows that the facility has a policy requiring that they ask about previous misconduct and the employee's responsibility to disclose such misconduct. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.17 Provision (g)

BRRJA policy 1.10 states in part that; "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

There are no examples or circumstances during this audit rating period to provide as proof or documentation for this provision.

The evidence collected for this provision shows that the facility has a policy requiring that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. Therefore, through written policy the facility has demonstrated that it meets this provision.

115.17 Provision (h)

BRRJA policy 1.10 states in part that; "Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work."

The PREA Compliance Manager (ASA) staff member was asked during the interview, "If a former employee applies for work at another institution and a request by that institution is made, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving that former employee?" The ASA stated that he would require a signed release of information from the requesting agency prior to allowing the background investigator to review the former employee's personnel file.

The evidence collected for this provision shows that the facility has a protocol requiring, that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. Therefore, through interviews conducted the facility

	has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring hiring and promotional decisions.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) Memorandum of Record indicating no new expansions or monitoring technology to the facility since the last PREA Audit. Interviews a) Interview with Agency Head b) Interview with Facility Head Observations made during the On-Site Audit and Document Review 115.18 Provision (a) BRRJA PREA policy 28.01 states in part that; “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.” The facility has reported that there have been no new expansions or modifications to the HADC facility since the last PREA Audit and provided the Auditor with a memorandum of record stating such. During the audit interview phase, the Agency Head was asked, that when planning substantial modifications to the facility, “How does the agency consider such changes on its ability to protect inmates from sexual abuse?” The Agency Head stated, “One of the first considerations is making sure of good coverage and identifying possible blind spots to assist in supervision.” In addition, the Facility Head was also asked the same question and the Facility Head stated, “There had been no current renovations to the

	facility since the last PREA audit." The evidence collected for this provision shows that the facility shall consider the effect of such design to improve the ability to protect inmates from sexual abuse. Therefore, through personal observations, and interviews conducted the facility has demonstrated that it meets this provision. Provision B: BRRJA PREA policy 28.01 states in part that; "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 inmates from sexual abuse." The facility has reported that there have been no new video monitoring system, electronic surveillance system, or other monitoring technology to the HADC facility since the last PREA Audit and provided the Auditor with a memorandum of record stating such. During the audit interview phase, the Agency Head was asked how the agency uses monitoring technology to protect inmates. The Agency Head stated that; "The facility utilizes monitoring technology throughout their facilities to help supervision inmates with detection of illegal activities, to include sexual abuse. They also try to identify blind spots that can be addressed by additional camera footage. Lastly, utilizing the recording capabilities to assist in investigations and capture evidence." The Facility Head was also asked a similar question about how the facility had considered using technology to enhance inmates' protection from sexual abuse. The Facility Head indicated that the facility tries to identify blind spots and add cameras as necessary to assist in inmate supervision. He also mentioned the recording capabilities to assist in investigations. During the on-site review tour, the Auditor observed security cameras and monitors located throughout the facility. The evidence collected for this provision shows that the facility has considered how technology may enhance the facility's ability to protect inmates from sexual abuse. Therefore, through written memorandums, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard addressing upgrades to facilities and technology.

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJ PREA Policy 28.01 b) Memorandum of Understanding (MOU) between Blue Ridge Regional Jail and the Halifax County Sheriff's Office (HCSO). (Effective date 07/06/2013) c) Memorandum of Understanding (MOU) between Blue Ridge Regional Jail and the Forensic Nurse Examiners at Lynchburg General Hospital. (Effective date 08/12/2013) d) Memorandum of Understanding (MOU) between Blue Ridge Regional Jail and the Young Women Christan Association of Central Virginia (YWCA). (Effective date 08/12/2013) e) YWCA Sexual Assault Response Program (SARP) of Lynchburg VA Posters Interviews 1. Interview with SANE/SAFE staff 2. Interview with inmates who reported a sexual abuse 3. Interview with the PREA Coordinator 4. Interviews with random staff Observations during on-site review of physical plant. 115.21 Provision (a) During the review phase of the Pre-Audit Questionnaire, the Auditor reviewed the standing Memorandum of Understanding (MOU) between the BRRJA, HCSO, YWCA, and Lynchburg General Hospital. These MOUs indicated that the HCSO is responsible for all criminal investigations that occur in the facility for which the alleged sexual abuse may occur. If the alleged incident occurred in the HADC facility then the HCSO would take lead on all criminal investigations. The PREA Coordinator confirmed this practice. The PREA Coordinator explained the HCSO would conduct all criminal sexual assault investigations at the HADC facility. On 08/02/2024, the Auditor contacted the HCSO Criminal Investigation Bureau to establish if they did in fact conduct alleged sexual assault criminal investigations at the HADC facility. Arrangements were made by the Auditor to contact a criminal detective via phone call. On 08/02/24, the Auditor spoke with the Detective from the HCSO. The detective informed the Auditor that they do in fact investigate all criminal sexual assault allegations and acknowledged that the only requirement needed to send an investigator is an official request from the facility or

call for service. The HCSO is responsible for investigating allegations of sexual crimes that occur within the HADC and is familiar with PREA standard 115.21 pertaining to the investigation of sexual assaults, the collection of evidence, and forensic examinations. The detective informed the Auditor that his agency is responsible for collecting both physical and circumstantial evidence and that the HADC is responsible for securing the scene and preserving the evidence.

Furthermore, the HADC provided BRRJA PREA policy 28.01 that states; “The BRRJA shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The BRRJA shall refer all allegations that indicate a potential crime has been committed to the appropriate local law enforcement agency. All such referrals shall be documented. The BBRJA shall fully cooperate with any investigation performed by law enforcement and will make all efforts to stay informed on the progress of such an investigation. If an administrative investigation is appropriate, and conducted, the BRRJA shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The policy further states that, “Investigators (criminal or administrative) 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.”

Finally, the MOU between the BRRJA and HCSO states in part that; “The Sheriff’s Office will assert and have jurisdiction in responding to complaints of criminal activity that may be received by or reported to members of the BRRJA. In the event of a sexual abuse or rape allegation in the BRRJA or during a BRRJA transport, as defined by the Prison Rape Elimination Act, the BRRJA will work with the Sheriff’s Office to investigate the allegation. The Sheriff’s Office will be responsible for conducting an investigation into the complaint, collection of evidence and obtaining criminal charges, if applicable. The BRRJA will be responsible for preserving any evidence and for protecting the crime scene prior to the Sheriff’s Office arrival. In addition, the BRRJA will provide reports and other records that may assist in their investigation of the alleged incident.”

When the Auditor interviewed 12 random staff, it was determined that all 12 staff members were aware of their responsibilities to preserve evidence during a sexual abuse allegation. They discussed securing the scene, notifying a supervisor immediately, if necessary placing evidence in a brown paper bag, and placing the alleged perpetrator in a dry cell. Also not allowing the victim or accuser to bathe, use the bathroom, or brush their teeth. When asked who was responsible for investigating criminal and administrative cases; 8 staff members were aware that the HCSO investigates criminal cases, and 9 staff members indicated that the Assistant Site Administrator (ASA) investigates administrative cases, 2 staff members indicated the PREA Coordinator, and 1 staff member was not sure. Therefore, the majority of staff interviewed were aware of the protocol for evidence collection.

The evidence reviewed for this provision shows that the facility has demonstrated

that they do follow a uniform evidence protocol for obtaining physical evidence for administrative and criminal proceedings. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

115.21 Provision (b)

The BRRJA has entered into an MOU with the HCSO to conduct criminal investigations within the HADC facility. The Halifax County Sheriff's Office is a recognized law enforcement agency within the state of Virginia. This would suggest that all necessary protocols would be adapted and followed on the most recent edition of the Department of Justice (DOJ's) Office on Violence Against Women publication in accordance with this standard.

The evidence reviewed for this provision shows that the facility has demonstrated that they do follow a protocol that is developmentally appropriate for youthful offenders. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

115.21 Provision (c)

BRRJA PREA policy 28.01 states in part that; "Upon the initial first response to an alleged sexual abuse incident BRRJA will make all reasonable efforts to preserve any potential crime scene and potential evidence. The local law enforcement agency, who will be conducting the criminal investigation, will follow their agency evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions. All Victims of sexual abuse shall have access to forensic medical examinations at the appropriate local hospital. These examinations will be performed by professional forensic medical staff. This service will be at no cost to the inmate."

As part of BRRJA's evidence collection protocol and MOU with the Lynchburg General Hospital, all victims of inmate-on-inmate sexually abusive penetration or staff-on-inmate sexually abusive penetration are provided access to forensic medical exams performed by a Sexual Assault Nurse Examiner (SANE) at the Lynchburg General Hospital (LGH). Forensic medical exams are provided free of charge to the victim. The SARP makes available a victim advocate to accompany the victim through the forensic medical exam process, investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The facility has reported in the Pre-Audit Questionnaire that the facility did not experience any sexual abuse allegation requiring a forensic examination by a SAFE/ SANE nurse or physician during the last twelve months. In addition, during the interview with the PREA Coordinator she stated that the facility did not have a situation where an inmate was referred to the hospital for a forensic examination.

Prior to the on-site audit at the BRRJA, an interview was conducted by the Auditor with the supervisor of the Sexual Assault Nurse Examiners (SANE). The interview was conducted by phone with the supervisor who is employed with the Lynchburg General Hospital but is located at the Gretna Virginia Emergency Center. A SANE nurse is a

	highly skilled certified nurse trained in the art of evidence collection and chain of custody. The nurse is considered the subject matter expert in collecting evidence after an alleged sexual assault has occurred. The nurse is also required to provided testimony in court cases related to sexual abuse. The Nurse Supervisor explained that she was aware of the MOU between the BRRJA and the Lynchburg General Hospital when it comes to conducting SANE exams. She explained that Lynchburg Hospital conducts SANE exams for the surrounding jurisdictions. When asked if the Lynchburg Hospital is responsible for conducting all forensic medical exams for the BRRJA, the SANE Supervising Nurse stated, “Yes, they are and that they have an emergency center in Gretna, VA. The hospital offers forensic services.” When asked if SANE staff is unavailable to conduct forensic medical examinations, then who assumes the responsibility? The SANE Nurse replied, “That would never happen, there are nurses always on call 24 hours a day, 7 days a week, 365 days a year.” If for some reason that would occur, then Lynchburg Hospital would send the alleged victim to another hospital with SANE capabilities or have the alleged victim wait until a SANE could arrive or finish the task at hand. As of the date of the on-site audit, the facility reported in the last 12 months there has been no forensic medical examinations performed by a SANE or SAFE. The evidence collected for this provision shows that the facility has procedures in place to offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost to the victim. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. 115.21 Provision (d) BRRJA PREA policy 28.01 states that; “A victim advocate will be available to the victim provided at the hospital during the examination, as this is standard protocol at our local hospitals. As requested by the victim, the victim advocate, 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 MOU between the BRRJA and the YWCA of Central Virginia agrees to provide twenty-four-hour telephone crisis intervention counseling via their 24-hour hotline. Upon request of the victim or someone calling on behalf of the victim have a trained advocate provide services to victims at forensic programs, hospitals, or law enforcement agency within a reasonable period of time. Provide crisis intervention counseling, advocacy, information, and referrals to victims of sexual violence detained in the BRRJA. If possible: provide legal advocacy to victims of sexual violence who participate in protective order hearings, preliminary hearings, sentencing hearings and any other relevant legal proceedings. The Auditor has reviewed The Center’s website to determine that this advocacy group does meet all the criteria listed above to be considered a “rape crisis center.” The PREA Coordinator was interviewed and stated that staff would allow access to a

victim advocate if the inmate requested. The PREA Coordinator also stated that the facility would provide access to the SARP through the posters advertised in every block or in the Inmate Handbook. Finally, the facility reported no inmates that reported sexual abuse or sexual harassment were currently being housed at the facility during the on-site visit.

During the on-site review, the Auditor spoke to several inmates who confirmed the availability to contact The SARP via phone. This demonstrates the agency's attempt to make available to victims of sexual abuse a victim advocate from a rape crisis center.

The evidence collected for this provision shows that the facility has demonstrated that they do offer victim advocate services from a rape center that is not associated with the criminal justice system or law enforcement and provides confidentiality. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.21 Provision (e)

BRRJA PREA policy 28.01 states in part that; "A victim advocate will be available to the victim provided at the hospital during the examination, as this is standard protocol at our local hospitals. As requested by the victim, the victim advocate, 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."

In addition, the MOU between BRRJA and The YWCA indicates that the YWCA Sexual Assault Response Program agrees to do the following:

· Provide 24-hour accompaniment services (crisis intervention, replacement clothing, safety planning, forensic exam accompaniment, and criminal justice advocacy) to victims of sexual violence who present at Lynchburg General Hospital

· Provide 24-hour help-line services to victims of sexual violence

· Inform victims of sexual violence of their reporting options

· Provide information and referrals to victims of sexual violence

· Receive referrals from BRRJA for victims of sexual violence who are in need of case management services, to include regular follow up contacts, emotional support, and criminal justice procedure accompaniment.

The PREA Coordinator stated that the facility did not experience any sexual abuse allegations requiring a forensic examination by a SAFE/SANE nurse or physician during this rating period. In addition, when asked how the agency ensures that the advocate meets the qualifications described above, the coordinator stated that the service is coming from an official rape crisis center. Inmates that reported sexual abuse during this rating period was not in custody during the on-site visit. The facility reported four allegations involving sexual harassment during the last twelve months.

	Therefore, no allegation required a forensic medical examination and it's not applicable to this provision. The evidence collected for this provision shows that the facility has demonstrated that they do allow victim advocates to accompany and support alleged victims of sexual assault during the forensic examination and during the investigatory interview. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision. 115.21 Provision (f) BRRJA PREA policy 28.01 states in part states that; "Upon the initial first response to an alleged sexual abuse incident BRRJA will make all reasonable efforts to preserve any potential crime scene and potential evidence. The local law enforcement agency, who will be conducting the criminal investigation, will follow their agency evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions." The MOU between BRRJA and HCSO indicates that the Sheriff's Office will assert and have jurisdiction in responding to complaints of criminal activity that may be received by or reported to members of the BRRJA. In the event of a sexual abuse or rape allegation in the BRRJA or during a BRRJA transport, as defined by the Prison Rape Elimination Act, the BRRJA will work with the Sheriff's Office to investigate the allegation. The Sheriff's Office will be responsible for conducting an investigation into the complaint, collection of evidence and obtaining criminal charges, if applicable. The HADC Assistant Site Administrator provided the Auditor with an email indicating that he requested that the Halifax County Sheriff's Office follow the PREA requirements listed in section 115.21, (a)-(e) regarding evidence protocols and forensic examinations when investigating sexual abuse on inmates housed at the Halifax Adult detention Center. The evidence collected for this provision shows that the facility has demonstrated that the Halifax County Sheriff's Office follow the provisions outlined in this provision. Therefore, through written policy, and memorandums of understanding, the agency has demonstrated that it meets this provision. Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to provide evidence protocols and forensic medical evaluations.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) Memorandum of Understanding (MOU) between Blue Ridge Regional Jail and the Halifax County Sheriff's Office (HCSO). (Effective date 07/06/2013) c) Blue Ridge Regional Jail website Interviews: 1. Interview with Agency Head 2. Interview with Investigative Staff Observations made during the On-site Phase of the Audit. 115.22 Provision (a) BRRJA PREA policy 28.01 states in part that; "The BRRJA shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment." In the past twelve months, the BRRJA reported that they had received 4 allegations of sexual abuse and/or sexual harassment. The facility has reported that 4 resulted in administrative investigations and 0 cases have been turned over to the HCSO for criminal investigation. While on-site, the Auditor reviewed all 4 administrative investigations. When interviewing the Agency Head, he stated that, "Yes, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and harassment." The Agency Head explained that sexual abuse allegations can be initially investigated by the Facility Investigator (Assistant Site Administrator) who can then refer to the HCSO, if there is evidence of wrongdoing. The agency has an MOU in place for the Halifax County Sheriff's Office to conduct criminal investigations regarding sexual abuse allegations when probable cause exists. The particular agency will depend on which facility the alleged incident occurred. The HCSO investigates sexual abuse crimes in the Halifax facility. During the document review, the Auditor reviewed 4 case files that consisted of: 4 allegations of sexual harassment that were investigated by the Assistant Site Administrator. All of these allegations occurred in the Halifax Facility. The evidence collected for this provision shows that the facility has procedures in place to ensure that an administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it

meets this provision.

115.22 Provision (b)

BRRJA PREA policy 28.01 states in part that; “The BRRJA shall refer all allegations that indicate a potential crime has been committed to the appropriate local law enforcement agency. All such referrals shall be documented. The BBRJA shall fully cooperate with any investigation performed by law enforcement and will make all efforts to stay informed on the progress of such investigation. If an administrative investigation is appropriate, and conducted, the BRRJA shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

In addition, the MOU between the BRRJA and HCSO states that; “The Sheriff’s Office will assert and have jurisdiction in responding to complaints of criminal activity that may be received by or reported to members of the BRRJA. In the event of a sexual abuse or rape allegation in the BRRJA or during a BRRJA transport, as defined by the Prison Rape Elimination Act, the BRRJA will work with the Sheriff’s Office to investigate the allegation. The Sheriff’s Office will be responsible for conducting an investigation into the complaint, collection of evidence and obtaining criminal charges, if applicable. The BRRJA will be responsible for preserving any evidence and for protecting the crime scene prior to the Sheriff’s Office arrival. In addition, the BRRJA will provide reports and other records that may assist in their investigation of the alleged incident.”

The facility provided a link to their website and the Auditor went online and viewed the published statement regarding the investigative responsibilities and referrals for criminal investigations. The statement reads, “The BRRJA has determined that the policies and procedures are clear; ALL SEXUAL ACTIVITY IS PROHIBITED. Beyond those rules, forced or coerced sexual behavior is a criminal act that merits criminal prosecution. In the event of a sexual abuse or rape allegation in the BRRJA or during a BRRJA transport, as defined by the PREA standard 115.22, the BRRJA will work with the Sheriff’s Office or local Police Department of the jurisdiction in which the incident occurred to investigate the allegation. The BRRJA has agreements with local law enforcement to ensure that all incidents of sexual assault are thoroughly investigated and referred for prosecution to the Commonwealth Attorney.”

During the on-site audit phase, the Auditor interviewed the Facility Investigator for the HCSO. The investigator was asked if agency policy requires that allegations of sexual abuse be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potential criminal activity. The investigator stated, “Yes, the agency has policy that directs all criminal investigations to be conducted by the HCSO.” In addition, the Auditor conducted an interview with a detective from the HCSO. When asked if the HCSO is responsible for conducting criminal investigations involving sexual abuse at the HADC, the supervisor indicated that, “Yes, they were.” The detective confirmed that the HCSO has the legal authority to conduct criminal investigations in the county of Halifax.

	The evidence collected for this provision shows that the facility has procedures 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. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision. Provision (c) The BRRJA provided the published statement regarding the investigative responsibilities and referrals for criminal investigations. The statement reads, “In the event of a sexual abuse or rape allegation in the BRRJA or during a BRRJA transport, as defined by the PREA standard 115.22, the BRRJA will work with the Sheriff’s Office or local Police Department of the jurisdiction in which the incident occurred to investigate the allegation. The BRRJA has agreements with local law enforcement to ensure that all incidents of sexual assault are thoroughly investigated and referred for prosecution to the Commonwealth Attorney.” The evidence collected for this provision shows that the facility and the outside law enforcement agency have procedures and responsibilities in place to ensure that the agency with criminal jurisdiction performs criminal investigations on all allegations of sexual abuse. Therefore, through written MOU, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the facility to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

115.31	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) BRRJA Policy 4.01 Staff Training c) 2023 BRRJA Annual PREA Staff Training Class Rosters d) 2023 BRRJA Annual PREA Civilian Training Class Rosters

e) PREA Refresher Training for Staff PowerPoint Presentation

f) PREA Training for Staff PowerPoint Presentation

g) BRRJA Orientation Roster PREA

Interviews:

1. Interview with Random Staff

Observations made during the On-Site Audit and Document Review

115.31 Provision (a)

The BRRJA PREA policy 28.01 states that; “All BRRJA employees and Volunteers will receive training on:

a. The BRRJA zero tolerance policy.

b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

c. Inmates’ right to be free from sexual abuse and sexual harassment.

d. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.

e. The dynamics of sexual abuse and sexual harassment in a confinement.

f. The common reactions of sexual abuse and sexual harassment victims.

g. How to detect and respond to signs of threatened and actual sexual abuse.

h. How to avoid inappropriate relationships with inmates.

i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and

j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”

The BRRJA has provided their BRRJA PREA PowerPoint Presentation. They have also provided their BRRJA Orientation PREA Class Roster that shows newly hired staff acknowledging the training by printing and signing their name along with their job title and facility location. The facility also provided PREA In-Service Annual Training rosters where staff acknowledged the training by signing the roster. This training is incorporated into their annual range date. The Auditor reviewed the PREA Training Plan curriculum along with the PREA PowerPoint Presentation. This training included current BRRJA sexual abuse and sexual harassment policies and procedures, it also covered the above listed topics throughout the lesson plan and PowerPoint slides.

During the interview process 12 random staff were asked if they had received PREA

	training, and if so, when? All 12 officers indicated that they have received training. Six officers stated that they received training annually and eight officers indicated that received the training when they first got hired. Several officers noted both. It should be noted that several officers that reported receiving the training during orientation have only been on the job for less than one year. When the Auditor reviewed staff files, it contained the dates of the initial training and proceeding PREA refresher training. The evidence collected for this provision shows that the agency has procedures in place to train all employees on all relevant topics outlined in this standard provision. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision. 115.31 Provision (b) The training provided to the BRRJA staff covers both male and female inmates. Therefore, there is no need to require additional training for gender specific facilities due to a transfer. All BRRJA facilities house both male and female inmates. The evidence collected for this provision shows that the agency has trained all employees in all aspects of PREA regarding the specific gender facility. Therefore, there is no need to provide additional training when transferred to a facility that holds only one specific gender. Through written policy the facility has demonstrated that it meets this provision. 115.31 Provision (c) BRRJA PREA policy 28.01 states in part that; “This training will be conducted during orientation for new employees as well as new volunteers. Training for employees will take place on an annual basis in conjunction with other annual training. The BRRJA shall document that employees and volunteers understand the training they have received.” The BRRJA provides PREA training on a yearly basis. All new employees receive initial training when attending the new-hire orientation. All new contractors and volunteers receive their initial training during the orientation process as well and then annually. This practice was confirmed by sampling 12 employee training records. The files indicated that all 12 employees received initial PREA training and 8 received refresher training. Then in interviews, 12 staff members acknowledged receiving the training and 8 also indicated receiving refresher training. Finally, the HADC provided several PREA training attendance rosters and training records documenting the completion of the agency’s annual PREA refresher training. The evidence collected for this provision shows that the agency has provided initial and refresher PREA training to all their employees at least once a year. Therefore, through written policy and file review observations, the facility has demonstrated that it meets this provision. 115.31 Provision (d)

	BRRJA PREA policy 28.01 states in part that; “The BRRJA shall document that employees and volunteers understand the training they have received. The HADC provided examples of employee training rosters generated from their initial orientation training and their annual training. These rosters contain staff signatures acknowledging that they have received and understand the PREA training.” The evidence collected for this provision shows that the facility has provided documentation through employee signature, acknowledging that the employee understands the training received. Therefore, through written policy and file review observations, the agency has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency train all employees who have contact with inmates on its zero-tolerance policy for sexual abuse and/or harassment. Also, how to fulfill their responsibilities for preventing, detecting, reporting, and responding to sexual abuse. The inmates and employees’ rights to be free from retaliation, inmates right to be free from sexual abuse, the dynamics of sexual abuse in confinement, common reactions of sexual abuse victims, how to communicate effectively with inmates (including LGBTQ inmates), and how to comply with relevant laws related to mandatory reporting of sexual abuse.

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) PREA Flyer for contractors and volunteers c) HADC Signed Acknowledgement Class Rosters d) BRRJA PREA Disclosure Form Interview: a) Interview with Volunteer b) Interview with Contractor

	115.32 Provision (a)(b) BRRJA PREA policy 28.01 states in part that; “All BRRJA employees and Volunteers will receive training on: a. The BRRJA zero tolerance policy. b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. c. Inmates’ right to be free from sexual abuse and sexual harassment. d. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. e. The dynamics of sexual abuse and sexual harassment in a confinement. f. The common reactions of sexual abuse and sexual harassment victims. g. How to detect and respond to signs of threatened and actual sexual abuse. h. How to avoid inappropriate relationships with inmates. i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. This training will be conducted during orientation for new employees as well as new volunteers. Training for employees will take place on an annual basis in conjunction with other annual training. The BRRJA shall document that employees and volunteers understand the training they have received. All staff at the HADC are BRRJA employees except for any volunteer. BRRJA PREA Policy 28.01 further states that, “All contractors will receive training on their responsibilities under the BRRJA PREA Policy, and be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and be informed on how to report such incidents. This training will be given in the form of a flyer and further explanation by staff if needed.” Volunteers and contractors that have contact with inmates receive the same training as do the staff that have contact with inmates. The HADC PREA Compliance Manager maintains documentation showing volunteers and contractors class roster signatures verifying that they understand the training and materials they have received. The facility reported that all contractors and volunteers that have contact with inmates have participated in PREA training. Volunteers and Contractors are trained during their initial orientation and are required to acknowledge that they have received the necessary PREA training by signing a BRRJA PREA Volunteer Orientation

	Class Roster. The facility maintains all copies of signed volunteer and contractor training rosters and provided several as evidence of compliance. During the interview with the volunteer, the Auditor asked if she had been trained in her responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. The volunteer answered in the affirmative. The evidence collected for this provision shows that the agency has procedures in place to ensure all volunteers or contractors that have contact with inmates are trained in the prevention, detection, and response policies regarding sexual abuse and sexual harassment. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision. 115.32 Provision (c) BRRJA PREA policy 28.01 states in part that; “The BRRJA shall document that employees and volunteers understand the training they have received.” HADC maintains written documentation in the form of PREA class rosters showing the volunteers and contractor's signature verifying they understand the training and materials they have received. The HADC PREA Compliance Manager maintains documentation showing volunteers, contractors, and BRRJA employees’ signatures verifying they understand the training and materials they have received. The evidence collected for this provision shows that the agency has procedures in place to ensure all volunteers or contractors documentation confirming that they received PREA training and understood that training. Therefore, through written policy and personal observations, the agency has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring PREA training for both volunteers and contractors.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01

b) PREA Initial Intake Form

c) PREA Brochure English/Spanish

d) PREA Posters in English & Spanish

e) PREA Inmate Educational Video in English and Spanish

f) PREA Educational Video “Speaking up”

g) HADC Facility Handbook in English and Spanish

Interview:

a) Interview with Intake Staff

b) Interview with Random Inmates

115.33 Provision (a)

BRRJA PREA policy 28.01 states in part that; “When an inmate enters a BRRJA facility, during the initial Intake/Booking process, the inmate will be given information explaining the BRRJA zero tolerance policy regarding sexual abuse and misconduct, and how to report incidents or suspicions of sexual abuse or harassment to include the toll-free PREA Report Line number and information on how to give a report to an independent agency. This information will also be verbally explained to the inmate by the Booking Officer.”

The Auditor reviewed the PREA Initial Intake Screening questionnaire. The informational document contained a lot of risk screening questions, but also acknowledges if the inmate has watched the PREA video that plays in all holding cells that informs the inmate the agency’s zero-tolerance policy and the ways to report. The inmate is asked if they have viewed the PREA video and then acknowledges ‘yes or no.’ The inmate then signs the form confirming that they have watched the video. In addition, at the time of Intake, the inmate is provided with an Inmate Handbook that also contains the necessary information. The agency identified that there were 1304 inmates admitted into their facilities during the last twelve months. Of those 1304 inmates, all of them received the initial PREA information during the intake process.

During the facility site review, this Auditor observed an inmate watching the PREA video at the intake desk. In that video was all the necessary information that is required, such as: how to report a sexual abuse, the inmate’s rights to be free from sexual abuse/retaliation, and the agency’s zero tolerance policy. This proved that the initial information is readily available and can be provided to the inmate upon intake.

During the interview with the Intake Officer, it was explained that part of their responsibility during the intake process is to issue every inmate upon commitment order an Inmate Handbook which has the ways to report a sexual abuse allegation and the agency’s zero-tolerance policy. Also, there are posters mounted on the walls throughout the facility that explain these same instructions and the video is

	individually played for each inmate in the Intake Center. It is also available on the tablet and in the Inmate Handbook. When the Auditor interviewed 16 inmates, they were asked if they had received information about the facility's rules against sexual abuse and harassment. Of those inmates interviewed, all 16 inmates stated that they had received the initial information. Of those 16 inmates that reported receiving the PREA information, all specifically identified receiving the information during their intake and classification into the facility. The inmates identified receiving the information through the PREA video 9 times, Inmate Handbook 8 times, verbally 4 times, and twice on the tablet. The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates receive information explaining how to report sexual abuse and the agency's policy on zero-tolerance for sexual abuse or harassment at the time of intake. Therefore, through written policy, personal observations, and interviews conducted, the agency has demonstrated that it meets this provision. 115.33 Provision (b) BRRJA PREA policy 28.01 states in part that; "Within 10 days of Intake, the inmate will receive additional, more comprehensive PREA related training in the form of the video "Speaking Up: Discussing Prison Sexual Assault", or other similar information will be presented and explained to the inmate regarding PREA. All attempts will be made to have the video presented to the inmate during the Classification process and prior to being given a housing unit assignment." The BRRJA requires all inmates to watch the educational video during the classification process prior to being housed in the general population. The facility documents their participation on the risk screening form, and the inmate acknowledges viewing the video when they acknowledge the PREA Screening Form. The classification officer ensures that the inmate has had an opportunity to view the video in its entirety. In addition, the PREA information is made available through the Inmate Handbook on the inmate tablet system. Finally, information is continuously and readily available or visible to inmates through posters, inmate handbooks, video presentation, or other written formats. The BRRJA identified 240 inmates whose length of stay in the facility was over 30 days or more in the last twelve months. Of those 240 inmates, the facility reports that all have received the comprehensive PREA education regarding sexual abuse or harassment. The Auditor interviewed an Intake Officer who stated that the officers provide the PREA information during the initial booking process ensuring the inmates are educated regarding their rights to be free from sexual abuse and free from retaliation. When asked how long from the date of intake inmates are made aware of these rights, the officer stated usually within the several hours of arrival. The Auditor also interviewed 16 inmates. Those inmates were asked if they were told about their right to not be sexually abused, how to report a sexual abuse, the right not to be punished for reporting a sexual abuse, and how long before they were made aware of these policies. Of these 16 inmates, all 16 stated that they were told, and they identified

	several ways that they received this information. Most of the inmates, 9 to be exact, identified the video. 8 referred to the handbook at the time of intake, 2 mentioned the tablet, and a couple of them mentioned that they were told verbally. The evidence collected for this provision shows that the agency has procedures in place to ensure that all inmates receive a comprehensive education regarding their right to be free from sexual abuse, sexual harassment, and all forms of retaliation. Therefore, through written policy, personal observations, and interviews conducted, the agency has demonstrated that it meets this provision. 115.33 Provision (c) The BRRJA Intake Supervisor will ensure that each inmate receives the PREA comprehensive education during the intake process and that each inmate will be given the opportunity to view the PREA video prior to being placed in the general population. The agency provides comprehensive education to inmates either in person, handbook, or through video regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. All inmates at the BRRJA have been educated in sexual abuse and harassment. All inmates regardless of being transferred from another facility are required to go through the intake process and watch the PREA video each time they are assigned to general population. When the Intake Officer was asked how they ensure that current inmates, along with those transferred from another facility, have been educated on the agency's zero-tolerance policy on sexual abuse. She stated that when the inmate is booked-in they are provided information regarding PREA. She also stated that all inmates must be booked-in, and it is during that process that the inmate is informed of the PREA information and handbook. If the inmate remains in custody, then they will be placed in general population and made to watch the PREA educational video by classification prior to being assigned a housing area. Finally, the Intake Officer stated that there are posters throughout the facility that also explain how an inmate can protect and report sexual abuse. The evidence collected for this provision shows that the agency has procedures in place to ensure that all inmates who have not received PREA education shall be educated within 1 year of the effective date. Therefore, through written policy and interviews conducted, the agency has demonstrated that it meets this provision. 115.33 Provision (d): BRRJA PREA policy 28.01 states in part that; "The BRRJA shall make arrangements for inmates that speak languages other than English or Spanish, and with inmates who are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills to receive training and materials in a language understood by the inmate."

	The BRRJA provided examples of different inmate PREA educational materials in formats that would be accessible to all inmates in accordance with Title VII of the Americans with Disabilities Act, 42 U.S.C. These formats include, but not limited to: Interpreters for the deaf, reading the material to the visually impaired, and providing interpreter services for non-English speaking inmates. The BRRJA can use a video conferencing system called Language Links that is available and contracted by the agency that allows many different languages to be translated over the tablet via video. Also, there are subtitles that are shown during the PREA educational video to ensure all inmates receive the information. The video is also audio for those who are visually impaired or for those who may be limited reading skills. The BRRJA also provided documentation of versions of their PREA Flyer, Inmate Handbook, and PREA informational posters in Spanish. The PREA Coordinator also indicated that, if necessary, they can translate the Inmate Handbook or PREA Brochure in many other languages utilizing Google Translate then print a copy out. The evidence collected for this provision shows that the agency has procedures in place to ensure that the agency provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, and limited reading skills. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision. 115.33 Provision (e) BRRJA PREA policy 28.01 states in part that; “The BRRJA shall maintain documentation of inmate participation of these education sessions during intake, upon watching the video, and having received an inmate handbook.” The facility utilizes the PREA Initial Intake Screening form during intake and the PREA Screening form during classification to document that the inmate has watched the PREA video and received an Inmate Handbook. This information was verified by the Auditor while reviewing the documentation provided in the PAQ and the inmate file review during the document review phase of this audit. The evidence collected for this provision shows that the agency has procedures in place to ensure that the agency maintains documentation of inmate participation in PREA education sessions. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision. 115.33 Provision (f) BRRJA PREA policy 28.01 states in part that; “PREA information will also be readily available throughout all BRRJA facilities in the form of posters in each housing unit as well as in the Inmate Handbook that will be issued to each inmate. The Inmate Handbook includes information on the BRRJA zero tolerance policy, BRRJA response procedures, the inmate’s rights to be free from sexual abuse and harassment, reporting procedures available, and that an inmate will be free from retaliation for reporting such incidents.”

	The BRRJA ensures that information will be continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The facility has posters strategically posted throughout the facility, in every housing unit, and departments (i.e., kitchen, visiting, etc.) to ensure compliance with PREA standards. Each inmate also has access to a HADC handbook with relevant information including PREA educational material. The Auditor personally observed these items during the facility site review. The evidence collected for this provision shows that the agency has procedures in place to ensure that information will be continuously and readily available or visible to inmates. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring PREA inmate education.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) National Institute of Training (NIC) online PREA Investigation Course Interview: a) Interview with Investigative staff 115.34 Provision (a) BRRJA PREA policy 28.01 states in part that; “In addition to the general training provided to all employees, the BRRJA shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.” The facility provided a certificate of completion from the National Institute of Corrections (NIC) course titled, “Investigating Sexual Abuse in a Confinement Setting.” The facility identified just the one Facility Investigator, which happens to be the Assistant Site Administrator, in the rank of a Lieutenant having obtained the

appropriate specialized training to conduct sexual abuse investigations.

When interviewing the Investigative staff, the Facility Investigator stated that he had received his most recent training in June of 2024. The Facility Investigator stated that the classes dealt with the proper use of Garrity and Miranda in criminal cases. The class covered evidence collection and interviewing techniques among other investigative techniques.

The evidence collected for this provision shows that the agency has procedures in place to ensure that agency investigators receive specialized training in the art of investigating sexual abuse in a confinement setting. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.34 Provision (b)

BRRJA PREA policy 28.01 states in part that; “Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.”

The BRRJA utilizes the NIC online training curriculum among other instruction to train officers in the art of conducting sexual abuse investigations in a confinement setting. This online training is also recognized by the PREA Resource Center as appropriate training regarding this standard. The Auditor is also familiar with, and has completed, this training. The NIC training does cover specialized training in the following techniques:

a) Interviewing sexual abuse victims

b) Proper use of the Miranda Warnings

c) Proper use of Garrity Warnings

d) Sexual abuse evidence collection in a confinement setting

e) The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

All sexual abuse and sexual harassment investigators who conduct non-criminal investigations at the BRRJA have received specialized training. This specialized training was through the NIC online training curriculum. The agency provided certificate of completion for the online course titled, “Investigating Sexual Abuse in a Confinement Setting.” The facility identified the sole Facility Investigator as having obtained the appropriate specialized training to conduct sexual abuse investigations.

When interviewing the Investigative staff, the Facility Investigator stated that he had received training in June 2024. The Facility Investigator stated that the classes dealt with the proper use of Garrity and Miranda in criminal cases. The class covered

	evidence collection and interviewing techniques among other investigative techniques. The evidence collected for this provision shows that the agency has procedures in place to ensure that agency investigators receive specialized training in the art of investigating sexual abuse in a confinement setting. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision. 115.34 Provision (c) BRRJA PREA policy 28.01 states in part that, “The BRRJA shall document that such training has been completed.” The BRRJA has provided an example of a certificate of completion from the NIC online training course. The PREA Coordinator maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The facility has reported that one Facility Investigator has completed this course and that they are qualified to conduct sexual abuse or sexual harassment investigations in a confinement setting. The evidence collected for this provision shows that the agency has procedures in place to ensure that all staff responsible for investigating sexual abuse have received additional specialized training and maintains the documentation necessary to prove that training. Therefore, through written policy and personal observation by documents provided, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring specialized training for investigators who perform sexual abuse and sexual harassment investigations.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) PREA Training Acknowledgement Form

	c) National Institute of Corrections (NIC) Certificates of Completion for both Medical and Mental Health Professionals Interview: a) Interview Medical & Mental Health Staff Observations made during the on-site audit and document review. 115.35 Provision (a) BRRJA PREA policy 28.01 states in part that; “The BRRJA shall ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” The facility reported that there are 5 medical personnel and mental health staff members employed and contracted by the BRRJA, who work regularly and have received the specialized training as required by the agency’s policy. During the pre-audit phase, the Auditor was provided copies of the NIC online training curriculum and certificates of completion for several medical staff and one mental health practitioner. This training is designed for medical staff and behavioral health professionals specifically based on their profession. This training provides the necessary training outline in the standard. The training consists of: · How to detect and assess signs of sexual abuse and sexual harassment · How to preserve physical evidence of a sexual abuse · How to respond effectively and professionally to victims of sexual abuse and harassment · How and whom to report allegations or suspicions of sexual abuse and harassment When interviewing a medical staff member, she informed the Auditor that she had previously received PREA training by the BRRJA staff annually and received specialized training through the NIC. During the interview with the mental health professional, she stated that PREA annual training is required, and she has received it twice since starting. The mental health professional also informed the Auditor that she had received additional training through the NIC.

	The evidence collected for this provision shows that the agency has procedures in place to ensure that medical and mental health personnel receive additional training as outlined in this standard. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision. 115.35 Provision (b) HADC reported that medical staff employed by the Blue Ridge Regional Jail will not conduct forensic examinations. Any physical examination of an alleged victim of sexual abuse will be conducted in accordance with a SANE representative at the Lynchburg General Hospital and a deputy from the Halifax Sheriff's Office would request that forensic medical examination be offered. The Lynchburg General Hospital performs forensic medical exams for the HADC facility and there is a memorandum of understanding to document this fact. This practice was confirmed during the interview conducted with medical staff who stated that they do not perform forensic medical examinations. The evidence collected for this provision shows that the facility does not perform forensic medical examinations. Therefore, this provision is not applicable to the HADC. 115.35 Provision (c) BRRJA PREA policy 28.01 states in part that; "The BRRJA shall document that such training has been completed." The HADC relies on the agency's PREA Coordinator to maintain the documentation on their personnel that confirms Medical and Mental Health Practitioners have received the training referenced in this standard. The BRRJA has provided copies of specialized training records for medical and mental health staff in the form of certificates of completion, indicating their personnel received the training through the NIC online training curriculum. The evidence collected for this provision shows that the agency has procedures in place to ensure that all medical staff have received additional specialized training. Therefore, through written policy and documents provided, the facility has demonstrated that it meets this provision. 115.35 Provision (d) During the post-audit phase, the facility provided copies of training rosters indicating that medical staff and the mental health professionals received the same in-service annual PREA training that security staff receive. In addition, while interviewing both medical and mental health staff, the Auditor was told that they receive PREA training on an annual basis. The evidence collected for this provision shows that the agency has procedures in place to ensure that all medical staff receive(s) the same PREA training that

	volunteers, contractors, and security staff receive. In addition, they receive this training on an annual basis. Therefore, through written policy and documents provided, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring specialized training for Medical and Mental Health Care.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA Policy 9.01 Classification b) BRRJA PREA Screening Instructions c) BRRJA PREA Intake Screening d) BRRJA PREA Classification Screening e) Completed Screening Forms f) 30-day Screening Reassessments Interviews: a) Interview with Staff performing Risk Screening b) Interview with Random Inmates c) Interview with PREA Coordinator Observations made during the on-site audit and document review. 115.41 Provision (a) BRRJA policy 9.01 states in part that; “All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abusive toward other inmates.” During the interview process, the Auditor sat down with the classification officer and

went through the risk screening process. The Auditor asked if the officer screened inmates for risk of sexual victimization upon arrival or transfer from another facility. The officer stated that, “Yes, he does.” Also, during the interviews with 16 inmates; 15 inmates recalled having been asked those specific questions listed below, one stated he had not, but was aware of the questions because he had just arrived from the Lynchburg facility. The Auditor reviewed the risk assessment questionnaire called the “PREA Screening Form” and identified that the screening form contained initial questions such as:

· First Incarceration?

· Have you ever been a victim of sexual abuse?

· Do you have a sexual orientation preference?

· Do you perceive yourself to be vulnerable to a sexual offense or abuse?

When interviewing the staff responsible for performing the risk screening, the classification officer stated that he does conduct risk screening on all inmates during the Intake process in a private setting and determines the appropriate housing assignment based on the questions and answers obtained during the classification interview and answers to the PREA Screening form.

The evidence collected for this provision shows that the facility has procedures in place to ensure all inmates receive a risk screening evaluation for the risk of being sexually abused while incarcerated. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (b)

BRRJA policy 9.01 states in part that; “Intake screening shall ordinarily take place within 72 hours of arrival at the facility.”

The facility reported that they received 533 inmates into their facilities in the last twelve months who had a length of stay of more than 72 hours. The facility reports that out of all of those inmates, 100% received a risk screening assessment for possible risk of being sexually abused during incarceration.

The facility provided samples of completed PREA Screening Forms during the pre-audit phase and downloaded those documents into the Pre-audit Questionnaire. In addition, during the document review the Auditor observed completed Classification PREA Screening instrument forms in their inmate classification files.

When conducting the interview with staff responsible for performing risk-screening assessments the officer stated that he usually conducts the risk screening process the day the inmate is booked into the facility. However, no risk screening is conducted during the weekends until he returns on Monday morning. As stated in the previous provision, when interviewing 16 inmates; 15 inmates reported receiving risk screening within 24 hours of being processed into the jail.

	The evidence collected for this provision shows that the facility has procedures in place to ensure that all inmates are screened for the risk of sexual abuse within 72 hours of arrival at the facility. Therefore, through written policy, personal observations, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.41 Provision (c) BRRJA policy 9.01 states in part that; “Such assessments shall be conducted using an objective screening instrument.” The BRRJA PREA Screening consists of 18 ‘yes or no questions’ that includes all types of considerations when determining housing assignments. These considerations consist of questions regarding prior mental health, age, and prior sexual victimization among other things. The form does include the required sexual abuse considerations regarding the PREA standard. The guidance by the facility to the staff is that value is placed on each question in the process and should carry a total score when determining if an inmate may be considered a possible potential victim or potential aggressor. The Auditor sees this process as objective as to what constitutes a potential inmate victim or inmate aggressor. During the interview with the classification officer, he stated that the threshold for determining a potential inmate sexual abuse victim or potential sexual aggressor is if he receives 4 or more “yes” answers to the PREA Screening in the victim category, then the inmate is considered a potential victim. If an inmate answers 3 or more “yes” aggressor questions, then that inmate would be identified as a potential aggressor. The evidence collected for this provision through policy, interviews, observations and corrective action made since the on-site phase shows that the facility does conduct risk assessments utilizing an objective screening instrument. Therefore, the facility has demonstrated that it meets this provision. 115.41 Provision (d) BRRJA policy 9.01 states that; “The intake screening shall 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, transgender, intersex, or

gender non-conforming.

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."

The officer responsible for performing risk-screening assessments was asked what the risk screening considered and what is the process for conducting these assessments. The officer stated the assessment asks questions such as: age, sex, ever sexually abused, learning disability, or perceived gender. The officer also stated that they use a checklist of 'yes or no answers' to gather the information and the questionnaire is completed on the "Jail Tracker" management system. As previously stated, the officer did indicate that there is a point value placed on these questions.

The evidence collected for this provision shows that the facility has procedures in place to ensure that the intake screening shall consider at a minimum the 10 criteria identified in this standard provision. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (e)

BRRJA policy 9.01 states in part that; "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 inmates for risk of being sexually abusive."

The risk screening form utilized by the HADC classification officer does consider prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional sexual abuse. The staff member responsible for performing risk-screening assessments was asked what the risk screening considered and what is the process for conducting these assessments. The officer stated the assessment asks questions such as: does the inmate have a history of prior acts of sexual abuse, prior convictions of violent crimes, or prior history of institutional violence or sexual abuse.

The evidence collected for this provision shows that the facility has procedures in place to capture and ask the questions listed above surrounding potential aggressor behavior. Therefore, through document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (f)

BRRJA PREA policy 9.01 states in part that; "Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since intake screening."

The staff member responsible for performing risk-screening assessments was asked how long after arrival are inmates risk levels reassessed. The officer stated within 30

	days. However, the practice is within the first couple days. When interviewing 16 inmates, they were asked if staff had ever asked PREA related questions again during their incarceration. The majority of the inmates, eleven to be exact stated that they had been asked the risk screening questions again after intake. The Auditor also reviewed the 16 inmate files of those that were interviewed, and the results indicated a reassessment was completed usually within two days of intake. The sexual abuse reassessment of all inmates are captured during the classification and housing assignment process. This information is obtained in the PREA Screening documentation. If there is a need to change the status of an inmate's classification, then the classification officer, would and can, perform that task. The evidence collected for this provision shows that the facility has procedures in place to conduct a 30-day review reassessment. In addition, a reassessment within 30 days will occur based upon additional or relevant information received by the facility. Therefore, through policy, document review and interviews conducted, the facility has demonstrated that it meets this provision. 115.41 Provision (g) BRRJA policy 9.01 states in part that; "An inmate'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 inmate's risk of sexual victimization or abusiveness." When interviewing the staff responsible for conducting risk screening the officer stated that they do reassess when warranted due to additional information received about the inmate's sexual safety. The facility provided several examples of reassessments being conducted due to additional information being received. The evidence collected for this provision shows that the facility has procedures in place to reassess an inmate's risk of sexual victimization due to a referral, request, or additional information. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.41 Provision (h) BRRJA policy 9.01 states in part that; "Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked in section D.; 1., 7., 8. or 9." When interviewing the staff responsible for conducting risk screening the officer stated that the facility does not punish inmates if they chose not to answer the questions associated with the risk screening assessment. The evidence collected for this provision shows that the facility has procedures in place to prevent inmates from being disciplined for refusing to answer, or for not disclosing complete information, in response to risk screening. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.41 (i)

	BRRJA policy 9.01 states in part that; “The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.” When interviewing the classification officer, he was asked who has access to the inmates’ risk screening information. The officer stated that the classification officer, and leadership has access to the inmate file folder. The PREA Compliance Manager was also asked this question, and he indicated that the risk screening form is strictly restricted to only those with a need to know such as classification and leadership. Finally, when the PREA Coordinator was asked this question, she stated that classification holds onto the screening and the documents are located in the inmate files which are locked up. Only classification officers, records staff, and leadership have access. Therefore, no line staff has access to inmate risk screening paperwork. The evidence collected for this provision shows that the facility has procedures in place to control access to the risk screening information collected by the facility and that the information is not exploited. Therefore, through document review and interviews conducted, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring screening for risk of victimization and abusiveness.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA Policy 9.01 Classification b) PREA Screening Form c) Memorandum of Record indicating no instances of housing any transgender inmates during the last twelve months. Interviews: a) Interview with Staff performing Risk Screening b) Interview with PREA Compliance Manager

	Observations made during the on-site audit and document review. 115.42 Provision (a) BRRJA policy 9.01 states in part that; “The agency shall use information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.” The PREA Compliance Manager stated during the interview, that risk screening is part of the classification process and that they use the information obtained to keep potential victims and aggressors separate for housing assignments. The staff member responsible for conducting risk screening stated during his interview that the assessment is used to take all the information and to assess the best housing assignment for that inmate. The evidence collected for this provision shows that the facility uses the information gathered during the risk screening process to influence the decision on where an inmate may be housed, attend programs, and works with the goal of keeping separate those inmates at high risk of being sexually victimized. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision. 115.42 Provision (b) BRRJA policy 9.01 states in part that; “The agency shall make individualized determinations about how to ensure the safety of each inmate.” During the interview process, the Auditor asked the staff member responsible for risk screening how the facility uses the information from the risk screening to keep inmates safe. The officer stated that the information gathered during the screening is to identify who may be a possible victim, who may be a possible aggressor, and then house to those inmates accordingly. The evidence collected for this provision shows that the facility makes individualized determinations about how to ensure the safety of each inmate. Therefore, through document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.42 Provision (c) BRRJA policy 9.01 states in part that; “In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.” The PREA Compliance Manager was interviewed and asked how the facility determines housing and programs for transgender or intersex inmates. The PREA Compliance Manager stated that it is done on a case-by-case basis considering

	management and safety concerns along with the inmate's considerations. He also indicated that the classification officer would meet with the inmate and discuss where the inmate would feel safe. Then with that information, the transgender inmate would be classified like any other inmate. The PREA Compliance Manager also stated that the inmate would have full access to all programs. The facility reported no transgender inmates being housed at the facility at the time of the on-site audit phase. Therefore, the Auditor did not interview any transgender inmates and is unable to provide their perspective regarding this provision. The evidence collected for this provision shows that the facility does consider housing assignments involving transgender and intersex individual on a case-by-case basis. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision. 115.42 Provision (d) BRRJA policy 9.01 states in part that; "Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate." When interviewing the staff member responsible for conducting risk screening assessments, he explained that transgender inmates would be reassessed twice a year to make sure there are no possible threats to their safety. The PREA Compliance Manager also indicated that a classification review would been conducted on all transgender inmates at least twice a year. The evidence collected for this provision shows that the facility has procedures in place to address reassessing a transgender or intersex inmates programming assignment at least twice a year to review any threats or safety concerns. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision. 115.42 Provision (e) BRRJA policy 9.01 states in part that; "A transgender and intersex inmate's own views with respect to their own safety will be given serious consideration." When the PREA Compliance Manager was asked that question, he stated that, "Yes, they do consider the inmates' own views when deciding appropriate housing." When the staff member responsible for conducting the risk assessments was asked the same question, he also responded in the affirmative. At the time of this audit the HADC informed the Auditor that there were no transgender inmates housed in their facility. The Auditor did not interview any transgender inmate to collect their own views regarding their safety. The evidence collected for this provision shows that the facility has procedures in place to consider a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.42 Provision (f)

BRRJA policy 9.01 states in part that; “Transgender and intersex inmates will be given the opportunity to shower separately from other inmates.”

During the on-site facility tour, the Auditor observed all housing areas. While touring, the Auditor observed all shower and restroom areas. Each inmate, including transgender inmates, can shower separately because they are single occupancy showers with a full shower curtain to each separate shower that provides privacy to the inmate.

The PREA Compliance Manager and the staff member responsible for conducting risk assessments were interviewed and asked if transgender and intersex inmates are afforded the opportunity to shower separately from other inmates. Both the compliance manager and classification officer stated that, “Yes, they are allowed to shower separately.” No transgender inmate was interviewed during the on-site audit phase.

The evidence collected for this provision shows that the facility has procedures in place to allow transgender and intersex inmates to shower separately from other inmates. Therefore, through interviews conducted, and observations made, the facility has demonstrated that it meets this provision.

115.42 Provision (g)

BRRJA policy 9.01 states in part that; “The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings, solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.”

During the time of this PREA Audit, the HADC was not under a consent decree, legal settlement, legal judgement for the purpose of protecting inmates that identify as gay, lesbian, bisexual, transgender or intersex.

During the interview process, the PREA Coordinator and Compliance Manager confirmed that the facility was not under any consent decree, legal settlement, or legal judgment requiring the facility to separate the LGBTQ community from everyone else. The PREA Coordinator stated during her interview that it is against protocol to segregate those inmates identifying as LGBTQ based solely on their sexuality. Finally, the Auditor interviewed two inmates that identified as LGBTQ at the time of this on-site audit. Both inmates were asked if they had been housed in any dedicated housing areas due to their sexual orientation. Both inmates answered, “No, they had not.”

The evidence collected for this provision shows that the facility has procedures in place to address not placing LGBTQ inmates in designated housing blocks based solely on their sexual orientation. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

	Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the use of screening information.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA Policy 9.01 Classification b) Statement of Fact dated 07/23/2024 authored by the Assistant Site Administrator (PREA Standard 115.43) Interviews: a) Interview with Facility Head b) Interview with Staff who supervise Inmates in Segregation c) Interview with Inmates in Segregation Observations made during the on-site audit and document review. 115.43 Provision (a) BRRJA policy 9.01 states in part that; “Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If 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.” The Facility Head stated during his interview that the facility does have a policy prohibiting placing inmates at high risk of sexual victimization in involuntary segregated housing in lieu of other housing areas. The facility provided a statement of fact indicating that no inmates at risk for sexual

victimization were held in involuntarily segregated housing in the past twelve months. This fact was documented in a memorandum authored by the Assistant Site Administrator dated 07/23/2024.

The evidence collected for this provision shows that the facility has procedures in place to address not using segregated housing for those inmates at high risk of victimization unless no alternative means of separation is available. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.43 Provision (b)

BRRJA policy 9.01 states in part that; “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 facility reported no instances where an inmate was placed in segregation based on the high probability of sexual victimization. During the facility tour, the Auditor visited the special housing unit and reviewed the housing assignments to verify that no inmate was being housed involuntarily due to the risk of being sexually victimized.

The staff member working in segregated housing stated during his interview that if an inmate was placed in segregation based on possible sexual victimization, then that inmate would still have access to all the privileges and opportunities that all other inmates would have. He stated that the housing assignment is not seen as a punishment. He also indicated that if anything is restricted the reasons why must be documented.

The evidence collected for this provision shows that the facility has procedures in place to ensure that if an inmate is placed in segregation due to the high risk of being sexually victimized that the inmate would retain all the privileges and opportunities that all other inmates are afforded. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.43 Provision (c)

BRRJA policy 9.01 states in part that; “The facility 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 ordinary exceed a period of 30 days.”

	The Facility Head was interviewed and stated that only if there were no alternatives would an inmate be involuntarily segregated because of the possibility of being sexually victimized. He further indicated, if necessary, that inmates should be moved to another facility belonging to the BRRJA. The Facility Head explained that, at the most, an inmate would stay in segregation for no more than a 24 hours. When the staff member assigned to the special segregated housing unit was asked the same questions, he stated that, “Yes, the inmate would be moved as soon as possible.” The staff member did state the inmate would be placed in segregation only until they could find a better suited housing assignment and an alternative option should only take approximately 5-10 days. The evidence collected for this provision shows that the facility has policies in place to ensure that if an inmate is placed in involuntary segregation, such assignment would not ordinarily exceed 30 days. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision. 115.43 Provision (d) BRRJA policy 9.01 states in part that, “If an involuntary segregated housing assignment is made pursuant to paragraph A of this section, the facility shall clearly document: a) The basis for the facility’s concern for the inmate’s safety and b) The reason why no alternative means of separation can be arranged.” The HADC reported not assigning any inmate to involuntary segregated housing for the purpose of separating that inmate due to the high risk for sexual victimization. The evidence collected for this provision shows that the facility does have a written policy in place to address documenting the basis for the segregation and why no alternative means of separation could be arranged. Therefore, the facility has demonstrated that it meets this provision. 115.43 Provision (e) BRRJA policy 9.01 states in part that; “Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.” The Auditor interviewed the staff member who supervises inmates in segregation and asked if the facility reviews the inmate’s situation every 30 days to determine if the housing assignment is still needed. The staff member indicated that, “Yes, there is a 30-day review.” The evidence collected for this provision shows that the facility has procedures in place to reassess and review an inmate’s housing assignment every 5 days to see if there is a continued need for separation. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

	Conclusion: Based upon the review and analysis of all the available evidence the PREA Auditor has determined that the facility is fully compliant with this standard requiring limitation on protective custody.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) PREA New Hire Training c) PREA Training Jail Tracker Signature Summary d) HADC Inmate Handbook both in English and Spanish e) PREA Intake Brochure both in English and Spanish f) PREA Poster in both English and Spanish. Interviews: a) Interviews with random staff b) Interviews with various inmates c) Interview with PREA Compliance Manager Observations made during the on-site audit and document review. 115.51 Provision (a) BRRJA PREA policy 28.01 states in part that; “Inmates shall have the opportunity to 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. An inmate may report such incidents to any BRRJA employee, as well as any medical/mental health practitioner, chaplains, counselors, etc. and may do so by any means available, e.g., verbally, inmate request form, or through the inmate telephone system using the PREA Report Line.”

	The facility has provided multiple ways to report sexual abuse or sexual harassment allegations in a private setting. These reporting options are listed in written policy, confirmed through interviews, and observed through posters and handouts. The PREA Intake Brochure specifically addresses three ways to report an allegation of sexual abuse or harassment. Those involve making a verbal report to any staff member, calling the outside reporting authority prompted by the phone system and dialing 434-937-7273. The contact information and phone number are provided in both the handbook and brochure. In addition, PREA posters are displayed throughout the facility in both English and Spanish, listing the ways an individual can report an allegation of sexual abuse. The staff training curricula consists of classroom instruction that allows security staff to review and acknowledge agency policies to include PREA Policy 28.01. During the on-site audit, the Auditor performed 12 random staff interviews and 16 inmate interviews. Of the 12 random staff that were interviewed; 1 officer could identify five ways to report, 3 officers could identify four ways, 6 officers could identify three ways to report, one officer reported two ways, and one officer reported one way to report. All 12 officers could at least identify one way to report a sexual abuse allegation. Of the 16 inmates that were interviewed; 2 inmates could offer four ways to report sexual abuse, 5 inmates could offer three ways, 8 inmates provided two ways to report, and 1 inmate indicated one way to report. During the on-site review, the Auditor toured both facilities observing and documenting PREA posters posted in all housing units and in public areas throughout the facility. The Auditor also conducted several informal discussions with inmates in the HADC Facility. When touring A Unit, an inmate was asked if he knew the ways to report sexual abuse. The inmate indicated that he could call the hotline. Also, in A Unit the PREA Hotline was tested and received notification of the call within ten minutes. The Auditor requested investigation files which provided documentation of alleged sexual abuse reported in all the ways and methods listed. The Auditor contacted Just Detention International and confirmed that they had not received any sexual abuse allegations during this rating period. The evidence collected shows that the facility has provided multiple ways to report sexual abuse or sexual harassment. The evidence also shows that many staff and inmates are aware of those reporting procedures confirming the information is being provided. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision. 115.51 Provision (b) BRRJA PREA policy 28.01 states in part that; “The inmate shall be provided information for reporting of sexual abuse or harassment to a public or private entity or office that is not part of the BRRJA, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to BRRJA officials, allowing the inmate to remain anonymous upon request. This information will be upon request of the inmate and will be the contact information to the ‘Sexual Assault

Response Team', and local law enforcement agencies."

The YWCA SARP has agreed to provide an outside reporting entity that will accept a written correspondence where the inmate may remain anonymous upon request. The SARP will receive the letter and immediately contact the appropriate facility via phone call to report the sexual abuse or sexual harassment allegation.

When interviewing the PREA Coordinator, she indicated that the outside reporting entity is the SARP, and inmates can write to the SARP to report outside the facility and that the SARP is not part of the agency. The Auditor conducted multiple interviews and conversations with the representative of SARP clarifying the procedure and establishing if the SARP is a rape crisis center that has a responsibility to maintain a certain amount of confidentially if the inmate wanted to remain anonymous. The representative confirmed the practice and explained that the YWCA is the rape crisis center, and SARP is an arm of that establishment, but will provide the services via written communication as established in this provision.

The evidence collected for this provision shows that the facility has provided at least one way for an inmate to report abuse or harassment to a public or private entity not affiliated with the facility. Lastly, the BRRJA does not allow the detention of an inmate for the sole purpose of immigration status. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.51 Provision (c)

BRRJA PREA policy 28.01 states in part that; "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall document any reports on an incident report and notify a supervisor immediately."

When reviewing the investigative files, written reports from officers documenting verbal allegations were present. During staff interviews, the officers explained that their duties were to immediately write a report recording the verbal sexual allegation. However, there was no clear answer to what the term "immediate" meant. Therefore, the PREA Compliance Manager was interviewed and asked to define what "immediately" meant according to the protocol. The PREA Compliance Manager explained that immediately is defined as soon as possible, but definitely before the end of the officer's tour of duty for that day. When interviewing inmates, several explained that they would notify a supervisor or post officer. In addition, all the PREA posters displayed throughout the facility state that an allegation of sexual abuse can be reported verbally.

The evidence collected for this provision shows that the facility has demonstrated that they accept, and document sexual abuse reports verbally, in writing, and from third parties. It has also been determined that these reports have been handled in a timely fashion. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.51 Provision (d)

	BRRJA PREA policy 28.01 states in part that; “These reports, made by inmates or staff, may be done in a private setting if necessary.” The policy further states that, “The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the BRRJA Internal Affairs.” Through staff interviews it appeared that staff were uncertain of how to go about privately reporting sexual abuse and sexual harassment of inmates in accordance with policy. However, they did identify other ways to notify authorities regarding allegations of sexual abuse or harassment that would be private. Of the 12 random staff members interviewed; they identified the PREA Hotline six times, contact the PREA Coordinator twice, notified a pastor once, an outside agency once, and two were not sure. The guidance in policy 28.01 is ambiguous at best and the facility needs to specifically identify a method for staff to privately report sexual abuse and sexual harassment of inmates. During the out-briefing with facility leadership the Auditor addressed this concern and requested a policy change to be made specifically to provide a method for which staff can report a sexual abuse of an inmate privately. The PREA Coordinator immediately began the process of a policy revision. During the post-audit phase, the agency made the necessary changes and trained all staff on the new procedural update. Therefore, the Auditor is satisfied that the facility is compliant with this provision of the standard. BRRJA PREA policy 28.01 states in part that, “Report of sexual abuse or sexual harassment, made by inmates or staff, may be done in a private setting, and may be reported to the PREA Coordinator or Internal Affairs.” The evidence collected for this provision shows that the agency has provided staff with a private method of reporting sexual abuse or sexual harassment of inmates. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it does meet this provision. Conclusion Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the agency provide multiple internal ways for inmates to privately report sexual abuse or sexual harassment.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

	Documents: a) BRRJA PREA Policy 28.01 Interviews: Observations made during the on-site audit and document review. BRRJA PREA policy 28.01 states in part that; “The Blue Ridge Regional Jail Authority shall be exempt from standard 115.52 as the organization does not have administrative procedures to address inmate grievances regarding sexual abuse.” The facility has a policy that places limitations on what allegations can be handled through the grievance process. The facility’s procedure is that grievances received about sexual assault and sexual harassment will be accepted and reviewed regardless of when the incident took place. The facility protocol is if a PREA allegation through an emergency grievance is received, it must immediately be directed to the Site Administrator or PREA Compliance Manager. These individuals will further the investigation into the allegation. The grievance process is immediately stopped, and an administrative investigation is immediately initiated. The HADC reported no instances of an inmate utilizing the grievance procedure to report an alleged sexual abuse or harassment report during this audit period. Conclusion The agency has no policy that addresses emergency grievances as a reporting mechanism for PREA allegations and how to handle them through the grievance process. The agency’s procedure is that grievances received about sexual assault and sexual harassment will be accepted and reviewed regardless of when the incident took place. The agency protocol is if the Shift Commander or designee receives a grievance alleging sexual abuse or sexual harassment by staff or sexual abuse by an inmate, the grievance is immediately handled as a PREA complaint and investigated as such, to include assigning it to the Facility Investigator for further investigation. The grievance process is immediately stopped, and an administrative investigation is immediately initiated. Therefore, this standard is not applicable in the meaning and purpose for which it is intended. The grievance process for the HADC is to serve as a vehicle to provide due process in certain situational incidents in a confinement setting and not the purpose of reporting or investigating a sexual abuse allegation in this facility. However, an inmate can use the “grievance” process as a means of reporting sexual abuse allegations. The inmates can also use the grievance process to oppose the finding of a sexual abuse investigation as part of their due process and administrative remedies.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Reporting Guidelines posters in English and Spanish b) MOU between the BRRJA and the Young Women Christian Association (YWCA) Sexual Assault Response Program (SARP) dated 08/12/2013 c) HADC Inmate Handbook both in English and Spanish d) BRRJA PREA Policy 28.01 e) SARP Handout Brochure and Poster Interviews: a) Inmates who have reported a Sexual Abuse b) Interviews with Inmates Observations made during the on-site audit and document review. 115.53 Provision (a) BRRJA PREA policy 28.01 states in part that; “Upon request of the inmate, the BRRJA shall 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 victim advocacy or rape crisis organizations. The BRRJA shall enable reasonable communication between inmates and these organizations in as confidential manner as possible.” The agency has entered into a Memorandum of Understanding (MOU) with “SARP” of Central Virginia to provide outside victim advocacy related to sexual abuse. Stated in the MOU, the BRRJA has agreed to provide telephone numbers and mailing addresses to incarcerated victims who request sexual violence crisis intervention services, emotional support, and/or supportive counseling. SARP services are provided by mail, a phone hotline, and in person, upon request. SARP also provides sexual assault educational materials in areas accessible to inmates. The contact information for SARP is located in the inmate handbook, PREA Intake Brochure, and posters displayed in the housing units. The Auditor observed these posters during the facility tour. In addition, the contact information for SARP can be found in every inmate handbook located on the tablet which is accessible to every inmate upon commitment into the facility. In addition, every inmate that is booked into the facility receives a “PREA Intake Brochure.” During this orientation, the inmate is once again provided contact information for the rape crisis center. This procedure is documented and acknowledged by signature from the inmate. The hotline phone call is free of charge to the inmate. Outgoing facility mail is not scanned, opened, nor read. The crisis intervention services are confidential and SARP has no duty to report unless involving a juvenile or a vulnerable adult. The HADC Inmate Handbook indicates that; “A shift

leader can provide information on external crisis intervention and emotional support, as well as other reporting options for you. You may also anonymously make a report to the Sexual Abuse Response Program at: YWCA of Central Virginia, Attention: SARP, 626 Church St., Lynchburg, VA 24504. The Advocate Posters indicate that if you need counseling, or to speak to someone concerning prevention and intervention for sexually abusive behavior you can contact the Sexual Assault Response Program an outside agency at 800-838-8238. We do not monitor PREA calls to SARP."

BRRJA reports that the HADC does not detain inmates solely for civil immigration purposes. However, consular notification is the responsibility of the arresting officer.

The Auditor conducted an interview with a representative of SARP who confirmed that all these services are being provided to the HADC.

During the on-site audit, the Auditor performed 16 inmate interviews concerning this provision. There were 10 inmates who were aware that services are available outside the facility for dealing with sexual abuse and also while in the facility. Six inmates stated they didn't know or were not sure. Those inmates that were aware of the services also knew how to contact the crisis center. They were also cognizant that the communication with the crisis advocate is confidential. When asked if they could tell me about the kind of services there are; one inmate identified SARP, one inmate stated Crossroads, one inmate said the Social Services, and one inmate mentioned the Salvation Army. All of the other inmates were unsure.

The evidence collected for this provision shows that the facility has procedures in place to provide crisis intervention services from an outside advocacy group, free of charge, that is confidential. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.53 Provision (b)

BRRJA PREA policy 28.01 states in part that; "The BRRJA shall 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."

The Advocate Posters indicate that if you need counseling, or to speak to someone concerning prevention and intervention for sexually abusive behavior you can contact the Sexual Assault Response Program an outside agency at 800-838-8238. "We do not monitor PREA calls to SARP."

The Auditor performed 16 inmate interviews. Ten inmates were aware of these services and fourteen inmates assumed that the information would be kept confidential.

The evidence collected for this provision shows that the facility does inform inmates of the extent to which their communications are being monitored. Therefore, through facility procedures, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

	115.53 Provision (c) BRRJA PREA policy 28.01 states in part that; “The BRRJA shall 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. The BRRJA shall maintain copies of agreements or documentation showing attempts to enter into such agreements.” The facility has provided a copy of a Memorandum of Understanding between the BRRJA, and the YWCA SARP 08/12/2013 as proof that confidential emotional support services are being provided to the inmates at the HADC. There is no expiration date for this MOU and is indefinite until such a time when one or both parties wish to terminate the agreement. The evidence collected for this provision shows that the facility has entered into a Memorandum of Agreement with an outside advocacy group to provide the inmates emotional support as it relates to sexual abuse. Therefore, through the signed MOU and personal observation, the facility has demonstrated that it meets this provision. Conclusion Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the agency to provide inmate access to outside confidential support services.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) HADC PREA Third-Party Reporting Guidelines Posters b) BRRJA Agency Website c) BRRJA PREA Policy 28.01 Observations made during the on-site audit and document review. 115.54 Provision (a) BRRJA PREA policy 28.01 states in part that; “Reports of sexual abuse and sexual harassment shall be accepted from third party sources. Information on how to report sexual abuse and sexual harassment on behalf of an inmate will be included on the

	BRRJA website as well as posted in public areas of all BRRJA facilities. Receipt of a third-party report shall be documented on an incident report, and a supervisor shall be notified immediately." The BRRJA has their Third-Party Reporting procedure published on their facility website. In addition, the BRRJA Third-Party Reporting Posters found in the visiting and public areas of the facility directs the public on how and where to report a sexual abuse allegation regarding a family member or friend. The website statement says that; "If you feel that your family member or friend has been the victim of sexual abuse at the hands of another inmate, or if you have information concerning suspected incidents of employee sexual misconduct involving the Blue Ridge Regional Jail Authority personnel, please contact one of the following; the Site Administrator of the facility where the incident occurred – Contact Us Here, The Sheriff's Office or Police Department of the jurisdiction where the incident occurred, or the YWCA Sexual Assault Response Program at 888.947.7273." The Auditor contacted the Site Administrator provided that is associated with the PREA Coordinator. The link goes to an email of the said person. During the on-site facility tour, the Auditor observed the PREA Third-Party Reporting Posters in areas that are accessed by the public such as on the visitor side of the inmate visiting area and in the public entrance to the facility. The evidence collected for this provision shows that the facility has procedures in place to address third-party reports of sexual abuse or harassment both formally and publicly. Therefore, through document review and personal observations, the facility has demonstrated that it meets this provision. Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring a method to receive third-party reports alleging sexual abuse and distribute that information publicly.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01

	Interviews: a) Interviews with Random Staff b) Interview with Facility Head c) Interview with Medical or Mental Health Staff d) Interview with PREA Coordinator Observations made during the on-site audit and document review. 115.61 Provision (a) BRRJA PREA policy 28.01 states in part that; “Any employee, volunteer, or contractor shall immediately report to his or her immediate supervisor or the shift leader 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 BRRJA, retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” During the interview process, this Auditor interviewed 12 random staff. All 12 staff members stated that they must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor. The evidence collected for this provision shows that the facility has procedures in place to address immediately reporting any knowledge, suspicion, or information regarding sexual abuse or sexual harassment. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision. 115.61 Provision (b) BRRJA PREA policy 28.01 states in part that; “Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in BRRJA policy, to make treatment, investigation, and other security and management decisions.” During the interview process, the Auditor interviewed 12 random staff. All 12 staff members stated that they must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor and must only relay information on a ‘need to know’ basis. The evidence collected for this provision shows that the facility has procedures in place to address not revealing information related to a sexual abuse report to anyone other than to the extent necessary. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision. 115.61 Provision (c)

	BRRJA PREA policy 28.01 states in part that; “Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse according to paragraph (1) of this section and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality at the time of services.” The Auditor interviewed medical staff personnel. The medical staff member stated that they do notify the inmate of the duty to report sexual abuse allegations and the limitations surrounding confidentiality. She also stated that they have a duty to report all suspicions, knowledge, or information regarding sexual abuse. In addition, the medical staff member stated that she had not experienced a situation where an alleged sexual abuse allegation had been made. However, if she had encountered that situation, she would immediately notify a sworn supervisor. When interviewing the mental health professional, she was asked the same questions. She too explained that they do notify the inmate about the duty to report and limitations of confidentiality. The mental health professional also indicated that she has been made aware of a sexual abuse allegation in the past, but not at the HADC. The evidence collected for this provision shows that the facility has procedures in place to require medical and mental health practitioners to report any incidents they have been made aware of involving the knowledge, suspicion, or information regarding sexual abuse. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision. 115.61 Provision (d) BRRJA PREA policy 28.01 states in part that; “If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the BRRJA shall report the allegation immediately to the local Department of Social Services.” Both the PREA Coordinator and Facility Head were interviewed and stated that the HADC does not house juveniles. The Facility Head stated that he would initiate an investigation and immediately notify county social services. The PREA Coordinator indicated, she too, would make sure an investigation is initiated and notify social services. The evidence collected for this provision shows that the facility has procedures in place to require staff to report sexual abuse involving individuals under the age of 18 and vulnerable adults to the designated state or local services in accordance with applicable mandatory reporting laws. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision. 115.61 Provision (e) BRRJA PREA policy 28.01 states in part that; “The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the BRRJA Internal Affairs Investigator.”

	During the document review, the Auditor evaluated 4 investigative files. The files showed that the facility utilized the Facility Investigator (Assistant Site Administrator) trained in conducting PREA investigations for all 4 investigations. The Facility Head was also interviewed and explained that all allegations of sexual abuse and sexual harassment, determined to be administrative in nature and not criminal, are assigned to the Facility Investigator (Assistant Site Administrator). The evidence collected for this provision shows that the facility has procedures in place to ensure that all allegations of sexual abuse are turned over to a PREA designated investigator to initiate an inquiry. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision. Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring staff and agency reporting duties.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 Interviews: a) Interviews with Random Staff b) Interview with Facility Head c) Interview with Agency Head Observations made during the on-site audit and document review. 115.62 Provision (a) BRRJA PREA policy 28.01 states in part that; “When the BRRJA learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate and appropriate action to protect the inmate, and such action shall be in accordance with the BRRJA SOP 9.01.”

	Interviews were conducted with 12 random staff. Of those staff interviewed, all 12 staff members stated that they would immediately remove the inmate from the situation, block, or housing unit. In addition, they stated that they would conduct an initial inquiry and notify a supervisor. Also interviewed, was the Agency Head and Facility Head. In both interviews, it was stated that they would have the inmate immediately removed from the situation and initiate an investigation to collect the facts. Also, that a housing change would immediately take place. The inmate would be re-evaluated and then the information obtained would be considered to determine the best and safest housing assignment moving forward. The Facility Head also mentioned, if necessary, that the inmate could be transferred to another BRRJA facility for safety reasons. The BRRJA reported no instances where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. The evidence collected for this provision shows that the facility has procedures in place to address when an inmate is subject to a substantial risk of sexual abuse and immediate action is taken to protect that inmate. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision. Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring agency protection duties.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) Memorandum of Record indicating no instances where a facility notified HADC or received an allegation from an inmate regarding sexual abuse or sexual harassment from at another facility. Interviews: a) Interview with Facility Head

b) Interview with Agency Head

Observations made during the on-site audit and document review.

115.63 Provision (a), (b), and (c)

BRRJA PREA Policy 28.01 states in part that; “Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Site Administrator 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. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The BRRJA shall document it has provided such information.”

The HADC has reported no instances during this rating period where an allegation of sexual abuse was received from an inmate, but the incident occurred at a different confinement facility and that a notification was made within 72 hours. Therefore, no notification or documentation is available.

The evidence collected for these provisions shows that the facility has procedures in place to address when an allegation of sexual abuse is received from an inmate, but the incident occurred at a different confinement facility. That the notification is made within 72 hours and the notification is documented. Therefore, through written policy and document review the facility has demonstrated that it meets these provisions.

115.63 Provision (d)

BRRJA PREA policy 28.01 states in part that; “The facility or agency office that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.”

The HADC reported that they have not received any allegation of sexual abuse or sexual harassment from another confinement facility within the last twelve months. The Assistant Site Administrator authored a memorandum of record stating such.

When the Facility Head was interviewed, he stated that all contacts are turned over to the Facility Investigator (Assistant Site Administrator) for investigation. If it appears to be criminal in nature, then the Halifax County Sheriff’s Office is contacted to investigate. The Facility Head stated that the facility had not received any reported allegation from another facility during the last twelve months. The Agency Head stated that the point of contact for all sexual abuse allegations are directed through the Facility Head (Site Administrator) who would assign the Facility Investigator to conduct a thorough investigation into the allegation.

The evidence collected for this provision shows that the facility does have a policy in place to address when an allegation of sexual abuse is received from another facility. Also, they have policy in place to govern when and how to handle allegations received by their facility regarding sexual abuse allegations made that occurred at another outside confinement facility. Therefore, through written policy and interviews conducted the facility has demonstrated that it does meet this provision.

	Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the reporting to other confinement facilities and investigating reports from other confinement facilities.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) 2023 HADC PREA Incident Review Interviews: a) Interview with Security Staff First Responders b) Interview with Inmates that reported Sexual Abuse c) Interviews Non-Security Staff d) Interviews with Random Staff Observations made during the on-site audit and document review. 115.64 Provision (a) BRRJA PREA policy 28.01 states in part that; “Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond shall be required to; (If the first staff responder is not a security staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.). Separate the alleged victim and abuser. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.”

	As of the date of this report, the facility reported in the last twelve months that no inmates reported that they were sexually abused. However, the facility reported three sexual harassment allegations. In all three cases the PREA hotline was utilized. Therefore, in all cases a security staff member was first to respond, and the facility immediately separated the alleged victim and alleged abuser where appropriate. The security staff was responsible for preserving any possible physical evidence at the scene. An interview with a security staff first responder was conducted. The first responder was asked to describe the actions taken when first on the scene of an alleged inmate sexual abuse allegation. The first responder stated that he would make sure the scene was safe, separate the victim and alleged abuser, report to a supervisor, preserve the evidence, and protect the possible crime scene. No inmates who reported sexual abuse were interviewed due to not currently being in custody. The evidence collected for this provision shows that the facility has procedures in place to address the responsibilities of staff first responders when confronted with an allegation of an inmate sexual abuse. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision. 115.64 Provision (b) BRRJA PREA policy 28.01 states in part that; “Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond shall be required to; (If the first staff responder is not a security staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.)” When conducting interviews, 12 random staff were questioned about their responsibilities when confronted with an allegation of an inmate sexual abuse. The responses were broken down into the following ways. As a side note, the Auditor has incorporated the staff’s multiple responses into the listed general topics. · 12 staff members stated that they would separate the victim and abuser. · 6 staff members would also contact a supervisor. · 3 staff members cited preserving evidence. · 3 staff members said they would secure the scene. · 0 staff members stated they would write a report. The evidence collected for this provision shows that the facility has procedures in place to address the responsibilities of non-security staff first responders when confronted with an allegation of an inmate sexual abuse. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

	Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring Staff First Responder duties.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 page 9-10, sub-section A-1-12 (Coordinated Response Plan) Interviews: a) Interview with Facility Head Observations made during the on-site audit and document review. 115.65 Provision (a) The BRRJA's written coordinated response plan is embedded into their PREA Policy 28.01 pg. 9-10, A-1-12. As part of the policy, it outlines the procedures/steps to follow. It also includes the actions of a contractor/volunteer, Supervisor, IA Lieutenant, PREA Coordinator, first responders, medical or mental health professionals, and facility leadership. In an interview with the Facility Head, it was confirmed that the facility uses a coordinated response plan to follow when dealing with incidents of alleged inmate sexual abuse. The evidence collected for this provision shows that the facility has a coordinated response plan to follow during incidents of alleged inmate sexual abuse. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision. Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring a coordinated response.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) Code of Virginia 40.1-57.2 (Prohibition against Collective Bargaining) Interviews: a) Interview with Agency Head Observations made during the on-site audit and document review. 115.66 Provision (a) & (b) Employees of the Commonwealth of Virginia do not have collective bargaining rights per the Code of Virginia 40.1-57.2. There has been no collective bargaining agreement entered into since August 2012. The Auditor confirmed this during the interview with the Agency Head. In addition, the facility directed the Auditor to the Virginia State code that states; “No state, county, city, town, or like governmental officer, agent, or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service unless, in the case of a county, city, or town, such authority is provided for or permitted by a local ordinance or by a resolution.” The evidence collected for this provision shows that this standard is not applicable to this facility or any confinement facility in the Commonwealth of Virginia if it chooses not to engage in collective bargaining. Therefore, through state law and interviews conducted, the facility has demonstrated that it meets this provision. Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that this standard is not applicable to this facility.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 Interviews: a) Interview with Agency Head b) Interview with Facility Head c) Interview with Staff Member charged with Monitoring Retaliation d) Inmate who reported Sexual Abuse Observations made during the on-site audit and document review. 115.67 Provision (a) BRRJA PREA policy 28.01 states in part that; “It is the policy of the BRRJA 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.” The policy further states that, “The PREA Manager, or designee, at the facility where any of the affected individuals are housed or employed shall monitor any potential retaliation.” The evidence collected for this provision shows that the facility has procedures in place and staff to monitor retaliation associated with reports of sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision. 115.67 Provision (b) BRRJA PREA policy 28.01 states in part that; “The BRRJA shall 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. Support services for inmates will be offered and coordinated through the BRRJA medical staff, and our mental health counselors. Employees needing support will be referred to the EAP (Employee Assistance Program).” The facility has provided investigative files of alleged sexual harassment. In those investigative reports, the facility employed multiple protection measures. For example, the alleged abuser was immediately moved to different housing, several alleged inmate victims were referred to mental health professionals, and/or the alleged abuser was re-evaluated for suitable housing. In addition, both the Agency

	Head and Facility Head were interviewed and explained that they could use multiple ways to protect inmates or staff from retaliation. They spoke of changing housing assignments, transfers, providing mental health treatment, relocating staff, placing staff on leave, and requesting a courtesy hold for the inmate abuser at a different BRRJA facility. The Facility Head stated that the PREA Manager monitors inmate retaliation and the IA Investigator monitors staff retaliation. The staff member charged with monitoring retaliation stated that he monitors the situation, reviews request forms, tablet communication, would check in on those being monitored, also review unscheduled moves and institutional disciplinary hearings. The investigator indicated that he would monitor staff changing working assignments and staff leave. The staff member monitoring retaliation indicated that he would meet with the alleged victim at once every 30-days in a 90-day period. The evidence collected for this provision shows that the facility employs multiple protection measures for those inmates and staff who fear retaliation. Therefore, through document review and interviews conducted the facility has demonstrated that it meets this provision. 115.67 Provision (c) BRRJA PREA policy 28.01 states in part that; “For at least 90 days following a report of sexual abuse, the BRRJA shall 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 to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. Items to be monitored include any inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The BRRJA shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.” The Facility Head stated that when he suspects retaliation, he will immediately initiate an investigation. Based on the findings of that investigation, staff may be reassigned or receive discipline up to termination. Inmates can be charged both with in-house charges and criminal prosecution or transferred to a different confinement facility. The staff member charged with retaliation monitoring stated that he monitors inmate behavior or unscheduled moves. He also stated that he would monitor an individual for at least 90 days but will continue to monitor them if he feels it necessary, even if no threat exists. The facility has reported no instances where there has been an incident of retaliation during the last twelve months. The facility did not provide any documentation as evidence of retaliation monitoring. Recommendation: The Auditor is recommending that the facility create a form that can be used when retaliation monitoring is initiated. This form can also be used to document when the staff member responsible for monitoring meets with the alleged inmate victim. The evidence collected for this provision shows that the facility monitors both staff and inmates who have alleged sexual abuse or assisted in the investigation for a

	minimum of 90 days. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision. 115.67 Provision (d) BRRJA PREA policy 28.01 states in part that; “In the case of inmates, such monitoring shall also include periodic status checks.” When conducting the interview with the staff member responsible for monitoring retaliation he stated that he monitors the situation by reviewing the daily activity reports, unscheduled moves, and discipline. He further indicated that he would meet with the alleged inmate victim at least once every 30 days within a 90-day period. The evidence collected for this provision shows that the facility monitors inmates for retaliation periodically. Therefore, through policy and interviews conducted the facility has demonstrated that it meets this provision. 115.67 Provision (e) BRRJA PREA policy 28.01 states in part that; “If any other individual who cooperates with an investigation expresses a fear of retaliation, the BRRJA shall take appropriate measures to protect that individual against retaliation.” When conducting the interview with the Agency Head, he stated that a transfer could be arranged if needed and that way the individual could remain anonymous. Or the facility could request to relocate the inmate to another BRRJA facility. The Facility Head stated that he would separate the individuals involved, reassign staff, or place the staff member on leave until an investigation is completed. The Facility Head indicated that if he suspected retaliation both the staff member and inmate suspected of retaliation could be disciplined. The evidence collected for this provision shows that the facility has procedures in place to address protection for other individuals who cooperate with PREA investigations from retaliation. Therefore, through written policy the facility has demonstrated that it meets this provision. 115.67 Provision (f) BRRJA PREA policy 28.01 states in part that; “The BRRJA’s obligation to monitor shall terminate if it is determined the allegation is unfounded.” This practice was confirmed during the interview with the staff member that monitors retaliation. Conclusion Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring agency protection from retaliation.

115.68	**Post-allegation protective custody**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

a) BRRJA Policy 9.01 Classification

b) Memorandum of Record indicating no instances where an inmate was placed in Segregation Housing after alleging sexual abuse.

Interviews:

a) Interview with Facility Head

b) Interview with Staff who supervise inmates in Segregation.

Observations made during the on-site audit and document review.

115.68 Provision (a)

BRRJA policy 9.01 states in part that; “Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of PREA 115.43.”

BRRJA policy 9.01 states in part that; “Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntarily segregated housing for less than 24 hours while completing the assessment. 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 the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. The facility 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.”

The facility reported no instances where an inmate was placed in segregation who alleged to have suffered sexual abuse while they were held involuntarily in the last twelve months. During the facility tour, the Auditor visited the special housing unit and reviewed the housing assignments to verify that no inmate was being housed involuntarily due to being a victim of an alleged sexual abuse. The ASA provided a memorandum of record stating that there were no instances of segregation based on protecting an inmate from sexual abuse during this rating period.

	The staff member working in segregated housing stated during his interview that if an inmate was placed in segregation based on possible sexual victimization, then that inmate would still have access to all the privileges and opportunities that all other inmates would have. The staff member also stated that he has no specific example where an inmate was placed in involuntary segregation based on alleging a sexual abuse. The Facility Head stated during his interview that the facility does have a policy prohibiting placing inmates who alleged to have suffered sexual abuse in involuntary segregated housing, in lieu of other housing areas. He also stated that only if there were no alternatives would an inmate be involuntarily segregated because of sexual abuse. He further stated, if that were the case, the agency would find another facility that the inmate could be housed. The Facility Head explained that, at most, an inmate would stay in segregation for no more than 24 hours. The evidence collected for this provision shows that the facility has procedures in place to ensure that if an inmate is placed in segregation due to alleging sexual abuse then that inmate would retain all the privileges and opportunities that all other inmates are afforded. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring limitation on protective custody.

115.71	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) Memorandum of Understanding between the BRRJA and Halifax County Sheriff’s Office Interviews: a) Interview with Facility Head b) Interview with Investigative Staff

c) Interview with PREA Coordinator

d) Interview with PREA Compliance Manager

Observations made during the on-site audit and document review.

115.71 Provision (a)

BRRJA PREA policy 28.01 states in part that; “Any investigation into allegations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly, and objectively upon receiving any report, including third-party and anonymous reports.”

The Auditor reviewed 4 investigative files during the document review. The average length of investigation for those 4 files was approximately 1.25 days. During the interview with the investigative staff, the Facility Investigator stated that an administrative investigation is initiated within a day once notification is made. That is because the Facility Investigator is the Assistant Site Administrator and is available. The Facility Investigator stated that anonymous and third-party reports are handled exactly in the same manner as all other sexual abuse allegations.

The evidence collected for this provision shows that the facility has procedures in place to ensure that it investigates sexual abuse allegations promptly, thoroughly, and objectively. Therefore, through written policy, document review and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (b)

BRRJA PREA policy 28.01 states in part that; “The BRRJA investigator will be specially trained in sexual abuse investigations.”

The facility has provided a certificate of completion from the class “Investigating Sexual Abuse in a Confinement Setting” from the National Institute of Corrections. This certificate confirms training received by the Facility Investigator. These online courses cover the specialized training needed to conduct PREA administrative investigations. These techniques include interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. During the interview process, the investigator confirmed that he had received the training in June of 2024.

The evidence collected for this provision shows that the facility has procedures in place to ensure that only specially trained sexual abuse investigators conduct investigations into sexual abuse allegations. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (c)

BRRJA PREA policy 28.01 states in part that; “Investigators (criminal or administrative) 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.” When conducting the interview with the Facility Investigator, he stated that if the allegation looked as if it was criminal in nature then a call to the Halifax County Sheriff’s Office (HCSO) would be made. He further stated that the allegation would go up through the Chain of Command to the Site Administrator. The Site Administrator would then request an administrative investigation and if the Facility Investigator established probable cause to believe a crime had been committed, Internal Affairs would be notified, and they would make contact with the HCSO. The Facility Investigator explained that his facility is responsible for securing the scene and collecting digital video footage, and that the HCSO is responsible for collecting all the direct and circumstantial evidence. The Auditor conducted an interview with a detective from the HCSO prior to the on-site visit. The detective indicated that his department would be responsible for gathering and preserving direct and circumstantial evidence including any available physical and/or DNA evidence and any available electronic monitoring data. The detective further stated that the HCSO detective would be the responsible party for the request of a SANE examination and that the PERK test would be handed over to the HCSO at the Gretna location to maintain chain of custody and taken to the state lab. The Facility Investigator was interviewed and stated that during an administrative investigation he would interview the alleged victim, any possible witnesses, and alleged perpetrator. Also, he would obtain and preserve video footage, review prior complaints and reports of sexual abuse involving the suspected perpetrator, conduct creditability assessments, and submit a complete report. The Auditor reviewed several administrative investigations and there were several investigations where the facility gathered and preserved evidence to assist in the investigation. The investigation files revealed that alleged victims, suspected perpetrators, and witnesses were interviewed. Also, that prior criminal and institutional records of the individuals involved were examined. The evidence collected for this provision shows that the facility has procedures in place to ensure that BRRJA investigators collect circumstantial evidence and that the HCSO collects direct evidence. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.71 Provision (d) BRRJA PREA policy 28.01 states in part that; “When the quality of evidence appears to support criminal prosecution, the BRRJA shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”

	There are no examples of investigative reports supporting compelled statements. When asked about compelling staff to answer questions, the Facility Investigator explained that he would contact the Commonwealth Attorney and the HCSO Detective before any compelled interviews were conducted. The evidence collected for this provision shows that the facility has procedures in place governing compelled interviews. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.71 Provision (e) BRRJA PREA policy 28.01 states in part that; “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 inmate or staff. The BRRJA shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such allegation.” The Facility Investigator was interviewed and stated that he takes every allegation seriously and handles them in a serious manner. He indicated that credibility would be garnered by speaking with them, answering questions, body language, past dealings, and past incidents. Both the Facility Investigator and Detective stated that polygraphs are not used to determine truthfulness in allegations of sexual abuse. No interviews were conducted with an inmate that reported sexual abuse because there were none in custody at the time of the on-site audit phase and that all four allegations involved sexual harassment allegations. The evidence collected for this provision shows that the facility has procedures in place ensuring that an individual’s credibility shall not be determined by the person’s status as an inmate or staff. Furthermore, polygraph examinations will not be used as a condition for proceeding with the investigation of a sexual abuse allegation. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision. 115.71 Provision (f) BRRJA PREA policy 28.01 states in part that; “Investigators shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.” A sample of 4 investigative files were examined during the document review phase and revealed that all 4 investigations included a detailed investigative report. The investigative files did contain alleged victim witness and perpetrator interviews, credibility assessments, circumstantial evidence, notes, notification letter, supplemental reports, and a final determination finding.

When interviewing the Facility Investigator, he stated that to determine if staff actions contributed to sexual abuse, then he would make sure that staff followed policy and facility protocol. He also stated that witness statements, incident reports, circumstantial evidence, and findings would be found in an administrative investigation file.

The evidence collected for this provision shows that the facility has procedures in place to ensure efforts are made to determine if staff actions or staff failures contributed to sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (g)

BRRJA PREA policy 28.01 states in part that; “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.”

The MOU between the BRRJA and HCSO states that; “The Sheriff’s Office will assert and have jurisdiction in responding to complaints of criminal activity that may be received by or reported to members of the BRRJA. In the event of a sexual abuse or rape allegation in the BRRJA or during a BRRJA transport, as defined by the Prison Rape Elimination Act, the BRRJA will work with the Sheriff’s Office to investigate the allegation. The Sheriff’s Office will be responsible for conducting an investigation into the complaint, collection of evidence and obtaining criminal charges, if applicable. The BRRJA will be responsible for preserving any evidence and for protecting the crime scene prior to the Sheriff’s Office arrival. In addition, the BRRJA will provide reports and other records that may assist in their investigation of the alleged incident.”

The evidence collected for this provision shows that the facility does not conduct criminal investigations, the Halifax County Sheriff’s Office has that responsibility for the HADC. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (h)

BRRJA PREA policy 28.01 states in part that; “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.” In addition, the MOU between the BRRJA and HCSO indicates that the Sheriff’s Office will assert and have jurisdiction in responding to complaints of criminal activity that may be received by or reported to members of the BRRJA. The Sheriff’s Office will be responsible for conducting an investigation into the complaint, collection of evidence, and obtaining criminal charges, if applicable.

The evidence collected for this provision shows that the facility does not conduct criminal investigations, the Halifax County Sheriff’s Office has that responsibility. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (i)

BRRJA PREA policy 28.01 states in part that; “All reports associated with claims of sexual abuse or sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment or counseling shall be retained for as long as the abuser is incarcerated or employed by the BRRJA, plus five years.”

The evidence collected for this provision shows that the facility has procedures in place to ensure written investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.71 Provision (j)

BRRJA PREA policy 28.01 states in part that; “The departure of the alleged abuser or victim from employment or custody of the BRRJA shall not provide a basis for terminating an investigation.”

The Facility Investigator was asked how he would proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation or if the alleged victim left the custody of the facility. The Investigator explained that he would continue forward as best as possible in the same fashion. By trying to locate the individual and make contact in an attempt to provide an outcome to the investigation. If the inmate was released into the community then he would try and locate that individual. If the inmate was transferred to a different correctional facility then he would try and make arrangements to continue his investigation.

The evidence collected for this provision shows that the facility has procedures in place to ensure that an administrative investigation continues regardless of if the abuser or victim is no longer employed or under the facility’s control. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.

115.71 Provision (l)

BRRJA PREA policy 28.01 states in part that; “The BRRJA shall refer all allegations that indicate a potential crime has been committed to the appropriate local law enforcement agency. All such referrals shall be documented. The BBRJA shall fully cooperate with any investigation performed by law enforcement and will make all efforts to stay informed on the progress of such investigation.”

Interviews were conducted with the Facility Head, PREA Compliance Manager, and Facility Investigator about this provision. The PREA Compliance Manager and Facility Head were asked how the facility remains informed of the progress of a criminal sexual abuse case. The PREA Compliance Manager responded by saying that the PREA Manager would be the point of contact for the facility and communicates with the Halifax County Sheriff’s Office Detective assigned to the sexual abuse case. The

	Facility Head (Captain) also stated that he would receive regular updates through the Facility Investigator. It should be noted that at the HADC the Assistant Site Administrator (Lieutenant) is the Facility Investigator and PREA Manager. The PREA Coordinator stated that the HCSO communicates with the agency's Internal Affairs Investigator. Finally, the Facility Investigator was asked what role he plays in a criminal investigation. The Investigator explained that he was the point of contact for coordinating all staff and inmate interviews and to facilitate any requests that the HCSO would need. The evidence collected for this provision shows that the facility has procedures in place to try and stay informed about ongoing criminal sexual abuse investigations being conducted by the Halifax County Sheriff's Office. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring criminal and administrative agency investigations.

115.72	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 Interviews: a) Interview with Investigative Staff Observations made during the on-site audit and document review. 115.72 Provision (a) BRRJA PREA policy 28.01 states in part that; "If an administrative investigation is appropriate, and conducted, the BRRJA shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The Facility Investigator was asked what standard of evidence he requires to substantiate allegations of sexual abuse or sexual harassment. The Investigator

	replied, “The preponderance of the evidence or 51% of the evidence suggests one way or the other.” In addition, the Auditor reviewed investigative files and observed case findings that, in the Auditor’s judgement, used the standard of the preponderance of the evidence. The evidence collected for this provision shows that the facility has procedures in place to not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual assault is substantiated. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring evidentiary administrative investigations.

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA Pre-Audit Questionnaire Responses b) BRRJA PREA Policy 28.01 c) HADC PREA Incident Review Interviews: a) Interview with Facility Head b) Interview with Investigative Staff Observations made during the on-site audit and document review. 115.73 Provision (a) BRRJA PREA policy 28.01 states in part that; “Following an investigation into an inmate’s allegation that he or she has suffered sexual abuse in a BRRJA facility, the BRRJA shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”

	The facility reported 4 investigations of alleged sexual abuse and sexual harassment during the last twelve months that were completed by the facility. Of those 4 investigations, the Auditor reviewed all 4 investigative files. The Auditor documented that there was a notification letter to the inmate in all 4 case files that were reviewed. The facility policy is that the Facility Investigator (ASA) makes a written notification to the alleged inmate victim. The Facility Investigator confirmed this practice with the Auditor and provided several written notification letters to alleged inmate victims informing them of the disposition of the administrative investigation. During the interview with the Facility Investigator, he stated that his facility procedures require him to notify the alleged inmate victim in writing and obtain a signature acknowledging receipt of the findings. If the inmate refuses, then he has a witness acknowledge that the inmate received a copy. When interviewing the Facility Head, he indicated that at the conclusion of the investigation the ASA provides a copy of the findings to the inmate for which both the ASA and inmate sign. The evidence collected for this provision shows that the facility has procedures in place to inform the inmates who allege sexual abuse of the findings of the investigation. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.73 Provision (b) BRRJA PREA policy 28.01 states in part that; “If the BRRJA did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.” In the past twelve months, the facility has reported no incidents where an inmate alleged sexual abuse was investigated and an investigation was completed by the Halifax County Sheriff’s Office. The evidence collected for this provision shows that the facility has procedures in place to ensure that when an investigation is completed by an outside facility, the inmate is informed of the findings. Therefore, through document review the facility has demonstrated that it meets this provision. 115.73 Provision (c) BRRJA PREA policy 28.01 states in part that; “Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the BRRJA shall subsequently inform the inmate (unless it has been determined that the allegation is unfounded) whenever: a. The staff member is no longer posted within the inmate’s housing unit. b. The staff member is no longer employed at the facility. c. The BRRJA learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

	d. The BRRJA learns that the staff member has been convicted on a charge related to sexual abuse within the facility.” The facility has reported that there have been no instances of sexual abuse allegations involving staff or inmates that have been referred for criminal prosecution. The evidence collected for this provision shows that the facility has procedures in place to inform alleged inmate victims when the alleged staff perpetrator’s criminal circumstances change due to the sexual abuse allegation. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.73 Provision (d) BRRJA PREA policy 28.01 states in part that; “Following an inmate’s allegation that he or she has been sexually abused by another inmate, the BRRJA shall subsequently inform the alleged victim whenever: a. The BRRJA learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or b. The BRRJA learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.” The facility has reported no instances of inmate-on-inmate sexual abuse during the last twelve-month period. The evidence collected for this provision shows that the facility has procedures in place to inform alleged inmate victims when the alleged inmate sexual perpetrator’s criminal circumstances change due to the sexual abuse allegation. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.73 Provision (e) BRRJA PREA policy 28.01 states in part that; “All such notifications or attempted notifications shall be documented.” The facility has reported that there have been no instances of sexual abuse allegations involving staff or inmates that have been referred for criminal prosecution. However, the facility has also reported making four notifications regarding investigative findings in cases involving alleged sexual harassment. The evidence collected for this provision shows that the facility has procedures in place to ensure all notifications and attempted notifications are documented. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring

	reporting to inmates.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) Employee Written Reprimand Interviews: Observations made during the on-site audit and document review. 115.76 Provision (a)(b) BRRJA PREA policy 28.01 states in part that; “Any staff member violating this policy is subject to disciplinary action up to and including dismissal under S.O.P. 2.11, with dismissal being the presumptive disciplinary sanction for staff who has engaged in sexual abuse.” The HADC reported no instances where staff violated the zero-tolerance agency policy during this rating period. There have been no substantiated cases involving staff violating the facility’s sexual abuse or sexual harassment policies and no staff have been terminated based on PREA violations in the past twelve months. If an incident were to occur, then termination would be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The evidence collected for this provision shows that the facility has procedures in place to ensure staff will be subject to disciplinary actions for violating the facility’s sexual abuse and sexual harassment policies. Therefore, through written policy the facility has demonstrated that it meets this provision. 115.76 Provision (c) BRRJA PREA policy 28.01 states in part that; “Disciplinary action for violations of agency policies relating to sexual abuse or sexual harassment, other than actually engaging in sexual abuse, shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.” The facility reported that there have been no staff disciplined for any PREA related

	allegations associated with sexual abuse or sexual harassment in the last twelve months. The evidence collected for this provision shows that the facility has procedures in place to discipline staff who violate sexual abuse or sexual harassment policies, but do not engage in sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision. 115.76 Provision (d) BRRJA PREA policy 28.01 states in part 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” The BRRJA reported that no staff member has been terminated for PREA policy violations and therefore, no law enforcement agency or licensing bodies have been contacted. If a staff member were to violate the PREA policy, then the Halifax County Sheriff’s Office and the Virginia Department of Criminal Justice Services would be contacted. The evidence collected for this provision shows that the facility has procedures in place to contact law enforcement and licensing bodies when a staff member is terminated or resigns due to an alleged violation of the facility’s sexual abuse or sexual harassment policies. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanctions for staff.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 Interviews:

a) Interview with the Facility Head

Observations made during the on-site audit and document review.

115.77 Provision (a)

BRRJA PREA policy 28.01 states in part that; “Any contractor or volunteer engaging in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The BRRJA shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies.”

The facility has reported that there have been no substantiated cases involving contractors or volunteers violating the facility’s sexual abuse or sexual harassment policies. Also, no volunteer or contractor has been restricted from contact with inmates based on PREA violations in the past twelve months. The facility provided a memorandum of record from the ASA documenting this fact.

The evidence collected for this provision shows that the facility has procedures in place to ensure volunteers or contactors who engage in sexual abuse do not have contact with inmates. In addition, when allegations of sexual abuse are alleged then local law enforcement is notified. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.77 Provision (b)

BRRJA PREA policy 28.01 states in part that; “The BRRJA shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies.”

The facility has reported that there have been no substantiated cases involving contractors or volunteers violating the facility’s sexual abuse or sexual harassment policies. Also, no volunteer or contractor has been restricted from contact with inmates based on PREA violations in the past twelve months.

The Auditor interviewed the Facility Head, and he stated that if a contractor or volunteer were accused of violating the facility’s sexual abuse or sexual harassment policy then that individual would no longer be allowed in the facility or on any BRRJA property. If it were determined that the allegation was substantiated, the contractor or volunteer would no longer have access to the facility and the Halifax County Sheriff’s Office would be contacted.

The evidence collected for this provision shows that the facility has procedures in place to address actions to be taken when a contractor or volunteer violates the facility’s PREA policies but does not engage in sexual abuse of an inmate. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

	Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring corrective action for contractors and volunteers.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 Interviews: a) Interview with the Facility Head b) Medical & Mental Health Staff Observations made during the on-site audit and document review. 115.78 Provision (a) BRRJA PREA policy 28.01 indicates that; “Any behavior of a sexual nature between inmates is prohibited regardless of consent. Inmates shall be subject to disciplinary action in accordance with S.O.P. 13.01 if it is found that the inmate engaged in inmate-on-inmate sexual acts. If any such acts are determined to be criminal in nature the incident shall be reported to law enforcement agencies.” In the past twelve months, the facility has reported no instance involving inmate-on-inmate sexual harassment at the facility that was substantiated. Also, there was no reported sexual abuse allegations where there were criminal findings of guilt that occurred at the facility. The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates are subject to disciplinary sanctions following a finding that the inmate engaged in inmate-on-inmate sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision. 115.78 Provision (b) & (c) BRRJA PREA policy 28.01 states in part that; “Disciplinary sanctions shall be

commensurate with the nature of the circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

When conducting the interview with the Facility Head, he was asked what disciplinary sanctions inmates are subject to following an investigation that found the inmate had engaged in inmate-on-inmate sexual abuse. In addition, is mental illness considered when determining sanctions? The Facility Head stated that the institutional in-house charge could result in disciplinary segregation along with possible criminal charges. However, the punishment would be determined on the severity of the violation. He also stated that mental illness would be considered on the front end, deciding if the inmate should be charged in the first place due to his/her disability.

The evidence collected for these provisions shows that the facility has procedures in place to discipline those inmates who have been found responsible for engaging in inmate-on-inmate sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets these provisions.

115.78 Provision (d)

The BRRJA PREA policy 28.01 states in part that; "If applicable the BRRJA will consider whether the inmate should attend mental health therapy, and or counseling designed to address and correct any underlying reasons or motivations for the abuse."

When conducting the interview with the medical staff member, she was asked if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons for sexual abuse. The medical staff member indicated that they do offer those services and that those services would have to come from the mental health professional and that the inmate is not required to participate if they choose not to. When interviewing the mental health professional, she also indicated that the HADC does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse if they agree to it. She also indicated that the inmate does not have to participate if they do not want to.

The evidence collected for this provision shows that the facility does offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. Therefore, through interviews conducted, the facility has demonstrated that it meets these provisions.

115.78 Provision (e)

BRRJA PREA policy 28.01 states in part that; "The BRRJA may discipline an inmate for sexual contact with staff, contractors, or volunteers only upon a finding that the staff, contractor, or volunteer did not consent to such contact."

	The facility has reported no instances in the last twelve months where an inmate was disciplined for sexual contact with a staff member. The evidence collected for this provision shows that the facility has procedures in place to discipline those inmates who have engaged in sexual abuse against staff members. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision. 115.78 Provision (f) BRRJA PREA policy 28.01 states that; “For disciplinary purposes, a report of sexual abuse made in good faith based upon reasonable belief that an alleged incident occurred shall not constitute reporting a false incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.” The evidence collected for this provision shows that the facility has procedures in place that does not discipline those inmates that report sexual abuse or sexual harassment in good faith regardless of the investigative findings. Therefore, through written documentation and document review, the facility has demonstrated that it meets this provision. 115.78 Provision (g) BRRJA PREA policy 28.01 states in part that; “Although all sexual behavior between inmates is prohibited within the BRRJA, the BRRJA will not deem such activity to constitute sexual abuse if the activity is not coerced.” When interviewing the PREA Compliance Manager, he confirmed that the BRRJA prohibits any sexual acts between inmates and will discipline inmates for any such acts. In addition, the BRRJA will not deem the activity as sexual abuse if it was not coerced. The evidence collected for this provision shows that the facility has procedures in place to prohibit any type of sexual activity between inmates and will discipline inmates for those activities. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanction for inmates.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA Policy 9.01 Classification b) BRRJA Intake Referral to Jail Counselor forms c) BRRJA Counselors' Progress Log Notes d) BRRJA Medical Consent for Release of Information form Interviews: a) Interview with Staff Responsible for Risk Screening b) Interviews with Medical & Mental Health Staff c) Interviews with Inmates who disclose Sexual Victimization during Risk Screening Observations made during the on-site audit and document review. 115.81 Provision (a) & (c) BRRJA policy 9.01 states in part that; "If the screening pursuant to PREA 115.41 indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." The facility has reported that during the last twelve months 5 inmates have reported prior sexual victimization during the screening process. The Auditor did not interview any inmates that reported prior sexual victimization because the facility reported that no inmates that had previously reported were currently being housed at the facility at the time of the on-site audit phase. The officer responsible for risk screening reported that he notifies mental health professionals via phone call when an inmate reports prior sexual victimization during intake. However, the agency does have an Intake Referral Form for the sole purpose of documenting this practice. The facility also provided the counselor notes corresponding to those referrals that show a follow-up meeting occurring within 14 days of intake. When conducting the interview with the staff member who is responsible for risk screening, the Classification Officer stated that if an inmate discloses prior sexual victimization during the risk screening process, then he calls the mental health professional on the phone to schedule a 14-day follow-up meeting, then the mental health professional will arrange a meeting with the inmate within a 14-day period. The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates that report prior sexual victimization are offered a follow-up meeting with medical or mental health professionals within 14 days of

	intake. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it does meet this provision. 115.81 Provision (b) This facility is a local Regional Jail holding both pre-trial detainees and sentenced inmates. Their facilities are not a prison. Therefore, this provision is not applicable to the Halifax Adult Detention Center. 115.81 Provision (d) BRRJA policy 9.01 states in part that; “Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.” The evidence collected for this provision shows that the facility has procedures in place to ensure that reported sexual victimization that occurred in a confinement setting is strictly limited to selected professionals. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision. 115.81 Provision (e) BRRJA policy 9.01 states in part that; “Medical and mental health practitioners shall 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.” The medical staff member (nurse) was asked if they obtain informed consent from inmates before reporting about prior sexual victimization. In addition, she was asked how she would handle inmates under the age of 18 years old. The nurse stated that she would ask for consent and then document that consent by completing the Medical Consent for Release of Information Form. The nurse also indicated that due to mandatory reporting laws in the state of Virginia, she is obligated to notify social services involving juveniles. However, the HADC does not house juvenile inmates. The mental health professional also confirmed that she would obtain consent before discussing prior sexual victimization. In addition, the mental health professional was also aware of the state of Virginia’s mandatory reporting laws involving juveniles. The evidence collected for this provision shows that the facility has procedures in place to ensure informed consent is obtained from inmates before medical and mental health staff can report those incidents if the sexual victimization did not occur in a confinement setting. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. Recommendation: The Auditor is recommending that moving forward, all reports of sexual victimization made by an inmate during risk screening and reported to a mental health counselor by the classification officer be documented on the agency’s

	Intake Referral Form. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring a medical and mental health screening, history of sexual abuse.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) Intake Screening Form c) Mental Health Screening Form Interviews: a) Interview with Staff Responsible for Risk Screening b) Interviews with Medical & Mental Health Staff c) Interview with Staff First Responder Observations made during the on-site audit and document review. 115.82 Provision (a) BRRJA PREA policy 28.01 states in part that; “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.” Both the medical and mental health professionals were interviewed and asked if inmate victims of sexual abuse receive immediate and unimpeded emergency medical care, and both answered that they do. In addition, both professionals indicated that the nature and scope of the treatment is at their professional discretion. The facility reported that no inmates reported sexual abuse during this audit period. Therefore, no inmates were interviewed for their perspective regarding this provision

of the standard.

The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates that report prior sexual victimization 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. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.82 Provision (b)

HADC provides on-duty medical staff Monday through Friday from 0600 hours to 2230 hours. The medical staff also comes in multiple times during the weekends to dispense medication to the inmates. If a medical emergency arises after hours then the facility contacts and relies on the local Halifax County Rescue Squad.

The health care delivery system is predicated on the practice of decentralized triage to maximize resources, complement security, and provide timely health care services. The full-time professional health care service provides inmates with a level of health care quality consistent with national, state, and local standards. The healthcare provider conforms to practices of confidentiality and maintains appropriate staffing levels as well as required certification of its personnel. The medical staff provides 16-hour, 5 days a week, on-site medical services including the provision of emergency medical care, daily triage, and sick call services for inmates. All medical/ health care personnel must meet appropriate and current licensing or certification requirements outlined by the state of Virginia.

The PREA Compliance Manager confirmed that a licensed practical or registered nurse is on duty, 16 hours a day 5 days a week, with a licensed physician on call.

Interviews were conducted with 12 random staff and of those staff interviewed, all 12 staff members stated that they would immediately remove the inmate from the situation or housing unit. When interviewing a first responder he explained that he would make the scene safe, report to a supervisor, preserve evidence, contact medical personnel, write a report, and protect the crime scene. If medical personnel for some reason were not available, then the facility would contact the local rescue emergency services for assistance.

The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates that report sexual abuse are offered immediate medical and mental health services when no qualified medical and mental health personnel is available. Therefore, through policy and interviews conducted the facility has demonstrated that it meets this provision.

115.82 Provision (c)

BRRJA PREA policy 28.01 states in part that; “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.” The BRRJA utilizes the services provided by the Lynchburg General Hospital (LGH) Medical Forensics Unit to provide these services. The interview with the SANE Nurse specifically outlined that the LGH Unit will offer information, timely access to emergency contraception, and sexually transmitted infections prophylaxis. When conducting interviews with medical and mental health staff it was disclosed that, “Yes, the SANE Nurse at the Lynchburg Hospital Medical Forensics Unit offers emergency contraception and sexually transmitted infections prophylaxis.” The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates are offered information and access to emergency contraception and sexually transmitted infections prophylaxis after allegations of sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.82 Provision (d) BRRJA PREA policy 28.01 states in part that; “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates that report sexual abuse do not incur any financial responsibility due to a sexual abuse allegation. Therefore, through written policy the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring access to emergency medical and mental health services.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents:

a) BRRJA PREA Policy 28.01

Interviews:

a) Interviews with Medical & Mental Health Staff

Observations made during the on-site audit and document review.

115.83 Provision (a) & (b)

BRRJA PREA policy 28.01 states in part that; “The BRRJA 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.”

The interviews conducted revealed that medical staff would not take the lead on treatment and would consult with the SANE Nurse. The medical staff member stated that the treatment should be individualized based on the type of injury. She also stated that the treatment plan would entail both physical and mental health needs and follow-up appointments. The mental health professional stated that her treatment plan would consist of helping the inmate process the incident as much as possible given the situation.

The evidence collected for this provision shows that the facility has procedures in place to ensure the facility offers medical and mental health evaluation and treatment to all inmates who have been sexually victimized. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.83 Provision (c)

BRRJA PREA policy 28.01 states in part that; “The BRRJA shall provide such victims with medical and mental health services consistent with the community level of care.”

BRRJA employs medical and mental health professionals that must be licensed and registered to practice in the state of Virginia. These licenses must be maintained to continue employment. Both the medical and mental health services provided by the HADC are consistent with the community level of care.

An interview was conducted with the medical and mental professionals. These interviews revealed that both professionals believe that the medical and mental health services provided at the HADC are consistent with the community level of care.

The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates receive medical and mental health services consistent with the community level of care. Therefore, through interviews conducted the facility

has demonstrated that it meets this provision.

115.83 Provision (d) & (e)

BRRJA PREA policy 28.01 states in part that; “Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.” There have been no incidents of this nature at this facility over the last twelve months.

The BRRJA has entered into procedural MOU with the Halifax County Sheriff’s Office to conduct all criminal investigations to include sexual assault. The HCSO utilizes the Lynchburg General Hospital Medical Forensic Unit to provide these services. The interview with the SANE Nurse confirmed that her Unit will offer information, timely access to emergency contraception and prophylaxis treatment for sexually transmitted infections. These examinations would be conducted at the Gretna Emergency Center.

When conducting interviews with the Medical and Mental Health Staff it was revealed that the SANE Nurse at the LGH Medical Forensics Unit offers this service. In addition, the facility agrees to make the inmate available for further future appointments with the Medical Forensic Unit.

The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates that are victims of vaginal penetration are offered pregnancy tests along with timely information about access to all lawful pregnancy-related medical services. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets these provisions.

115.83 Provision (f)

BRRJA PREA policy 28.01 states in part that; “Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.”

The BRRJA has entered into procedural MOU with the Halifax County Sheriff’s Office to conduct all criminal investigations to include sexual assault. The HCSO utilizes the Lynchburg General Hospital Medical Forensic Unit to provide these services. The interview with the SANE Nurse confirmed that the LGH Medical Forensic Unit would offer tests for sexually transmitted infections as medically appropriate.

When conducting interviews with the Medical and Mental Health staff it was revealed that the SANE Nurse at the LGH Hospital Medical Forensics Unit offers this service. In addition, the facility agrees to make the inmate available for further future appointments with the Medical Forensic Unit.

The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates that are victims of sexual abuse are offered tests for sexually transmitted infections as appropriate. Therefore, through written policy,

	document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.83 Provision (g) BRRJ PREA policy 28.01 states in part that; “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates that report sexual abuse do not incur any financial responsibility due to a sexual abuse allegation. Therefore, through written policy the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring ongoing medical and mental health care for sexual abuse victims and abusers.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) HADC 2023 Incident Review c) Sexual Abuse Incident Review Interviews: a) Interview with the Facility Head b) Interview with the PREA Coordinator c) Interview with the Incident Review Team Member Observations made during the on-site audit and document review. 115.86 Provision (a) & (b) BRRJA PREA policy 28.01 states in part that; “The PREA Coordinator shall ensure an

	incident review is conducted within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation was determined to be unfounded.” The Auditor reviewed 4 investigative case files. The files revealed that the facility had no incidents of alleged sexual abuse over the last twelve month. Therefore, no Incident Reviews were performed. However, the facility did conduct a yearly Incident Review on all the cases including the four sexual harassment allegations. The evidence collected for these provisions shows that the facility has procedures in place to ensure that an incident review is conducted after every sexual abuse investigation excluding those that are unfounded. In addition, the incident review shall occur within 30 days of the conclusion of the investigation. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision. 115.86 Provision (c) BRRJA PREA policy 28.01 states in part that; “The review team shall include the following from the facility at which the incident occurred; upper-level management officials, with input from line supervisors, investigators, and medical and mental health practitioners.” In the interview with the Facility Head, he stated that the facility does utilize an incident review team and the individuals who participate in the meeting can vary, but they would consist of the PREA Manager, First-Line Supervisor, classification officer, and medical staff. The evidence collected for this provision shows that the facility has procedures in place to ensure that the review team is made up of upper-level management, supervisors, investigators, and medical/mental health staff. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.86 Provision (d) & (e) BRRJA PREA policy 28.01 states in part that; “The Review Team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in the area during different shifts, assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to items in this section, and any recommendations for improvement and submit such report to the Site Administrator and PREA Manager, and shall be

	forwarded to the BRRJA Administrator and PREA Coordinator. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so." The facility provided the yearly Incident Review meeting notes where all the listed considerations were discussed in the meeting notes. The facility did not have any cases where sexual abuse was alleged. Interviews with the Facility Head, Incident Review Team Member, and PREA Compliance Manager all revealed that these topics are considered and discussed during the review. The facility forwards all incident review documentation to the PREA Coordinator for review. The PREA Compliance Manager stated that he participates in the review and any recommendations are forwarded up the chain of command. The evidence collected for this provision shows that the facility has procedures in place to ensure that the incident review team considers all the above-listed criteria when convening their meetings. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring sexual abuse incident reviews.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) Copy of the BRRJA 2021/2022 Survey of Sexual Victimization c) 2023 PREA Annual Report for Halifax Adult Detention Center Interviews: Observations made during the on-site audit and document review. 115.87 Provision (a) & (c) BRRJA PREA policy 28.01 states in part that; "The BRRJA shall collect accurate,

uniform data for every allegation of sexual abuse at all of its facilities using a standardized instrument and set of definitions. All facilities shall follow procedures set forth in the BRRJA SOP Manual. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice."

The facility reported that their collection instrument is based directly off the SSV. The facility also provided the 2023 PREA Incident Review documenting those characteristics necessary to complete and document the information relied upon to complete the SSV for the DOJ and Bureau of Justice Statistics. Finally, the facility provided an agency copy of their 2021 and 2022 SSV Report to the DOJ.

The evidence collected for this provision shows that the facility has procedures in place to collect accurate uniform data for every allegation of sexual abuse. The data collected is used to complete the federal mandated Survey of Sexual Violence questionnaire. Therefore, through written policy and document review, the facility has demonstrated that it meets these provisions.

115.87 Provision (b)

BRRJA PREA policy 28.01 states in part that; "The BRRJA shall aggregate the incident-based sexual abuse data at least annually."

The facility has provided the last three years' worth of PREA aggregated data in their PREA annual report containing comparisons of the current year's data and corrective actions from the previous years' assessment of the facility's progress. All three annual reports can be found on the agency's website. In addition, the facility provided the Auditor with the 2023 edition of the PREA Annual Report for review.

The evidence collected for this provision shows that the facility has procedures in place to ensure that the facility will aggregate the incident based sexual abuse data annually. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.87 Provision (d)

BRRJA PREA policy 28.01 states in part that; "The BRRJA shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

The facility has provided the "Annual PREA Incident Review" containing the collected data used to complete and submit the SSV for the Department of Justice Bureau of Justice Statistics.

The evidence collected for this provision shows that the facility has procedures in place to maintain, review, and collect data to ensure that the incident review team consider all the above listed available incident-based documents. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

	115.87 Provision (e) BRRJA PREA policy 28.01 states in part that; “The BRRJA shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates if applicable.” However, this provision is not applicable to this facility because the facility does not contract for the confinement of its inmates to any private facility. 115.87 Provision (f) BRRJA PREA policy 28.01 states in part that; “Upon request, the BRRJA shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th.” The facility has provided the 2021 and 2022 SSV completed report for BRRJA containing the collected data used to complete and submit the SSV for the Department of Justice, Bureau of Justice Statistics. The evidence collected for this provision shows that the facility has procedures in place to submit their annual SSV Report to the Department of Justice. The facility has submitted evidence that these reports have been provided to the DOJ for the last two years. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring Data Collection.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard: Documents: a) BRRJA PREA Policy 28.01 b) HADC 2023 PREA Annual Report c) Snapshot of BRRJA Website Interviews:

a) Interview with Agency Head

b) Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.88 Provision (a)

BRRJA PREA policy 28.01 states that; “The BRRJA shall review data collected and aggregated pursuant to paragraph A of this section 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, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.”

The facility has provided the 2023 PREA Annual Report as evidence to support compliance with this provision. The report includes all of the above elements outlined in this provision, specifically, under the annual accomplishments and recommendation portions of the annual reports. The report compares the last three years of collected data.

Interviews conducted with the Agency Head and PREA Coordinator confirmed that an annual report is generated to assess and improve the effectiveness of the facility’s prevention, detection, and response to sexual abuse. The PREA Compliance Manager stated that the report can be used to identify safety concerns, blind spots, and for training purposes.

The evidence collected for this provision shows that the facility has procedures in place to review data collected to better assess and improve the effectiveness of its sexual abuse policies. Therefore, through written reports, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.88 Provision (b)

BRRJA PREA policy 28.01 states that; “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the BRRJA’s progress in addressing sexual abuse.”

The 2023 HADC PREA Annual Report makes comparisons for Inmate-on-Inmate and Staff-on-Inmate Allegations of Sexual Abuse from 2021 to 2023.

The facility has made available the last three years’ worth of PREA annual reports containing comparisons of the current year’s data and corrective actions from the previous year’s assessment of the facility’s progress on the agency’s website.

The evidence collected for this provision shows that the facility has procedures in place to ensure that the facility provides prior year comparisons in its yearly PREA annual report. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.88 Provision (c)

	BRRJ PREA policy 28.01 states in part that; “The BRRJA’s report shall be approved by the BRRJA Administrator and made readily available through its website.” The facility has posted the last three years of sexual safety statistics in their 2023 PREA Annual Report on their website. All three of these annual reports can be viewed on the facility website. This is a public website that provides access to those reports. When interviewing the Agency Head, he stated that the PREA Coordinator collects all the stats from the BRRJA facilities and presents the report to the BRRJA Administrator for his approval before being published on the facility website. The evidence collected for this provision shows that the facility has procedures in place to make the PREA Annual Report public by posting it to their website and that the Agency Administrator must have final approval. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. 115.88 Provision (d) BRRJA PREA policy 28.01 states in part that; “The BRRJA may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.” The facility reported that the only information redacted from the annual reports are the names of the individuals involved and that there has been no material redacted. The PREA Coordinator stated during her interview that only personal identifiers and threats to safety and security would be the only reasons to redact information from the PREA Annual Report. The evidence collected for this provision shows that the facility has procedures in place to redact only specific information from the PREA Annual Report. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring Data Review for corrective action.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

a) BRRJA PREA Policy 28.01

b) 2023 PREA Annual Report

c) The Blue Ridge Regional Jail Authority Website

Interviews:

a) Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.89 Provision (a)

BRRJA PREA policy 28.01 states in part that; “The BRRJA shall ensure that data collected pursuant to this section are securely retained.”

The PREA Coordinator was interviewed and asked how the facility ensures that the data collected is securely retained. The PREA Coordinator stated that all hard copies of files, investigations, and reports are kept in the PREA Compliance Manager’s office in a locked filing cabinet.

The evidence collected for this provision shows that the facility has a procedure in place to secure collected data regarding sexual abuse allegations. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.

115.89 Provision (b) &(c)

BRRJA PREA policy 28.01 states in part that; “The BRRJA shall make all aggregated sexual abuse data, from all of its facilities and private facilities with which it contracts, if applicable, readily available to the public at least annually through its website.” The policy further states that, “Before making aggregated sexual abuse data publicly available, the BRRJA shall remove all personal identifiers.”

The facility has posted the 2021 through 2023 PREA Annual Reports on their website. This is a public website that provides access to this report. This report can be viewed by going to the facility’s website.

The evidence collected for this provision shows that the facility has procedures in place to make the PREA Annual Report public by posting it to their website and that all personal identifiers are redacted prior to publication. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.89 Provision (d)

BRRJA PREA policy 28.01 states in part that; “The BRRJA shall maintain sexual abuse data collected pursuant to this section for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.”

	The evidence collected for this provision shows that the facility has procedures in place to ensure sexual abuse data is retained for at least 10 years after the date of the initial collection. Therefore, through written policy and document review the facility has demonstrated that it meets this provision. Conclusion: Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring data storage, publication, and destruction.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.401 Frequency and Scope of Audits Provisions (a)(b)(h)(i)(m)(n) This is Halifax Adult Detention Center’s second PREA Audit. The 2021 PREA audit was conducted in August of 2021. In 2021, the facility met 45 PREA standards, exceeded 0 standards, and 0 standards were not applicable. There was corrective action necessary during the 2021 audit. The Auditor was given full access to and observed all areas of the facility without obstruction. The Auditor received all requested documents or copies of relevant materials. The Auditor was also permitted to conduct all interviews in a private setting with both inmates and staff. Finally, the inmates were permitted to send the Auditor confidential correspondence in the same manner that legal mail would be handled. This topic was discussed and documented prior to the audit. The Auditor did not receive any inmate correspondence during this PREA Audit. Therefore, no inmates were interviewed by this Auditor regarding written correspondence.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.403 Audit Contents and Findings The Halifax Adult Detention Center has posted the facility’s 2021 PREA Auditor’s Summary report on their agency website. The agency publishes all facility PREA annual reports on their website. Therefore, evidence would suggest that this would

	happen once again after receiving the 2024 PREA audit final report for the HADC.

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?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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	na

	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.)	
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	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)?	yes
	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	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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?	yes
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.)	yes
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?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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).)	yes
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).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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.)	yes
	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	yes

	facility does not have female inmates.)	
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)?	yes
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?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
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?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
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)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	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?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	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?	yes
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?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
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?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
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?	yes

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?	yes
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?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
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?	yes
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.)	na
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.)	yes
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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
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?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
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?	yes
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
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?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
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.)	yes
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.)	na
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?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
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?	yes
	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).)	yes
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?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
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?	yes
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
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?	yes
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)?	yes
115.32 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
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?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	**Inmate education**	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	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?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
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?	yes
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	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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	yes

	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.)	
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.)	yes
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.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
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?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
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?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
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?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
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?	yes
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?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
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?	yes
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	yes

	information is not exploited to the inmate’s detriment by staff or other inmates?	
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?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
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)?	yes
	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	yes

	present management or security problems?	
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?	yes
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?	yes
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 degree, 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 degree, 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
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?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
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?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	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.)	yes
	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.)	yes
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?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
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?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
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?	yes
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?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
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?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
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?	yes
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.	yes
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.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
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	na

	this standard.)	
	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.)	na
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.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
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.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	na
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.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
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.)	na
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?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
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?	yes
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?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
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?	yes
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	yes

	abuse or sexual harassment or retaliation?	
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?	yes
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?	yes
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?	yes
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?	yes

115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
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?	yes
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	yes

	response to an incident of sexual abuse?	
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?	yes
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?	yes
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?	yes
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?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
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?	yes
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?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
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?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
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?	yes
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?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
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?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
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?	yes
115.71 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
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?	yes
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?	yes
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).)	yes
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?	yes
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?	yes

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

	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?	
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
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?	yes
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?	yes
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?	yes
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?	yes
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	yes

	evidence sufficient to substantiate the allegation?	
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.)	yes
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).	na
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.)	na
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).	yes
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?	yes
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	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
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?	yes
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?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
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?	yes
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?	yes
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?	yes
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?	yes
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.)	yes
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.)	yes
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?	yes
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?	yes
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.)	na

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?	yes
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
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?	yes
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?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

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?	yes
115.87 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
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?	yes
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?	yes
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.)	yes
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?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
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?	yes
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?	yes
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?	yes
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
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?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
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?	yes
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.)	yes
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)?	yes
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?	yes
115.403	**Audit contents and findings**	

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