

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: October 20, 2017

Auditor Information			
Auditor name: Gregory Winston, Lori Fadorick			
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Email: gwinston1993@gmail.com			
Telephone number: 540-520-0160			
Date of facility visit: August 23, August 29, 2017			
Facility Information			
Facility name: Campbell County Adult Detention Facility			
Facility physical address: 90 Courthouse Lane Rustburg, Virginia 24588			
Facility mailing address: <i>(if different from above)</i> P.O. Box 770 Rustburg, Virginia 24588			
Facility telephone number: 434-332-9583			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Captain Hilson L. Atkins			
Number of staff assigned to the facility in the last 12 months: 35			
Designed facility capacity: 77			
Current population of facility: 114			
Facility security levels/inmate custody levels: Minimum-Maximum			
Age range of the population: Adult offenders over the age of 18 only			
Name of PREA Compliance Manager: Christopher J. "Chris" Lash		Title: Assistant Site Administrator/Lieutenant	
Email address: clash@brrja.state.va.us		Telephone number: 434-332-9653	
Agency Information			
Name of agency: Blue Ridge Regional Jail Authority			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 510 9 th Street Lynchburg, Virginia 24504			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 540-847-3100			
Agency Chief Executive Officer			
Name: Mr. Timothy Trent		Title: Superintendent	
Email address: ttrent@brrja.state.va.us		Telephone number: 434-847-3100	
Agency-Wide PREA Coordinator			
Name: Sergeant Debbie Dews		Title: Administrative Sergeant	
Email address: ddews@brrja.state.va.us		Telephone number: 434-847-3100	

AUDIT FINDINGS

NARRATIVE

The Blue Ridge Regional Jail Authority, Campbell County Adult Detention Facility contracted with Gregory Winston, a U.S. Department of Justice PREA Auditor, to conduct a PREA Audit of the Campbell County Adult Detention Facility. Audit notices were posted in all inmate living areas, as well as public areas, including the lobby and visitation areas announcing the upcoming audit and containing the Auditor's contact information. Audit notices were present and observed at the time of the on-site audit. The facility was requested and agreed to keep all notices posted for four weeks following the on-site audit. As of the date of this report, this Auditor has received no communications at the PREA Audit Post Office Box. Approximately four weeks prior to the on-site review of the facility, the Auditor received the Pre-Audit Questionnaire (PAQ) and a flash drive containing supporting documentation and policies. In the weeks leading up to the on-site evaluation, the Auditor performed a review of the agency policies, operational procedures, forms, training materials and other related supporting documentation submitted by the agency to demonstrate compliance with the standards. During and after this review, the Auditor had follow-up conversations with the agency and made few requests for additional documentation. All requests for additional documentation were provided and reviewed by the Auditor.

The Prison Rape Elimination Act (PREA) on-site audit of the BRRJA/CCADC in Rustburg, Virginia was conducted on August 29th, 2017 by Gregory Winston, a U.S. Department of Justice PREA Auditor for Adult Facilities from Salem, Virginia, and Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor for Adult Facilities from Salem, Virginia. In addition, I met with central office personnel on Wednesday August 23rd. At that time, I interviewed the PREA Coordinator, Departmental Investigator, Agency Administrator, Human Resources Manager, and the Mental Health Coordinator for the CCADC. An entrance conference was conducted with facility administration on the morning of August 29th, 2017. Present were Auditor Greg Winston, Lieutenant Chris Lash, Assistant Site Administrator and PREA Compliance Manager and Sergeant Debbie Dews, Agency Wide PREA Coordinator. During the jail tour, we were also met by Administrator Tim Trent and Assistant Administrator for Inmate Services and Support Matt Marsteller. After a brief overview and opening remarks by the Auditor and Administrators, and the discussion which focused on the schedule for the audit, and a review of the process, the Auditor asked if there were any questions regarding the on-site portion before proceeding.

Immediately following the entrance conference, the Auditor toured the facility escorted by Lieutenant Chris Lash, Assistant Site Administrator and PREA Manager and Sergeant Debbie Dews, PREA Coordinator. The Auditor toured all areas of the detention facility, including all the offender housing areas, kitchen, laundry, medical offices, intake, library, recreation areas, and classroom. During the tour, Auditor Lori Fadorick began conducting random inmate interviews. After the tour, Auditors conducted specialized staff interviews, staff interviews and completed the random inmate interviews. Final document and file review was also conducted prior to the exit conference. The exit conference was conducted at the end of the day, and we were joined by Assistant Administrator for Security Josh Salmon.

Throughout the facility tour, the Auditor spoke informally with both offenders and staff. Some of the informal questions asked of the offenders included their perception of the safety of the facility, information they had received during booking and classification, if they knew the various reporting methods and whether or not they had seen the PREA orientation video. Some of the informal questions asked of staff included their perception of the safety of the facility, their awareness of the first responder duties and their awareness of the various reporting methods. The Auditors observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, restrictive housing cells where available, search procedures and privacy at the place of strip searches, and availability and access of medical and mental health services. The Auditor noted that offender housing areas have shower areas that allow offenders to shower separately from one another.

Formal personal interviews were conducted with facility staff, contractors, a volunteer, and offenders. The Auditors were provided private space to conduct the confidential interviews. All staff and offenders were made available in a timely manner. No staff or offenders refused to be interviewed when requested by the Auditors. Due to the small size of the agency, all available staff and supervisors were interviewed. Specialty staff interviewed included medical and mental health, transportation/intake, a volunteer, investigator, intermediate level supervisors and the PREA Compliance Manager. The PREA Compliance Manager fills the role of classification officer on many occasions and was asked questions normally reserved for classification staff.

The Auditor reviewed training rosters and interviewed staff to determine their recollection of the annual PREA training. The administrative staff explained the process for relaying the mandated PREA information to new hires, as well as the procedure

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for annual refresher training that occurred at the same time as the annual firearms qualifications. There were 114 offenders housed in the facility during the on-site review. The CCADC does not hold female prisoners for housing. All females are received, booked and transferred to an adjacent facility in the BRRJA system for housing. The Auditors were provided an offender roster and randomly selected offenders from each housing area to be interviewed. A total of 20 male offenders were interviewed. The facility did not identify any offenders that fell into the categories for specialized interviews. The facility does not hold Youthful Offenders, even if they are adjudicated as adults. Offenders interviews were conducted using the established DOJ interview protocols. Offenders were also asked about their perceptions of the sexual safety of the facility and whether they felt the staff would take reported allegations seriously. Generally, offenders felt that the facility staff took their sexual safety seriously and made PREA compliance a priority. The Auditor verified the availability of SANE/SAFE services through their MOU from the YWCA.

DESCRIPTION OF FACILITY CHARACTERISTICS

The CCADC is located at 90 Courthouse Lane Rustburg, Virginia 24588. It is one of 5 jails within the Blue Ridge Regional Jail Authority which was established in 1998.

The CCADC is operated under the direction of the Site Administrator Captain Hilson L. Atkins and employs 35 staff members. It is located in the Town of Rustburg and houses prisoners from Campbell County. It houses male inmates of all Security/Classification levels, pre-trial as well as convicted inmates sentenced to confinement in the Virginia Department of Corrections. The jail does not hold youthful offenders.

The facility has a combination of one podular direct supervision housing unit and 7 additional housing units consisting of linear, and indirect podular observation housing. Additionally, there are three restrictive housing cells and a small, four cell housing unit that is generally used for restrictive housing.

The facility is designed to house 77 inmates; there were 114 inmates present on the dates of the audit.

In addition to the inmate housing areas, it has a laundry facility, library, classroom, recreation areas, food service, as well as a medical service office and classification office.

The prisoners are observed on a twice hourly basis by the staff and provided basic necessities, as well as access to the facility's services as appropriate.

There were private areas available to conduct searches, medical examinations, mental health screenings, and PREA risk assessments.

There were private areas available to conduct classification screenings.

Overall, the Center was sanitary and orderly. The interactions between the staff and prisoners were respectful. The administration and staff members were friendly, helpful and professional.

SUMMARY OF AUDIT FINDINGS

The Auditors were given unimpeded access to all areas of the facility during the review. The Auditor conducted the exit conference on the evening of the August 29th, 2017. Present were Auditor Greg Winston, Lieutenant Chris Lash, Assistant Site Administrator and PREA Compliance Manager, Assistant Administrator for Security Josh Salmon, and Sergeant Debbie Dews, PREA Coordinator. The facility administration was open in the discussion of the PREA program at the facility and receptive to the feedback received from the Auditor.

Interviews conducted with the offenders reflected that they are aware of the facility's zero tolerance policy and understand the protections afforded to them under the PREA standards. They are given information to review at the time of commitment, which includes multiple ways to report sexual abuse and harassment, as well as how to protect themselves. Offenders consistently indicated that they felt safe in the facility and felt that the staff would respond and take any reported allegation seriously. This was a positive indicator to the Auditor of a sexually safe environment and a staff culture that takes PREA compliance seriously.

Staff interviews indicated that the staff have been trained and understand the meaning of the agency's zero tolerance policy. The staff was also able to articulate the steps to take if they were the first responder to a reported allegation of sexual assault. It was clear, based on interviews with staff, the staff have a knowledge and understanding of PREA, as well as their roles and obligations. Since sexual abuse incidents at the facility are rare, it is important for the staff to stay current on the information. Staff indicated that they felt the facility was a safe place and that the administration took PREA seriously and made sure it was a priority.

After reviewing all relevant information submitted by the facility, as well as additional documentation reviewed on site, and conducting the on-site review and offender and staff interviews, the Auditors found that the administration have made PREA compliance a priority for the facility. As a result of their efforts and commitment, the facility has achieved full compliance with the PREA Standards for Adult Prisons and Jails.

The final status of the standards that were exceeded, met, not met, or not applicable is shown below. The facility must achieve compliance in all areas and subsections of the standard to reach full compliance with that standard. An explanation of the findings related to each standard are provided and detailed in the report below. The Pre-Audit Questionnaire, documents submitted during the pre-audit period, additional requested documentation, interviews, observations and additional documents reviewed on site all verified that practices and procedures are consistent with the agency policy and are in compliance with the PREA standards. As the facility had no corrective actions plans necessary, there was no interim report issued.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy, 28.01 PREA
3. BRRJA/CCADC Organizational Chart / Post Orders
4. Interviews with the following:
 - a. PREA Coordinator and the PREA Compliance Manager/Assistant Site Administrator
 - b. Agency Administrator
 - c. Staff Interviews

Findings:

The BRRJA/CCADC has a comprehensive PREA policy, 28.01, which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy clearly details the facility’s overall approach to preventing, detecting and responding to sexual abuse and harassment. The culture of “zero tolerance” is apparent throughout the facility as evidenced by informational posters, information on the website, lobby and public areas, and interactions and interviews with both offenders and staff. The zero-tolerance mandate is clearly taken seriously by the staff at the facility and this is reflected in the offender interviews. The BRRJA has designated Sergeant Debbie Dews as the department wide PREA Coordinator. She reports that she has sufficient time and by virtue of her position, the authority to develop, implement and oversee the facility’s efforts to comply with PREA standards. It is evident to the Auditor that she and the PREA Compliance Manager work closely to ensure the facility’s compliance efforts and the sexual safety of the offenders. There is an open line of communication between all levels of staff at the facility.

The BRRJA/CCADC has a PREA Compliance Manager, Lieutenant Chris Lash. He reviews all the risk screenings and assures any follow-up medical and mental health visits for inmates that reported prior victimization or who are identified as potential predators. He works closely with Sergeant Dews, the PREA Coordinator to ensure all facets of the PREA program are being accomplished.

Corrective Action: None

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

N/A

The CCADC does not contract with other agencies to hold their inmates. Therefore, this standard would not be applicable.

Standard 115.13 Supervision and monitoring

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy, 12.15
3. Staffing Plan Review dated and approved February 24, 2017
4. BRRJA/CCADC Organizational Chart
5. Duty Post Logs
6. On-site review of housing areas
7. Interviews with the following:
 - a. PREA Coordinator/Assistant Facility Administrator
 - b. Facility Administrator
 - c. Intermediate or Higher-Level Facility Staff
 - d. Random Staff Interviews

Findings:

The BRRJA/CCADC has a written staffing plan that addresses all required elements of the standard. In interviews and discussions with the Assistant Site Administrator, they indicated that in developing the staffing plan, they had discussed and considered the PREA standards, particularly with regard to staffing ratios, minimum staffing requirements, and shift assignments. The facility has a CCTV system comprised of multiple monitors located in the control room. The CCTV is monitored by security staff in a central control station at all times.

The staffing plan requires any deviations be documented and justified. According to my review of the relevant documentation and interviews with the PREA Compliance Manager, there have been instances where there have been deviations from the staffing plan have occurred. The documents that I reviewed proved that deviations were documented and justified, in accordance with the standard.

The staffing plan was dated and approved on February 24th, 2017 and they have completed an annual review as mandated by the standard.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts and a policy exists that prohibits staff from altering other staff of the rounds. In policy 12.15, it is required that supervisors will conduct and document unannounced rounds each shift to identify and deter sexual abuse and harassment. In addition, the Site Administrator and/or Assistant Site Administrator conduct and document weekly unannounced rounds. The Auditor reviewed log books documenting rounds made. It is clear through observation that supervisors and administrators are conducting unannounced rounds. Interviews with shift supervisors, site administrator, as well as line staff indicate that the rounds are unannounced and random.

Corrective Action: None

Standard 115.14 Youthful inmates

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

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.

N/A

The BRRJA/CCADC does not hold any offender under the age of 18, even if adjudicated as an adult. They are held at a separate facility until turning 18. Therefore, this standard would not apply.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 12.15 and 12.09
3. Staff training rosters
4. On-site review of camera placement and monitors
5. On-site review of housing areas and location of showers and toilets

6. Interviews with the following:
 - a. PREA Coordinator/Assistant Site Administrator
 - b. Facility Administrator
 - c. Intermediate or Higher Level Facility Staff (Shift Supervisors)
 - d. Random Staff Interviews (Shift Officers)
 - e. Medical Staff
 - f. Random Offender Interviews

Findings:

The BRRJA/CCADC does not conduct cross-gender strip searches or cross-gender visual body cavity searches. This is stated in policy 12.09 and interviews with staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred.

There is not a prohibition against cross gender pat down searches; however, this does not occur absent exigent circumstances. The facility does not hold female offenders for long term incarceration. Informal discussions with staff and supervisors indicated that they will call for assistance in searching female prisoners from the local law enforcement deputies of the same gender.

The BRRJA/CCADC policy 12.09 prohibits cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical personnel. The BRRJA/CCADC policy 12.09 states that all cross-gender pat-down searches will be documented. The facility reports on the PAQ and verified through interviews that no cross-gender strip searches, pat searches or visual body cavity searches have occurred.

Policy 12.15 states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. Policy 12.15 states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. Informal and formal random inmate interviews indicated that they are not supervised by staff of the opposite gender. Offenders indicated that announcements are routinely made when opposite gender staff enter the housing units. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Staff do not enter the units if there are offenders in the shower or toilet areas. Cameras are placed appropriately so that shower and toilet areas are not in view.

BRRJA/CCADC policy 12.09 prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. During interviews, when asked what they would do if they were unable determine an offender's gender or genital status, staff generally suggested to call medical. Upon further questioning, they were able to articulate that they could determine this information other ways, including asking the offender. Based upon the responses from the security staff while being interviewed, the medical personnel were asked how they would handle the situation if she or one of her staff was called to determine the gender of an offender. They stated that she would first ask the offender. None of the staff suggested that the prisoner would be subject to a strip search for the sole purpose of determining gender. None stated that this had not occurred since they had been working there.

Policy 12.09 requires all officers to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches at the basic jail school and have received refresher training. The BRRJA/CCADC staff report they have not received or housed any transgender inmates at this facility during the audit period.

Corrective Action: None

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

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. On site review, including observation of posters & informational material
4. Interviews with the following:
 - a. PREA Coordinator/Assistant Facility Administrator
 - b. Facility Administrator
 - c. Intermediate or Higher Level Facility Staff (Shift Supervisors)
 - d. Staff Interviews (Shift Officers)
 - f. Random Offender Interviews

Findings:

The BRRJA/CCADC takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and harassment. Policy 28.01 indicates that during booking, offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with the PREA Compliance Manager and PREA Coordinator confirmed that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. Staff indicated that they did not currently have any offenders with disabilities or special needs that would require accommodations to have access to the PREA information and protections. In fact, there have been no instances where non-English proficient offenders or others with disabilities have required accommodations in accordance with the standard.

BRRJA/CCADC Policy 28.01 stipulates that offenders who are limited English proficient have access all aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. This service is provided by a telephone interpreting service. Intake informational brochures were readily available in Spanish, which is the most common second language in the area.

The policy prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender’s safety. Interviews with staff indicate that offenders are not and would not be used as interpreters.

Corrective Action: None

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 2.36
3. Personnel Files (Criminal History Background checks)
4. BRRJA/CCADC Policy 1.10
5. Interviews with the following:
 - a. PREA Coordinator/ Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator/Human Resource Manager
 - c. Facility Investigator

Findings:

The BRRJA/CCADC does not hire or promote anyone who has engaged in sexual abuse or harassment as stipulated in the standard. The language in policies 2.36 and 1.10 is consistent with that in the standard. The Auditor reviewed interview questions used by the BRRJA/CCADC and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Interviews with the Facility Administrator as well as the Human Resources Manager confirm that they are asking these questions during the interview process. Policy 2.36 indicates that the BRRJA/CCADC will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. The Facility Administrator stated that instances of sexual harassment would definitely be a factor when making decisions about hiring and promotion. Every employee and contractor undergo a background check and is not offered employment or access to the facility if there is any disqualifying information discovered.

Consistent with BRRJA/CCADC policy, all employees and contractors must have a criminal background records check prior to employment and every 5 years thereafter. Staff at the BRRJA/CCADC complete criminal background checks for all prospective applicants and contractors, prior to them being offered employment. The Facility Administrator and HR Manager verified this information in interviews discussing this background process. The Facility Administrator and Human Resources Manager stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. They stated that most of the surrounding agencies were very good about sharing information with each other.

The BRRJA/CCADC asks applicants directly about misconduct as described in the standard. Interviews with the PREA Coordinator and the Facility Administrator indicate that the questions are being asked and verified as required by the standard and BRRJA/CCADC policy. In accordance with the standard, the policy requires candidates for promotion to be asked questions regarding sexual misconduct. The policy also stipulates that employees will be asked these questions during periodic performance appraisals. The presence of this was confirmed with the Human Resources Manager. BRRJA/CCADC policies stipulate a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. The auditor also reviewed records of employees indicating that they had been subjected to a criminal history records check and the PAQ reported that there have been 5 new employees during the audit period that have had criminal history checks run in accordance with the standard.

In accordance with the standard, BRRJA/CCADC policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. The Facility Administrator verified that the BRRJA/CCADC would and has terminated employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct.

BRRJA/CCADC policy indicates that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer and a signed release of information. As noted above, the Facility Administrator and Human Resources Manager stated that most surrounding agencies would share information out of professional courtesy. They stated he would share information upon request from another facility regarding a former employee.

Corrective Action: None

Standard 115.18 Upgrades to facilities and technologies

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Previous Audit Findings
4. On-site review including facility layout, control room and monitors and camera placement
5. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Facility Administrator

Findings:

According to the PAQ, the BRRJA/CCADC has made substantial expansion or modification of their existing facilities since the last PREA audit. However, we only discussed that there have been some minor additions to the CCTV system. The recommendations addressed in the last PREA audit regarding blind spots in the kitchen and loading dock area have still yet to be addressed. I recommend considering the installation of CCTV in those areas in addition to area that were discussed with the PREA Compliance Manager during the walkthrough and the exit interview. Interviews with the Site Administrator and Facility Administrator indicated that they are implementing significant improvements in the CCTV system this fiscal year. The BRRJA/CCADC is an older facility that has limitations in their ability to upgrade their CCTV coverage. However, I have confidence that the recommendations that were made during their previous audit as well as this current audit recommending upgrades to CCTV monitoring are being considered for improvement. There is no question that interviews with facility staff and administration revealed that they consider these elements of the standards when reviewing and budgeting for facility improvements and upgrades.

Corrective Action: None

Standard 115.21 Evidence protocol and forensic medical examinations

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Training Records for Investigators
4. Interviews with the following:
 - a. PREA Coordinator/ Compliance Manager /Assistant Site Administrator
 - b. Facility Administrator
 - c. Health Services Staff
 - d. Mental Health Services Provider
 - e. Investigator
 - f. Random Staff

Findings:

The BRRJA/CCADC is responsible for only administrative investigations. The facility follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff first responders in this protocol. The evidence protocol is specified in policy and described and confirmed by the Investigator. Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

A MOU with the local sheriff's office indicates that they would be fully responsible for incidents that occur that are criminal in nature, including those related to violations of the PREA.

The BRRJA/CCADC does not hold youthful offenders.

BRRJA/CCADC policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost and that crimes would be investigated by the local police department. These exams would be performed off-site at the local emergency department by SANE/SAFE employees at the hospital. The availability of these services was confirmed by the Auditor with the Medical Personnel. She indicated she always had a SANE/SAFE employee on call and available and there would be no charge to the victim for this exam. The BRRJA/CCADC reported on the PAQ there had been no forensic exams conducted. This was confirmed by facility administrators and the medical personnel.

The agency has a MOU with the local YWCA regarding services for victims of sexual abuse in compliance with the standards. I have recommended that the MOU be updated to reflect changes in the VOCA that may improve victim services for prisoners.

Corrective Action: None

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy, General Order 28.01
3. Investigative Report
4. BRRJA/CCADC Website
5. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator
 - c. Investigator
 - d. Random Staff

Findings:

The BRRJA/CCADC policy is written in accordance with the standard. The PREA Coordinator, Compliance Manager and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the shift supervisor, who will contact a patrol officer, if it is determined that a crime has likely occurred. If the initial investigation does not indicate that a crime has occurred, the shift commander will initiate and administrative investigation. The Facility Investigator coordinates with the PREA coordinator to determine the course of action. There were no instances of sexual abuse or harassment during this audit period.

The policy is posted on the BRRJA/CCADC website. The BRRJA/CCADC investigators conduct all administrative investigations at the facility and the facility investigator/site administrator (who is also qualified to conduct administrative sexual abuse investigations) conducts all administrative investigations and documents findings.

Corrective Action: None

Standard 115.31 Employee training

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Training Curriculum/PowerPoint Presentation
4. Training Roster/Personnel Records
5. Interviews with the following:
 - a. PREA Coordinator/ PREA Compliance Manager/Assistant Facility Administrator
 - b. Facility Administrator
 - c. Volunteer/Contract Staff

Findings:

The BRRJA/CCADC policy is written in accordance with the standard. The training curriculum was reviewed by the Auditor and contains all required elements of the standard. This training is provided to current employees in person by the training staff during annual firearms qualifications. New employees are provided the training in person prior to assuming duties supervising prisoners, in addition to training that occurs during the correctional academy. The training is specific to both male and female offenders, despite the fact that the CCADC only hold male offenders for long term incarceration. All employees receive additional refresher training on PREA that is also presented during roll calls throughout the year. The Auditor reviewed training rosters where employees signed and acknowledged that they had received and understood the training.

Interviews with staff revealed that they are clear on the zero-tolerance policy and their duties as first responders.

Corrective Action: None

Standard 115.32 Volunteer and contractor training

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Training Curriculum/PowerPoint
4. Training Rosters/Personnel Records
5. Interviews with the following:
 - a. PREA Coordinator/ Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator
 - c. Volunteer
 - d. Random Staff

Findings:

The BRRJA/CCADC policy is written in accordance with the standard. The training curriculum was reviewed by the Auditor and contains all required elements of the standard. This training is provided to contract employees volunteers in person, prior to assuming their duties. All volunteers and contract staff are trained, including work supervisors in the community. The Auditor reviewed training rosters to verify training and signature sheets where contract employees and volunteers signed and acknowledged that they had received and understood the training.

Interviews with civilian staff and one volunteer revealed that they are clear on the zero-tolerance policy and their duty to report, as well as how and to whom to report incidents. They also report understanding their responsibilities to try to preserve evidence by telling the offender not to take actions to remove or alter evidence and that they would immediately report anything unusual to the Captain.

Corrective Action: None

Standard 115.33 Inmate education

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Inmate Handbook
4. Inmate PREA Screening and Training Form
5. PREA Informational Pamphlet including Spanish version
6. PREA Informational Posters including Spanish version
7. On-site Review, including housing areas and intake
8. Video of comprehensive PREA training for both men and women
9. Interviews with the following:
 - a. PREA Coordinator/Assistant Site Administrator
 - b. Facility Administrator
 - c. Medical Personnel
 - d. Random Offenders
 - e. Intake Staff

Findings:

The BRRJA/CCADC policy is written in accordance with the standard. In accordance with policy, offenders receive a screening and training regarding the facility’s zero tolerance policy. This information, along with the inmate handbook and informal posters provides offenders with information regarding sexual abuse and assault, the agency’s zero tolerance policy and how to report incidents of sexual abuse or harassment.

The comprehensive education is accomplished through the use of the PREA orientation video. All of the intake risk assessment screenings are picked up and reviewed daily by the PREA Compliance Manager. He ensures that the comprehensive education is completed within 10 days of admission. The video is shown in the intake area. Staff are available should the offenders have questions regarding the video. The Auditor reviewed the video to verify that it was in working order. The Auditor reviewed random inmate records files to ensure the training was being completed for all inmates. Interviews with staff and prisoners both formally and informally verified that prisoners are receiving the initial and comprehensive training.

All current offenders have received PREA training. Offender interviews indicate that the majority remember receiving information upon arrival and viewing the orientation video. They have an awareness of PREA information and how to report. As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials, as well as the availability of telephone based translators. For offenders that are visually impaired, a staff member would read the information to the offender. As indicated in the policy, all other special needs would be handled in coordination with the PREA Coordinator on a case by case basis. There have been no instances of the need to accommodate special needs prisoners during this audit period.

Information in multiple formats was available throughout the facility. The Auditors observed PREA informational posters in all offender housing areas, intake, and medical. The inmate handbook is available and provided to all prisoners.

Corrective Action: None

Standard 115.34 Specialized training: Investigations

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Documentation of Training for Investigators
4. Interviews with the following:
 - a. PREA Coordinator/Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator
 - c. Agency Investigator

Findings:

BRRJA/CCADC policy is written in accordance with the standard. BRRJA/CCADC investigators conduct only administrative investigations. The Auditor verified the training for the investigator.

The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. During an interview with the

Investigator, he was able to articulate all aspects of the training received.

Corrective Action: None

Standard 115.35 Specialized training: Medical and mental health care

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. PREA Training Curriculum/PowerPoint
4. Documentation of Medical Staff Training
5. Interviews with the following:
 - a. Medical Staff and Mental Health Staff
 - b. PREA Coordinator/Compliance Manager/Assistant Site Administrator
 - c. Facility Administrator

Findings:

BRRJA/CCADC policy is written in accordance with the standard. Nursing staff are employees of the jail. The Auditor reviewed the curriculum and it covers all mandated aspects of the standard. Auditor was provided documentation of completion of training for all medical staff, including professional medical staff. Medical staff interviews, both formal and informal indicate that staff are aware of their responsibilities with regard to PREA, how to respond and how to detect signs and symptoms of sexual abuse. Mental Health staff and professional medical staff are contracted and I reviewed proof that they also attended the required training using curricula in accordance with the standard.

The medical staff do not conduct forensic medical exams.

All medical and mental health staff receive training on PREA mandated by BRRJA/CCADC policy and standard 115.32.

Corrective Action: None

Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01, 9.01
3. Inmate Intake Screening Form / Classification Screening Form
4. Random Offender Records Files
5. Interviews with the following:
 - a. PREA Coordinator/ Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator
 - c. Booking Staff/Staff Responsible for Risk Screening (classification)
 - d. Random Offenders

Findings:

The BRRJA/CCADC policy is written in accordance with the standard. All offenders received at the BRRJA/CCADC are assessed for risk to themselves or others within 72 hours of admission to the facility, but always prior to being placed in population or confined with other inmates. Interviews with intake staff and those responsible for completing the risk screening report that even on a busy day, offenders are processed and screened without delay.

The screenings are completed using an objective screening instrument that encompasses all required aspects of the standard. The screenings are reviewed by the PREA Compliance Manager. He reviews the screenings completed the previous day and reassesses the inmate’s risk, as well as determines if any further action needs to be taken. Risk levels are also reviewed and reassessed within 30 days based upon any new information received that would affect the inmate’s risk of sexual victimization or abusiveness. Action is taken as required in these instances; although, there have been no instances that have required reassessment as a result of new information. A review of random offender files indicates that the assessments are being completed consistently for each inmate that arrives.

Offender interviews indicate that risk assessment screenings are being completed and all criteria are being assessed as required by the standard.

The PREA Coordinator and the Compliance Manager indicated that offenders would not be disciplined for refusing to answer risk assessment questions and that the only consequence would be a potential delay in their processing.

The screening forms are kept confidential, in a locked records or classification office and only accessible by limited individuals. Files are maintained securely.

Corrective Action: None

Standard 115.42 Use of screening information

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 9.01
3. Inmate Screening Forms
4. Random Offender Files
5. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. Intake Staff/Staff Responsible for Risk Screening/Classification
 - c. Random Offenders
 - d. Staff
 - e. Supervisory Personnel

Findings:

BRRJA/CCADC policies are written in accordance with the standard. Interviews with Staff, Supervisors who approve the screening forms and random staff indicate that information obtained on the screening form is used to make decisions on housing and programming. These determinations are made on a case by case basis based upon the results of the risk assessment.

Interviews with facility staff indicate that placement of any transgender or intersex offenders would be made on a case by case basis. The facility administration and staff report that the BRRJA/CCADC has not housed a transgender or intersex offender during this audit period.

In accordance with the standards, BRRJA/CCADC policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year and a transgender inmate's and a transgender's inmate's views with respect to his or her safety will be given serious consideration. BRRJA/CCADC provides space for prisoners to shower separately. Interviews with facility administration corroborate these practices would be enforced if a transgender offender were received.

LGBT offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice does not occur. Interviews with offenders also confirm that this practice does not occur.

Corrective Action: None

Standard 115.43 Protective custody

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ

2. BRRJA/CCADC Policy 9.01
3. Inmate Screening Forms
4. Random Offender Files
5. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. Supervisory Staff
 - c. Staff Responsible for Risk Screening and Classification

Findings:

The BRRJA/CCADC reports that there were no inmates identified at risk of sexual victimization who were held in involuntary restrictive housing during the audit period. BRRJA/CCADC policies are written in accordance with the standard and cover all mandated stipulations. Interview with staff indicate they would not involuntarily place an offender at risk of sexual victimization in restrictive housing except as a last resort when all other alternatives had been considered. There have been no instances that required action with regard to this standard. Furthermore, the BRRJA reported that they have multiple housing options at other sites to accommodate prisoners that are identified at high risk.

Corrective Action: None

Standard 115.51 Inmate reporting

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Inmate Handbook
4. PREA Informational Pamphlet
5. PREA Informational Posters
6. On-site Review, including housing areas and intake
7. BRRJA/CCADC Website
8. PREA Training Curriculum
9. Interviews with the following:
 - a. PREA Coordinator/PREA Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator
 - c. Random Offenders
 - d. Staff / Supervisory Staff

Findings:

BRRJA/CCADC policy is written in accordance with the standard. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous written PREA Audit Report

reports, and third-party reports. This information is provided to prisoners upon admission, contained in the inmate handbook and on informational posters in all offender housing areas. Prisoner interviews revealed that they would feel comfortable reporting to most staff. They feel that the staff at BRRJA/CCADC genuinely care and would take any report seriously and act immediately. Prisoners felt that staff would ensure their safety. Staff interviews revealed that they are aware of their responsibilities with regard to reporting and would accept and act on any information received immediately. Information on how to report on behalf of an inmate is clearly listed on the agency website.

Prisoners have the ability to report directly to the jail staff. In addition, they may report to PREA Report Line, and the number is listed in the handbook as well as informational posters near the phones in the inmate housing areas. Prisoners may also anonymously make a report to the Sexual Abuse Response Program at: YWCA of Central Virginia. Several offenders mentioned these as potential reporting methods, indicating the offenders are aware of this information. There have been no inmates held solely for civil immigration purposes; however, during informal supervisory interviews, they were aware of their affirmative requirement to allow the detainees to contact their respective consulates after booking.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or facility administrators directly. Staff interviews revealed that they are aware they can go directly to facility administration or relevant outside parties to report sexual abuse and harassment of inmates.

Corrective Action: None

Standard 115.52 Exhaustion of administrative remedies

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

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.

NOT APPLICABLE

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Inmate Handbook
4. Interviews with the following:
 - a. PREA Coordinator/Assistant Site Administrator

Findings:

The Blue Ridge Regional Jail, CCADC facility, does not accept inmate grievances related to sexual abuse/PREA. Prisoners must report allegations of sexual abuse in accordance with the inmate handbook and Policy 28.01.

Corrective Action: None

Standard 115.53 Inmate access to outside confidential support services

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. BRRJA/CCADC Website and inmate Handbook
4. MOU with YWCA
5. Interviews with the following:
 - a. PREA Coordinator/Compliance Manager/Assistant Site Administrator
 - b. Random Inmates
 - c. Staff
 - d. Mental Health Staff

Findings:

The CCADC provides victims with confidential outside support services through a MOU with the YWCA. There have been no incidents reported that required confidential support services during this audit period. They provided documentation that describes the limits of confidentiality and the interviews with the mental health staff indicates they are aware of their obligations under this standard; however, I would recommend that staff and inmate training place more of an emphasis on the availability of confidential support services and the limits of confidentiality.

Corrective Action: None

Standard 115.54 Third-party reporting

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ

2. BRRJA/CCADC Policy 28.01
3. BRRJA/CCADC Website and inmate Handbook
4. MOU with YWCA
5. Interviews with the following:
 - a. PREA Coordinator/Compliance Manager/Assistant Site Administrator
 - b. Random Inmates
 - c. Staff
 - d. Mental Health Staff

Findings:

BRRJA/CCADC policy is written in accordance with the standard. The notice in the public lobby as well as the website contains information on how to make a report on behalf of an offender. Offenders are provided this information and offender interviews indicate that they are aware that family or friends can call or write and report an incident of sexual abuse on their behalf. Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received.

Corrective Action: None

Standard 115.61 Staff and agency reporting duties

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. PREA Coordinator/Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator
 - c. Medical and Mental Health Staff
 - d. Random Staff

Findings:

BRRJA/CCADC policy is written in accordance with the standard. Interviews with staff indicate they are very clear with regard to their duties and responsibilities with regard to reporting PREA related information. They understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation and the privacy of the victim and alleged abuser. Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Staff are aware of the facility policy regarding retaliation against those that report sexual abuse. The facility has a policy and process for monitoring for retaliation and this is managed by the PREA Compliance Manger. There have been no incidents requiring monitoring during this audit period.

All allegations of sexual abuse and harassment are reported to the on-duty supervisor, who contacts the appropriate administrator who will assist in making the determination if a law enforcement response is warranted. In addition, the PREA Compliance Manager/Assistant Facility Administrator and Internal Investigator are notified.

Corrective Action: None

Standard 115.62 Agency protection duties

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 12.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator
 - c. Random Staff / Supervisors
 - d. Random Inmates

Findings:

BRRJA/CCADC policy is written in compliance with the standard. Interviews with staff indicate they are very clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Offender interviews consistently revealed that they felt the staff would ensure their safety. BRRJA/CCADC reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. There have been no incidents that required action with regard to this standard.

Corrective Action: None

Standard 115.63 Reporting to other confinement facilities

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. Facility Administrator
 - c. Investigator

Findings:

The agency's policy is written in accordance with the standard. During this review period, there have been no instances where sexual abuse was reported that needed to be reported to another facility. Interviews with the Administrator, PREA Compliance Manager and facility investigator confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard. Further, interviews with the staff, both formal and informal, revealed that there is a universal understanding and commitment to report any allegations of sexual abuse or harassment, which increases the probability that abuse will be detected, reported and investigated.

Corrective Action: None

Standard 115.64 Staff first responder duties

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
4. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. PREA Coordinator
 - c. Staff / Supervisor
 - d. Medical Staff/Mental Health Staff/Volunteer

Findings:

The agency's policy is written in accordance with the standard. There have not been any reported instances of sexual abuse during this review period. Interviews with facility staff, including volunteers and contract staff, demonstrated the facility's commitment to knowledge of this standard and their responsibilities as first responders. All of the staff interviewed demonstrated knowledge of the requirements to protect the victim, preserve any potential evidence by informing the victim and alleged abuser not take actions that could potentially destroy any physical evidence, and the requirement to notify security staff if the first responder wasn't a security staff member.

Corrective Action: None

Standard 115.65 Coordinated response

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Coordinated Response Plan / Policy 28.01 Section 6
4. Interviews with the following:
 - a. PREA Coordinator/PREA Compliance Manager/Assistant Site Administrator
 - b. Staff
 - d. Medical and Mental Health Staff
 - e. Investigators

Findings:

BRRJA/CCADC has a coordinated Authority-Wide plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical and mental health, investigative staff and facility administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault. There have not been any reported incidents of sexual abuse during this audit period.

Corrective Action: None

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

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

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.

NOT APPLICABLE

1. BRRJA/CCADC Completed PAQ
 - b. Facility Administrator

Findings:

Virginia is not a collective bargaining state; therefore, this standard is not applicable.

Corrective Action: None

Standard 115.67 Agency protection against retaliation

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. PREA Coordinator

Findings:

The agency's policy is written in accordance with the standard. There have been no reported incidents of sexual abuse/harassment that would require the staff to invoke any protections from retaliation. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both prisoner and staff members. All staff members interviewed affirmed that they had a requirement to report any incident of retaliation and also reported that they know that they could report such incidents anonymously. The agency has a policy that would assure and verify compliance with the necessary elements of the standard.

According to policy, the PREA Compliance Manager is required to monitor the treatment of inmates or staff that report abuse, looking for any changes that suggest retaliation. The monitoring period is a minimum of 90 days and interviews with the PREA Compliance Manager confirmed that he knew of his responsibility to remedy any instances of retaliation promptly.

Corrective Action: None

Standard 115.68 Post-allegation protective custody

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 9.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. Supervisors

Findings:

The agency's policy is written in accordance with the standard. The agency has had no incidents that have required restrictive protective custody. Interviews with the supervisory staff as well as the PREA Compliance Manager confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse. Furthermore, the PREA Compliance Manager indicated that there were multiple other housing options available to inmates requiring protection by moving them to other sites within the BRRJA.

Corrective Action: None

Standard 115.71 Criminal and administrative agency investigations

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - c. Investigator

Findings:

The agency's policy is written in accordance with the standard. The agency has not had any instances of alleged sexual abuse during this audit period. Any investigations would be conducted by an investigator with specialized training in conducting investigations of sexual abuse in a correctional setting. There is a specific policy related to administrative and criminal investigations. There is a MOU that outlines the Campbell County Sheriff's Office's responsibility to conduct criminal investigations related to PREA. The policy specifies that allegations of crimes will be referred for prosecution as well as prescribing the recordkeeping requirements of the standard. The PREA Compliance Manager and Investigator confirmed their knowledge of the investigative regulations according to the standard.

Corrective Action: None

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - c. Investigator

Findings:

The agency’s policy is in compliance with the requirements of the standard. Interviews with the agency investigator as well as the agency administrator confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard that no standard higher than a preponderance of the evidence should be used to sustain an allegation of sexual abuse or harassment. There have been no reported instances of sexual abuse requiring adjudication during this audit period.

Corrective Action: None

Standard 115.73 Reporting to inmates

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 12.01
3. Interviews with the following:

- a. PREA Compliance Manager/Assistant Site Administrator
- b. Investigator

Findings:

The agency's policy is written in accordance with the standard. Interviews with the facility investigator, administrators and PREA Compliance Manager confirmed their knowledge of their affirmative requirement to report investigative findings to prisoners in custody, as well as their obligation to comply with the other elements of the standard. There have been no allegations of sexual abuse by staff or prisoners during the audit period.

Corrective Action: None

Standard 115.76 Disciplinary sanctions for staff

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

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.

Evidence Reviewed:

- 1. BRRJA/CCADC Completed PAQ
- 2. BRRJA/CCADC Policy 28.01

Findings:

The agency's policy is in compliance with the requirements of the standard. No incidents of disciplinary action against staff related to a violation of the PREA occurred during the audit period. Informal discussions with facility staff and administrators verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. The staff was aware that the agency had a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

Corrective Action: None

Standard 115.77 Corrective action for contractors and volunteers

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. Staff
 - b. Mental Health Personnel/Volunteer/Medical Personnel

Findings:

The agency’s policy is consistent with the requirements of the standard. There have not been any reported incidents of sexual abuse by volunteer or contract staff during the review period. Interviews with the facility mental health personnel, medical providers and a volunteer validated that fact that all such personnel are provided the required training regarding PREA as well as the presumptive corrective action for anyone found in violation of the PREA policy. In fact, the individuals who were interviewed by the auditor presumed that the offense of sexual abuse or harassment of prisoners was sufficiently serious as to warrant termination/restriction from access and/or criminal prosecution. The volunteer/contract staff acknowledgement also confirms their notice of the zero-tolerance policy.

Corrective Action: None

Standard 115.78 Disciplinary sanctions for inmates

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. Mental Health Staff
 - c. Random Inmates

Findings:

The agency's policy directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. During this review period, there have been no incidents of non-coercive sexual contact for which inmates have been disciplined. Interviews with staff and inmates confirmed their knowledge of the policy reading inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary

process for inmates who engage in sexually abusive behavior against other prisoners and knew that they could be disciplined for sexual abuse. There have been no substantiated incidents of sexual abuse during this review period. The policy is written in accordance with the standard and interviews with the mental health staff confirmed that they would be willing to offer therapy or counseling or limited interventions related to the underlying reasons for the abuse. However, the mental health staff were clear that such interventions would be considered on a case by case basis because of the complexity of such treatments and potential harm that could be caused by discontinuous treatment for short term offenders confined to jail.

Corrective Action: None

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

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 9.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - c. Medical and Mental Health Staff

Findings:

The agency’s policy is consistent with the requirements of the standards. A random inspection of inmate records verified that the screenings were being conducted in accordance with the standards. In addition, there were no documented instances where prisoners who were identified as needing follow up care. In the case of the need of a mental health evaluation in accordance with the standards, the PREA Compliance Manager follows up in order to ensure compliance with this standard. Mental Health Staff interviews confirmed their knowledge of the policy as well as the requirement to gain informed consent from adults who report a history of abuse occurring outside of the confinement setting. The interviewed staff also acknowledged their obligation to maintain confidentiality of prior instances of institutional victimization or abusive behavior, unless it is used for security or management decisions. There have been no instances of institutional victimization or abusive behavior during this audit period.

Corrective Action: None

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. Medical and Mental Health Staff

Findings:

The agency’s policy is written in compliance with the standard. While there have been no documented incidents of sexual abuse requiring emergency medical or mental health services during the review period, the agency has a contracted qualified mental health professional on staff to respond in the case of emergency. In addition, the medical staff are available 24 hours per day in the case of emergency and for services that are outside the scope of their expertise, the local emergency medical services personnel can be summoned, and the victim can be treated at the local emergency department. Medical and mental health staff, as well as the facility assistant site administrator were interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for pregnancy related medical services and/or STD prophylaxis if required.

Corrective Action: None

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

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - c. Medical and Mental Health Staff

Findings:

The agency's policy directs personnel to act in accordance with the standard. There have been no documented incidents that required follow-up medical treatment related to the elements of this standard. Staff interviews confirmed the presence of policies and procedures consistent with the standard and also confirmed the medical and mental health personnel's knowledge of the policy and standard.

Corrective Action: None

Standard 115.86 Sexual abuse incident reviews

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Annual Incident Review (No Instances of Sexual Abuse)
4. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. PREA Coordinator
 - c. Agency Investigator

Findings:

The agency has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. During the review period the agency had no incidents for review in accordance with this standard. However, the agency has a team that is prepared if necessary to conduct such a review. This was confirmed by the interview of the facility administrator, Investigator and PREA Coordinator. During the interview, I was able to determine that typically the departmental investigator's participation in the review was limited to his/her written investigative report and any follow-up questions that may arise. The standard requires input and this participation meets that requirements of the standard. I recommended a more active role for the investigator in the review committee in the future should any incidents occur.

Corrective Action: None

Standard 115.87 Data collection

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Agency Website / Annual SSV / Annual Reviews
4. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. PREA Coordinator

Findings:

The agency’s policy is accurate and uniform and consistent with the requirements of the standard. In addition, the auditor has reviewed additional secondary documentation in the form of the BRRJA website that includes the annual reports as well as the annual SSV submitted by the agency. No current requests have been made by the DOJ for any additional data for the previous year and the jail does not contract with private facilities.

Corrective Action: None

Standard 115.88 Data review for corrective action

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. Annual Reports / SSV
4. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. PREA Coordinator

Findings:

The agency is up to date on the required annual reviews. The BBRJA reviews data collected on an annual basis for all sites and the jail authority as a whole. The reports consider all elements of the standard including identifying problem areas, assessing their progress in addressing sexual abuse as well as including and comparing current data with data from previous years. The agency makes these reports available to the public through their website.

Corrective Action: None

Standard 115.89 Data storage, publication, and destruction

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

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.

Evidence Reviewed:

1. BRRJA/CCADC Completed PAQ
2. BRRJA/CCADC Policy 28.01
3. BRRJA/CCADC Website
4. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator
 - b. PREA Coordinator

Findings:

The BRRJA/CCADC has a comprehensive policy, which states that the BRRJA/CCADC shall ensure that data collected is securely retained. The agency shall make all aggregated sexual abuse data available to the public, at least annually, through the BRRJA/CCADC website. Before making aggregated sexual abuse data publicly available, the BRRJA/CCADC shall remove all personal identifiers.

The BRRJA/CCADC shall maintain sexual abuse data for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise. According to policy, such data will be maintained and reported according to standards.

Corrective Action: None

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Gregory Winston, Lori Fadorick

10-20-2017

Auditor Signature

Date