

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

Interim Final

Date of Report 10/14/2018

Auditor Information

Name: Gregory Winston

Email: gwinston1993@gmail.com

Company Name: [Click or tap here to enter text.](#)

Mailing Address: P.O. Box 2634

City, State, Zip: Salem, Virginia 24153

Telephone: 540-520-0160

Date of Facility Visit: August 7, 2018

Agency Information

Name of Agency:

Governing Authority or Parent Agency (If Applicable):

Blue Ridge Regional Jail Authority

Physical Address: 510 9th Street

City, State, Zip: Lynchburg, VA 24504

Mailing Address: P. O. Box 6078

City, State, Zip: Lynchburg VA 24504

Telephone: 540-847-3100

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: The primary mission of the Blue Ridge Regional Jail Authority is to support the criminal justice system by operating its centers in a manner that produces a safe and secure environment for the public, staff, and inmates. The Authority, by primarily using direct supervision techniques, will provide for basic inmate needs and make available programs and services that promote self-responsibility and development, and have the goal of returning to the community more productive citizens.

Agency Website with PREA Information: <https://www.brrja.state.va.us/>

Agency Chief Executive Officer

Name: Mr. Timothy Trent

Title: Superintendent

Email: ttrent@brrja.state.va.us

Telephone: 540-847-3100

Agency-Wide PREA Coordinator

Name: Sergeant Debbie Dews

Title: Administrative Sergeant

Email: ddews@brrja.state.va.us	Telephone: 540-847-3100
PREA Coordinator Reports to: Matt Marsteller	Number of Compliance Managers who report to the PREA Coordinator 5

Facility Information

Name of Facility: Halifax County Adult Detention Center			
Physical Address: 1010 Blue Ridge Lane, Halifax VA 24558			
Mailing Address (if different than above): P. O. Box 829, Halifax VA 24558			
Telephone Number: 434-476-5500			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison

Facility Mission: The primary mission of the Blue Ridge Regional Jail Authority is to support the criminal justice system by operating its centers in a manner that produces a safe and secure environment for the public, staff, and inmates. The Authority, by primarily using direct supervision techniques, will provide for basic inmate needs and make available programs and services that promote self-responsibility and development, and have the goal of returning to the community more productive citizens.

Facility Website with PREA Information: <https://www.brrja.state.va.us/prison-rape-elimination-act/>

Warden/Superintendent

Name: Tammie Hodges	Title: Captain, Site Administrator
Email: thodges@brrja.state.va.us	Telephone: 434-476-5500

Facility PREA Compliance Manager

Name: Debra Barksdale	Title: Lieutenant
Email: dbarksdale@brrja.state.va.us	Telephone: 434-476-5500

Facility Health Service Administrator

Name: Kim Rodgers	Title: DON
Email: krodgers@brrja.state.va.us	Telephone: 434-476-5500

Facility Characteristics

Designated Facility Capacity: 147	Current Population of Facility: 147
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Number of inmates admitted to facility during the past 12 months		Not Provided	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		286	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		672	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-80	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		Not Provided	
Facility security level/inmate custody levels:		Minimum/Medium/Maximum	
Number of staff currently employed by the facility who may have contact with inmates:		46	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		9	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1	
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		5 (C,D,E,F,G)	
Number of Open Bay/Dorm Housing Units:		4 (A,B,H,I)	
Number of Segregation Cells (Administrative and Disciplinary):		8 (D)	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The Halifax County Adult Detention Facility has CCTV cameras monitoring all areas of the facility. All recordings are stored for a minimum of 30 days, some longer depending upon the activity of the camera. The control room is monitored 24 hours a day, seven days a week by trained, sworn personnel. An officer covers this post on all shifts and monitors the cameras. There have been recent upgrades to the CCTV system and consideration was given to improving the Detection, Prevention, and Response to sexual abuse.</p>			
Medical			
Type of Medical Facility:		General Hospital	
Forensic sexual assault medical exams are conducted at:		Lynchburg General Hospital	
Other			

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	33
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

Audit Findings

Audit Narrative

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

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 Halifax 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/HCADC in Halifax, Virginia was conducted on August 7th, 2018 by Gregory Winston, a U.S. Department of Justice PREA Auditor for Adult Facilities from Salem, Virginia. In addition, I met with central office personnel on Thursday, August 9th. At that time, I interviewed the PREA Coordinator, Departmental Investigator, Agency Administrator, Human Resources Manager, and the Mental Health Coordinator for the HCADC.

An entrance conference was conducted with facility administration on the morning of August 7th, 2018. Present were Auditor Greg Winston, Captain Tammie Hodges, Site Administrator, Lieutenant Debra Barksdale, Assistant Site Administrator and PREA Compliance Manager and Sergeant Debbie Dews,

Agency Wide PREA Coordinator. 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 Debra Barksdale, 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. After the tour, the Auditor conducted specialized staff interviews, staff interviews and completed the random inmate interviews. Final document and file review were also conducted prior to the exit conference. The exit conference was conducted at the end of the day.

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 Auditor 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 and outside the view of staff members of the opposite sex.

Formal personal interviews were conducted with facility staff, and offenders. The Auditor was provided private space to conduct the confidential interviews. All staff and offenders were made available in a timely manner. Two male offenders refused to be interviewed when requested by the Auditor. All staff agreed to be interviewed by the Auditor. Due to the small size of the agency, all available staff and supervisors were interviewed. Specialty staff interviewed included two nurses and mental health, transportation/intake, a utility officer, kitchen supervisor, records clerk, investigator, intermediate level supervisors, a classification officer, the PREA Compliance Manager and the Site Administrator.

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 for annual refresher training that occurred at the same time as the annual firearms qualifications.

There were 147 offenders housed in the facility during the on-site review. The HCADC holds both male and female prisoners for housing. The Auditor was provided an offender roster and randomly selected offenders from each housing area to be interviewed. A total of 15 male offenders were interviewed and 5 female offenders. The auditor conducted a total of 5 targeted interviews, 2 Female and 3 Male. The facility does not hold Youthful Offenders, even if they are adjudicated as adults. Offender 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 with the YWCA.

Facility Characteristics

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

The HCADC is located at 1010 Blue Ridge Lane, Halifax, Virginia 24588. It is one of 5 jails within the Blue Ridge Regional Jail Authority which was established in 1998.

The HCADC is operated under the direction of the Site Administrator, Captain Tammie Hodges and employs 46 staff members. It is located in the Town of Halifax and houses prisoners from Halifax County. It houses male and female 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 rated capacity of 147 inmates. There is a total of nine (9) inmate housing areas. There were 147 inmates present on the dates of the audit. One unit is an open dorm and is located on the main (first) floor with 37 beds. Six units are located on the second floor, one being a direct supervision unit with 24 cells and 48 beds, one unit has 8 cells and 8 beds, four units have 8 cells with 16 beds per unit. Two units are located on the ground floor and both are open dorms with 30 beds per unit.

In addition to the inmate housing areas, there is a central control room, laundry facility, library, intake area, 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 summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

The Auditor was given unimpeded access to all areas of the facility during the review. During the previous 12 months, the Halifax County Adult Detention Center did not report any allegations of sexual assault. The Auditor conducted the exit conference on the evening of the August 7th, 2018. Present were Auditor Greg Winston, Captain Tammie Hodges, Site Administrator, Lieutenant Debra Barksdale, Assistant Site Administrator and PREA Compliance Manager, 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 Auditor found that the administration has 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.

PREA Standards Compliance Overview – Final Audit Report

Number of Standards Exceeded: 0

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Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.17, 115.18

115.22

115.31, 115.32, 115.33, 115.34, 115.35

115.41, 114.42, 115.43

115.51, 115.52, 115.53, 115.54

115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68

115.71, 115.72, 115.73,

115.76, 115.77, 115.78

115.81, 115.82, 115.83

115.86, 115.87, 115.88, 115.89

115.401, 115.403

Number of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC Policy, 28.01 PREA
3. BRRJA/HCADC 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/HCADC 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/HCADC has a PREA Compliance Manager, Lieutenant Debra Barksdale. She 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. She 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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. HCADC Completed PAQ

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

Corrective Action: None

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

determining the need for video monitoring? Yes No

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

115.13 (b)

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

115.13 (c)

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

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC Policy, 12.15
3. Staffing Plan Review dated and approved 1-26-17
4. BRRJA/HCADC 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/HCADC 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 which 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 1-26-17 and they have completed an annual review as mandated by the standard, which is dated 2-26-18.

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

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. HCADC Completed PAQ

The BRRJA/HCADC 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.

Corrective Action: None

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC 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 requires documentation and does not occur absent exigent circumstances, and there have been no instances of cross gender searches during the audit period. 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/HCADC policy 12.09 prohibits cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical personnel. The BRRJA/HCADC 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 or they are guarded by modesty screens.

BRRJA/HCADC 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 at least annually. Records of annual refresher training were reviewed by the auditor. The BRRJA/HCADC 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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC 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/HCADC 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. An English/Spanish handbook is available. The inmate video is done in English with English/Spanish subtitles, and any other language barrier training is provided by the translation service.

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

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC Policy 2.36
3. Personnel Files (Criminal History Background checks)
4. BRRJA/HCADC 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/HCADC 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/HCADC 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/HCADC 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/HCADC policy, all employees and contractors must have a criminal background records check prior to employment and every 5 years thereafter. Staff at the BRRJA/HCADC 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/HCADC 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/HCADC 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/HCADC 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/HCADC 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/HCADC would and has

terminated employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct.

BRRJA/HCADC 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

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC has updated the video monitoring system, electronic surveillance system or other monitoring technology. In discussions with the administrative staff, they indicated that there have been some additions to the CCTV system since their last audit. The recommendations addressed in the last PREA audit regarding adding cameras to the kitchen dry storage area, loading dock, are still awaiting improvement and are in the queue for the next round of CCTV expansion. I recommend considering the installation of CCTV in those areas in addition. Interviews with the Site Administrator and Facility Administrator indicated that they are implementing additional improvements in the CCTV system this fiscal year.

The BRRJA/HCADC is an older facility that has limitations in their ability to upgrade their CCTV coverage. However, there is no question that they consider these elements of the standards when reviewing and budgeting for facility improvements and upgrades.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC is responsible for only administrative investigations. To the extent they are responsible for conducting 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. Halifax County Sheriff's Department conducts all investigations once they are deemed criminal.

The BRRJA/HCADC does not hold youthful offenders.

BRRJA/HCADC 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 Sheriff's Office. These exams would be performed off-site at the local emergency department by SANE/SAFE employees at the Lynchburg Hospital. The availability of these services was confirmed by the Auditor with the Medical Personnel. She indicated they always had a SANE/SAFE employee on call and available and there would be no charge to the victim for this exam. The BRRJA/HCADC 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.

Corrective Action: None

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC Policy, General Order 28.01
3. Investigative Report (if applicable)
4. BRRJA/HCADC Website
5. Interviews with the following:
 - a. PREA Compliance Manager/Assistant Site Administrator

- b. Facility Administrator
- c. Investigator
- d. Random Staff

Findings:

The BRRJA/HCADC 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 an 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/HCADC website. The BRRJA/HCADC 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.

BRRJA/HCADC policy ensures that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior through an MOU with the Halifax County Sheriff’s Department. All such referrals are documented.

Corrective Action: None

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC 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 or supervising prisoners. In addition, they are provided training during the correctional academy. The training is specific to both male and female offenders.

Annually, during firearms training, employees are given refresher training on PREA. All employees also 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

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC 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 and volunteers in person, prior to assuming their duties. All volunteers and contract staff are trained, including work supervisors in the community.

Volunteers and contractors receive the same training as line staff. All volunteers and contractors who have contact with inmates are notified of BRRJA/HCADC zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. 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 appropriate supervisor or Captain.

Corrective Action: None

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

- 1. BRRJA/HCADC Completed PAQ**
- 2. BRRJA/HCADC 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/HCADC 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. She ensures that the comprehensive education is completed within 10 days of admission, but generally occurs within one day 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

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

115.34 (a)

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

115.34 (b)

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

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC policy is written in accordance with the standard. BRRJA/HCADC investigators conduct only administrative investigations. Toward the latter part of the audit period the

departmental investigator was promoted. This investigator was confirmed to have all of the specialized training as required by the standard. The newly appointed investigator is scheduled to attend the mandatory training along with other staff who may be required to assist with investigations. The newly appointed investigator conducted no formal investigations during the audit period and interviews with agency administrators and the investigator verified that any investigations would be handled by investigative staff who have completed the required training. There are a number of administrative staff members, including the previous investigator, who are qualified to conduct investigations in accordance with this standard.

Corrective Action: None

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC 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/HCADC policy and standard 115.32.

Corrective Action: None

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC policy is written in accordance with the standard. All offenders received at the BRRJA/HCADC 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. The Intake Officer does an initial screening as part of the intake process. Within 72 hours (generally the same day, except weekends and holidays) the Classification Officer reviews the previous screening and does another screening. 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. She 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

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC 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. The facility makes individualized determinations about how to ensure the safety of each inmate.

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/HCADC has not housed a transgender or intersex offender during this audit period. In accordance with the standards, BRRJA/HCADC 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 inmate's views with respect to his or her safety will be given serious consideration. BRRJA/HCADC provides space for prisoners to shower separately. The showers are designed in such a way as to allow privacy for all inmates. 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. Targeted interviews with offenders also confirm that this practice does not occur.

Corrective Action: None

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC reports that there were no inmates identified at risk of sexual victimization who were held in involuntary restrictive housing during the audit period. BRRJA/HCADC policies are written in accordance with the standard and cover all mandated stipulations. Interviews 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. Inmates placed in segregated housing for this purpose would have access to programs, privileges, education, and work opportunities to the extent possible.

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 as high risk.

Corrective Action: None

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

- 1. BRRJA/HCADC Completed PAQ**
- 2. BRRJA/HCADC 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/HCADC 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/HCADC 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 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 that the staff at BRRJA/HCADC 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

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

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

Findings:

The Blue Ridge Regional Jail, HCADC 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

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ

2. BRRJA/HCADC Policy 28.01
3. BRRJA/HCADC 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 BRRJA/HCADC provides victims with confidential outside support services through a MOU with the YWCA. In addition, inmates are provided mailing addresses and telephone numbers, including toll-free hotline numbers for the YWCA. There have been no incidents reported that required confidential support services during this audit period. BRRJA/HCADC enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. 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

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC Policy 28.01
3. BRRJA/HCADC 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/HCADC 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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ

2. BRRJA/HCADC 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/HCADC 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. Apart from reporting to designated supervisors or officials, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in policy, to make treatment, investigation, and other security and management decisions. Interviews with 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

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC 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/HCADC 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

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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. Such notification would be provided as soon as possible, but no later than 72 hours after receiving the allegation. All actions are thoroughly documented. 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

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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/HCADC 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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

- 1. BRRJA/HCADC Completed PAQ**
- 2. BRRJA/HCADC 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. The facility has multiple protection measures, such as housing changes or transfers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment.

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. If anyone who cooperates with an investigation expresses a fear of retaliation, BRRJA/HCADC would take appropriate measures to protect that individual against retaliation.

Corrective Action: None

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall receive all the same rights and privileges as general population inmates.

Corrective Action: None

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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. The BRRJA/HCADC conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. 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. All criminal prosecution cases are referred to Halifax County Sheriff's Department. There is a MOU that outlines the Halifax 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 agency never requires an inmate who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

The PREA Compliance Manager, Agency Administrator, and Investigator confirmed their knowledge of the investigative regulations according to the standard.

Corrective Action: None

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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 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

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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. If the facility does not conduct the investigation, it will request the relevant information from the investigative agency in order to inform the inmate.

There have been no allegations of sexual abuse by staff or prisoners during the audit period.

Corrective Action: None

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

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

Findings:

The agency's policy is written in compliance with the requirements of the standard. No incidents of disciplinary action against staff related to a violation of the PREA policy 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

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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 regarding 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. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. 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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

- 1. BRRJA/HCADC Completed PAQ**
- 2. BRRJA/HCADC 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 accordance 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 STI prophylaxis if required.

Corrective Action: None

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

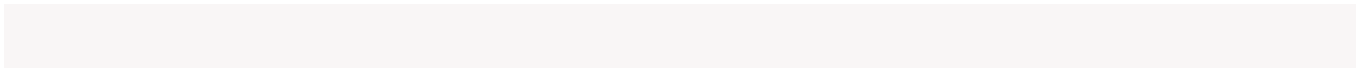
Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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. BRRJA/HCADC offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail. The care provided is consistent with the community level of care. 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. These services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any part of the investigation.

Corrective Action: None



DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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.

Corrective Action: None

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. BRRJA/HCADC Completed PAQ
2. BRRJA/HCADC 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, which is approved by the BRRJA Superintendent. The BRRJA 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

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

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

Findings:

The BRRJA/HCADC has a comprehensive policy, which states that the BRRJA/HCADC 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/HCADC website. Before making aggregated sexual abuse data publicly available, the BRRJA/HCADC shall remove all personal identifiers.

The BRRJA/HCADC 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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

1. Review of previous Audit report
2. On-Site Review
3. Interviews with Staff
4. Interviews with Inmates

Findings:

This is the second PREA audit for the BRRJ/HCADC. The Blue Ridge Regional Jail Authority operates five facilities. The audit of the Halifax County Adult Detention Facility is within the appropriate time frame for the re-accreditation.

The Auditor was given full access to the facility. The facility administration was open to feedback and any recommendations were implemented immediately. The facility provided the Auditor with a detailed tour of the facility. All staff cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. Staff provided the Auditor with all requested documents, reports, files, and other information requested by the Auditor.

Prior to the on-site review, the Auditor sent a letter to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit that the Auditor emailed to the PREA Coordinator prior to the Audit.

Corrective Action: None

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed:

- 1. BRRJA/HCADC PAQ**
- 2. BRRJA Website**

Findings:

This is the second PREA Audit for the BRRJA/HCADC. The previous audit report is posted on the agency website as required by the standard.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Gregory P. Winston

10-14-2018

Auditor Signature

Date

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

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