

PREA Facility Audit Report: Final

Name of Facility: Halifax Correctional Unit

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/24/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Lori M. Fadorick	Date of Signature: 06/24/2024

AUDITOR INFORMATION	
Auditor name:	Fadorick, Lori
Email:	lfadorick@gmail.com
Start Date of On-Site Audit:	05/07/2024
End Date of On-Site Audit:	05/08/2024

FACILITY INFORMATION	
Facility name:	Halifax Correctional Unit
Facility physical address:	1200 Farm Road, South Boston, Virginia - 24592
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director	
Name:	Denton Hite
Email Address:	denton.hite@vadoc.virginia.gov
Telephone Number:	(434) 572-2683

Facility PREA Compliance Manager	
Name:	Cheryl Tucker
Email Address:	cheryl.tucker2@vadoc.virginia.gov
Telephone Number:	O: (434) 272-4115

Facility Health Service Administrator On-site	
Name:	Sandra Vass
Email Address:	Sandra.Vass@vadoc.virginia.gov
Telephone Number:	(434) 272-4131

Facility Characteristics	
Designed facility capacity:	248
Current population of facility:	85
Average daily population for the past 12 months:	117
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	24-63
Facility security levels/inmate custody levels:	Minimum/Minimum (Level I)
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	76
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	3

AGENCY INFORMATION

Name of agency:	Virginia Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	6900 Atmore Drive, Richmond, Virginia - 23225
Mailing Address:	P.O. Box 26963, Richmond, Virginia - 23261
Telephone number:	8046743000

Agency Chief Executive Officer Information:

Name:	Chadwick Dotson
Email Address:	Chadwick.Dotson@vadoc.virginia.gov
Telephone Number:	804-887-8080

Agency-Wide PREA Coordinator Information

Name:	Tammy Barbetto	Email Address:	tammy.barbetto@vadoc.virginia.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

6

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.17 - Hiring and promotion decisions
- 115.31 - Employee training
- 115.87 - Data collection
- 115.88 - Data review for corrective action

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-07
2. End date of the onsite portion of the audit:	2024-05-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Action Alliance

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	248
15. Average daily population for the past 12 months:	117
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	75
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	None
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	79
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	VDOT employees work side by side with VADOC staff and inmates on work gang
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	19
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Auditor reviewed roster and selected based upon the above factors. Inmates were randomly selected by choosing inmates from each housing unit, as well as ensuring a representative sample based on gender, race, ethnicity and length of time in the facility.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No barriers to completing inmate interviews
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Due to classification of the facility, they rarely receive inmates in any of the specialized categories.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No barriers to completing staff interviews
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12

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

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Training
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☒ Maintenance/construction ☐ Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	None
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.	
84. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of communication in general population housing areas, search procedures, and availability and access of medical and mental health services. 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.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The Auditor conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the auditor along with the PAQ, including log books and other institutional forms. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers and contract staff. The auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training coordinator explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private. The Auditor requested additional supporting documentation to include: training records, randomly chosen inmate medical records, randomly chosen inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no allegations of sexual abuse during the review period

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

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment during the review period
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of sexual misconduct during the review period

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

1

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

AB Management & Consulting LLC

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: - VADOC OP - 038.3 Prisons Rape Elimination Act - VADOC OP - 135.2 Rules of Conduct Governing Employees Relationships with Inmates - Inter Office Memorandum - VADOC Organizational Chart - Organizational Chart - VADOC Work Description and Performance Plan - PREA/ADA Analyst - VADOC Work Description and Performance Plan - PREA/ADA Supervisor - VADOC Work Description and Performance Plan - Institutional Operations Manager - Staff Interviews - Inmate Interviews - Halifax CU Completed PAQ Findings:

The Auditor reviewed the VADOC Policies. The Department has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency's overall approach to preventing, detecting, and responding to sexual abuse and harassment. The culture of "zero tolerance" is apparent throughout Halifax CU as evidenced by informational posters prominent in all areas of the facility. Interactions and interviews with both offenders and staff also reflect that staff and inmates are aware of the zero-tolerance mandate and it is taken seriously by the staff at all levels.

The agency's policy stipulates the Director has designated a PREA/ADA Supervisor as the statewide PREA Coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act standards in all DOC facilities. The VADOC has designated an upper-level staff as the agency-wide PREA Coordinator for the department. By virtue of her position, she has the authority to develop, implement and oversee the Department's efforts to comply with PREA standards. There are three Regional PREA Analysts that report directly to the PREA Coordinator. Halifax CU is in the Central Region of the state. The PREA/ADA Analyst is very knowledgeable about the facility and requirements of the Prison Rape Elimination Act. He works closely with facility staff and acts as a liaison on PREA related matters.

There is a PREA Compliance Manager for each facility that reports to the PREA Analyst for their respective region. There appears to be an open line of communication between all levels of staff at the Department and facility levels. The PREA Coordinator and PREA Analysts are directly involved in the implementation efforts, as well as handling and reviewing individual offender issues for the agency.

The Halifax CU has designated an upper-level staff member as the PREA Compliance Manager. Her position is Administration Lieutenant, and she reports to the Superintendent and Regional PREA Analyst on PREA related matters. A review of the organizational chart reflects this position in organizational structure. The PCM 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. There appears to be an open line of communication between all levels of staff at the facility, including the PCM. The PCM is involved in the implementation efforts, as well as handling and reviewing individual offender issues at the facility level. The PREA Compliance Manager appears to understand the role and importance of the position and ensures that all facets of the Halifax CU PREA program are completed per policy and the PREA standards. She has a "walk and talk" philosophy with both the staff and inmates and feels as if the staff have a good rapport with the inmates and want to learn.

Work Description and Performance Plans reveal the agency has outlined PREA

	compliance related duties and responsibilities for the PREA Coordinator, Regional PREA/ADA Analysts, and PREA Compliance Managers. The plans specify the duties at each specific level and include the employee's immediate supervisor. The established the chain of command allows each staff member in a PREA related role to take steps to improve and/or address PREA related compliance efforts and/or responses. Interviews with facility staff indicated that they were trained in and understood the zero-tolerance policy established by the Halifax CU and VADOC. They understand their role regarding prevention, detection and response procedures for PREA allegations. The agency trains all staff on an annual basis. In a targeted interview with the Superintendent, he stated that every allegation is investigated immediately, and he is kept in the loop on the progress of each allegation. He stated that he has a great staff that he knows will ensure that all allegations are investigated thoroughly. Each allegation is looked at on its own merits. The Warden stated that the staff respond very well and have a good rapport with the inmates. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. Memo 3. Interviews with Staff including the following: a. PREA Coordinator b. Contract Monitor 4. OP Policy - 038.3 Prison Rape Elimination Act 5. VADOC OP Policy 260.1 Procurement of Goods and Services 6. Contracts 7. Contract Renewals 8. Quarterly Facility Site Visits Report 9. Lawrenceville Correctional Center Audit Report 10. Community Residential Programs Findings: DOC Policy is written in compliance with the standard and requires confinement of

inmates in any new contract or contract renewal include the entity's obligation to adopt and comply with PREA standards. The VADOC policy requires contracts include a provision for contract monitoring to ensure the contract facility is complying with the PREA standards. Policy does not allow the DOC to enter a contract with an entity that fails to comply with PREA standards except in emergency situations.

The VADOC has included language in all contracts (Master Agreements) to ensure that all contracted facilities comply with provisions of PREA. The Auditor reviewed the contract between the VADOC and GEO Corrections & Detention, LLC, which was entered into in March 2013. There have been contract extensions and renewals since 2013. Each included provisions for the GEO Group to adopt and comply with the Prison Rape Elimination Act standards. There is a provision in the contract that allows the VADOC to monitor GEO's compliance with PREA standards. Per memo from the PREA Coordinator, VADOC has employed a Private Prison Liaison Officer, who monitors the contract at the private prison to ensure the performance is in accordance with departmental policy and procedures, mandates and legal requirements. The Private Prison Liaison Officer prepares a monthly report of her operational findings concerning Lawrenceville Correctional Center's compliance with the contract requirements. This report is shared with Regional and Facility Administrators as well as the PREA Unit. She receives the PREA Sexual Abuse Hotline Referral emails pertaining to Lawrenceville Correctional Center from the Statewide PREA Hotline Coordinator, and she serves as a contact person for the PREA Unit. She also receives a master list, quarterly, of all PREA allegations pertaining to Lawrenceville Correctional Center from the Eastern Region PREA/ADA Analyst. The PREA Unit shares concerns and issues relating to Lawrenceville's PREA compliance with Liaison Officer, who investigates the matters and reports her findings back to the PREA Unit.

The Virginia Department of Corrections contracts for confinement of its offenders with GEO Corrections & Detention, LLC. The GEO Group operates a private prison in Lawrenceville, Virginia. The auditor reviewed the PREA Audit report for Lawrenceville Correctional Center which was submitted in August 2022. The auditor also reviewed the contract and monthly reports for Lawrenceville CC and found that it is in compliance with the PREA standards.

The VADOC will assume control of Lawrenceville Correctional Center at the end of the current contract term, August 1, 2024.

The Virginia Department of Corrections houses inmates in local and regional jails across the state. The Code of Virginia allows for the confinement of VADOC inmates in those facilities. There is no contract or written agreement, however each facility housing VADOC inmates is required comply with the PREA standards.

Halifax CU does not house inmates contracted by other entities or contract with other entities to house Halifax CU inmates. Any contracts for confinement of DOC inmates is done at the agency level.

After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. VADOC OP 401.2 Security Staffing Assignments 2. VADOC OP 401.3 Administrative Duty Coverage 3. VADOC OP 401.1 Development and Maintenance of Post Orders 4. Post Audit 5. Annual Staffing Review 6. Post Assignment Rosters 7. Post Logbooks 8. Halifax CU Completed PAQ Interviews with the following: • PCM • Superintendent • Random Staff • Supervisors Responsible for Conducting Unannounced Rounds Observation of the following: • Observation of unannounced rounds by supervisors as well as auditors during the site review • Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review Findings: VADOC policy states that by January 31st of each calendar year, each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. The policy states the Superintendent shall identify on each post assignment schedule all critical posts that must be filled on each shift. The Halifax CU staffing plan addresses all required elements of the standard. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. The most recent review of the staffing analysis for Halifax CU was completed on January 3, 2024. The facility staffing is based upon a multi-faceted formula to determine the number of staff needed for essential positions. The Auditor reviewed Halifax CU's post audit, reviewed and approved on June 15, 2021, which indicates there is a required FTE of 69.48 with an authorized FTE of 69. This staffing level is based on the institution's current inmate bed capacity of 248. A revised post-audit was submitted on October 25, 2023, but the approval process has not been

completed yet. The revised post-audit has the same required FTE of 69.48, with an authorized FTE of 69. The number of inmates currently assigned to Halifax Correctional Unit is 92, which is lower than normal to accommodate multiple site improvement projects that are in progress.

The staffing plan review indicated that the staffing team has discussed the staffing situation related to PREA security measures. They determined that the current number of full-time staff equivalent (FTE) for post-audit security, which is 69, is enough for the facility. However, to improve the facility's efforts to prevent sexual abuse and enhance the overall supervision of both inmates and staff, two sergeants were assigned to 5&2 positions. The sergeants will help man security posts, provide relief when necessary, attend to sanitation issues, and assist the farm in controlling contraband. They will also give flexibility to the Lieutenants (Shift Commanders) in managing and supervising the shifts. The sergeants will provide increased supervision of new Corrections Officers, actively monitor activities in the housing units and work locations, and cover the Shift Commander position, as needed, due to absences or vacancies.

At the time of the staffing review the facility had the following staffing vacancies/ absences:

- Five vacancies for Corrections Officers
- Seven Corrections Officers hired but not certified
- Two Corrections Officers on Short Term Disability or Extended Medical Leave

The following reasons have been identified as the five most common reasons for deviations from the Staffing Plan:

- Vacancies and Newly Hired Officers in Training
- Staff on Short-Term Disability, Parental Leave, or Military Leave
- Forty-hour In-Service training requirements (online and classroom)
- Firearms Recertification requirements
- Other Department-mandated training
- Staff Call-Ins
- Staff scheduled off for accumulated leave time
- Time adjustments for staff that were drafted or called in (to adjust off overtime, when possible)
- Time adjustments for staff that attended mandatory training on their days off (to adjust off overtime, when possible)
- Increase in medical-related transportation trips, which often require two certified Corrections Officers

It was noted that the staffing team that met and discussed the staffing plan feels that the current Post Audit for Halifax Correctional Center is appropriate for the institution if staffed to capacity. During periods of high Corrections Officer vacancy rates, the facility has been approved to use Corrections Officers in training (after completion of Phase I and Phase II training) on specific security posts that do not require them to carry keys or weapons.

The average daily population since the last PREA Audit is 117. Per the PAQ, the

staffing plan is predicated on a population of 118. The auditor reviewed the facility's current staffing plan as well as the most recent staffing plan review. In that review, they have documented that they have considered all the elements from standard 115.13 (a) (1-15) as part of the review. During a targeted interview with the Superintendent and the Chief of Security, the auditor verified that they review the annual staffing plan and are a part of the review meeting. They closely monitor staffing and any post closures. The Major verified that if there were an instance where the facility did not comply with their staffing plan, that instance would be notated, including the reason for the shortage and the actions taken. According to staff and the PAQ, there were instances where they were out of compliance with the staffing plan due to staffing shortages. The Major stated that they do consider the use of CCTV in considering the staffing plan. They regularly do camera reviews and assess areas that need additional coverage.

Halifax has a facility video monitoring system (Rapid Eye) with a total of 91 cameras installed throughout the facility. The cameras are used to monitor inmate movement within the facility; it is also used in investigative cases, where staff must review incidents that have been alleged occurred. In reviewing the video monitoring capabilities at the institution, the following areas were recommended to have cameras installed to allow for better monitoring of staff, inmates, and activities: VCE Textile Shop, the Farm Shop, the Maintenance Shop, and the Farm Pole Barn.

Rapid Eye Camera Monitoring Stations are located in the Superintendent's office, the Major's office, the Captain's office, the Shift Commander's office, and the Annex Front Gate post.

The auditor reviewed the most recent annual review, and the facility's review was in compliance with the elements of 115.13(a). In addition, during the on-site review, the auditor reviewed the deployment of CCTV monitoring. The most recent review of the staffing plan indicated the video monitoring system and placement of cameras were reviewed. There are 91 cameras covering all areas of the facility. The cameras are accessible from multiple locations in the facility.

In accordance with the provisions of the staffing plan, Halifax CU, in collaboration with the PREA Coordinator and PREA Analyst, reviewed the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. This was documented on the staffing plan review, and signed and acknowledged by the Superintendent, PREA Analyst and PREA Coordinator.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure safety for the facility's current and potential population of specialized inmates that require more intensive or specialized staffing, including LGBTI inmates, inmates with medical or mental health needs, disabled inmates, and limited English proficient populations. The facility noted that each security break/shift has an adequate ratio of male and female officers to assist with any Gender Dysphoric inmates as well as

LGBTI inmates. Propio Language Services and Purple Communications are utilized for translation services when necessary for English proficient (Propio) and deaf/hard-of-hearing (Purple) inmates. All staff are trained annually regarding interactions with special populations, such as disabled inmates, limited English proficient populations, inmates with medical or mental health needs, and LGBTI inmates.

The Auditor observed cameras in all areas of the facility. There appeared to be open communication between staff and inmates. The Auditor observed formal and informal interactions between staff and inmates.

During the site review, the Auditor observed an area in kitchen storage that could be a potential blind spot. The facility immediately added a mirror to increase visibility. In addition, the recreation yard bathroom door was not able to be closed due to having a lock that could be locked from the inside. Therefore, this door was kept open with the use of a lock. There was a curtain afford privacy when using the restroom, however it didn't appear to be used. After discussion with the facility, the door lock was removed. This allowed the inmates privacy when using this restroom, while also allowing the officer to access it in case of an emergency. The auditor was also provided photographic evidence of these corrections.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the VADOC policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff alerting other staff of the rounds. During the pre-audit phase, the facility provided the auditor a sample of documentation of unannounced rounds for each shift. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditor reviewed logbooks that verified that unannounced rounds were recorded daily and documented by the supervisors.

The Auditor conducted formal interviews with staff and supervisors from various shifts. Staff stated that supervisors do regularly conduct unannounced rounds throughout the facility. Supervisors stated they are required to make at least one unannounced round in all facility areas and on each shift. Higher level supervisors are required to conduct one unannounced round covering each facility area during a one-week period. In order to prevent staff from alerting other staff when they are making unannounced rounds, the Auditor was informed supervisors do not conduct their rounds by any specific pattern. Supervisors stated they conduct their rounds at different times and do not take the same route when touring the facility. It is clear through observation that supervisors and administrators are conducting unannounced rounds. Interviews with supervisors, as well as line staff indicate that the rounds are unannounced and random.

A targeted interview with the Major revealed that Halifax tries to minimize mandated overtime. He stated that while additional cameras have been recommended, he feels as if the camera coverage is sufficient and they are used in the overall management plan for the facility. The Superintendent stated that they ensure that all critical posts are covered and staff work voluntary and draft overtime if needed to supplement the

	shift strength. After a review, the Auditor determined that the facility meets the requirements of the standard. Corrective Action: None
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC OP 425.4 Management and Bed Assignments 3. Review of population report on the day of the audit as well as population reports from the previous 12 months 4. Interviews with Staff 5. Memo Interviews with the following: • PREA Compliance Manager Observation of the following: • Site Review Findings: VADOC policy states youthful offenders will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. VADOC policy requires direct supervision by institutional staff when a youthful offender and an adult offender have sight, sound, or physical contact with one another. The agency assigns youthful offenders to a specialized unit to meet these requirements, unless the assignment would create a risk to the safe, secure, and orderly operation of the institution. Youthful offenders may be placed in a restrictive housing unit if exigent circumstances require such. The Halifax CU does not house youthful offenders. The Auditor interviewed random and specialized staff which indicated no staff had knowledge that a youthful offender had been housed at the facility during this audit cycle. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the Halifax CU within the audit period. After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 445.4, 801.1, 401.2, 350.2, 720.2 3. Logbooks 4. Lesson Plan for Searches 5. Memo 6. Training Rosters 7. Post Orders Interviews with the following: • Training staff • Random Staff • Medical Staff • Random Inmates Observation of the following: • Observation of inmate housing area • Observation of CCTV coverage of housing areas and individual protective cells • Observation of staff announcing the presence of opposite gender staff during site review Findings: The VADOC policies are written in accordance with the standards and prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical professional. When body cavity searches are performed by medical professionals at least one security staff member of the same sex as the offender is required to be present. Policy prohibits cross-gender pat-down searches of female offenders by male security staff except in exigent circumstances. Staff may not deny female offenders access to regularly available programming or other out of cell opportunities in order to comply with this standard. Before conducting any cross-gender search, approval must be obtained from the Shift Commander with notification to the Administrative Duty Officer and the Regional PREA Analyst. Policy requires searching staff to complete and submit an Internal Incident Report after conducting a cross-gender search of an offender. The VADOC permits female security staff to conduct cross-gender pat-down searches of male offenders. Policy requires all cross-gender searches be documented. Staff are required to conduct cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

The Halifax CU holds male offenders.

The agency does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. VADOC policy states that strip searches of inmates and CCAP probationers/parolees by DOC employees of the opposite gender from the inmate or probationer/parolee or the gender indicated on their approved Strip Search Deviation Request may only be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative. Prior to conducting the search, the Shift Commander must approve the search and will be responsible to notify the ADO and the Regional PREA Analyst. Interviews with both staff and transgender offenders indicate that transgender females can request female security staff to search them. This is indicated on the form, which is completed at the time of intake to the facility.

Interviews with facility 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. The auditor observed the areas where strip searches occur and found them to be adequate in providing privacy from viewing by female staff or incidental viewing by anyone not performing the strip search.

VADOC Operating Procedure 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. The toilet and shower areas are adequately private. A review of CCTV coverage in common areas, bathroom areas and hallways revealed that the cameras were pointed away from toilet areas or covered. Inmate interviews revealed that the inmates felt as if they have sufficient privacy to change and shower without female staff being able to view them undressed. Halifax CU is in compliance with the provisions of the standard.

The VADOC Operating Procedure states that staff of the opposite gender shall announce their presence when entering an inmate housing unit as described in institution post orders or written guidelines. There are multiple safeguards in place to ensure that this is occurring. There are announcements made regularly and this is logged in the logbook. Offenders stated that announcements are being made on a consistent basis when female staff enter the housing units. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Current procedures in place at Halifax CU afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in direct view. The auditor observed all areas in the facility where inmates may be in a state of undress and concluded that these areas are sufficiently private to prevent viewing by female staff.

VADOC policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to targeted interviews with medical staff and review of logs during the on-site portion

of the audit, no inmate has been examined for the purpose of determining gender status. During staff interviews, staff were clear in their understanding and were able to articulate that they could determine this information other ways, including asking the offender. Staff are typically aware when they are receiving a transgender offender. Per memo from the facility there have been no transgender or intersex searches performed for the sole purpose of determining genital status by the facility at Halifax CU.

Per VADOC policy, security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, in the least intrusive manner possible. These searches shall be consistent with security needs and should circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. Routine strip searches or visual body cavity searches will occur in authorized areas and searches based on reasonable suspicion require the Superintendent's authorization. The Auditor reviewed the training records for Halifax CU and found that all staff are trained in accordance with the policy.

The search procedure training outline indicates the following: Pat-down searches of cross-gender, transgender and intersex inmates shall be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs at any time whether or not criteria for reasonable belief exists.

Female corrections officers should conduct all frisk searches of transgender and intersex inmates unless urgent circumstances are present and documentable.

Exceptions to this requirement should be referred to the facility Treatment Team. A transgender or intersex inmate shall not be searched or physically examined for the sole purpose of determining the inmate's genital status.

If the inmate's genital status is unknown, it may be determined through conversation with the inmate, a review of the medical record, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner. Strip searches of inmates by opposite gender staff may be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative. Transgender and intersex inmates expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review (Strip Search Deviation Form). Approval must be obtained from the Shift Commander prior to conducting the search with notification to the Administrative Duty Officer and the Regional PREA Analyst. An Internal Incident Report must be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents.

One Corrections Officer and one other DOC employee both of whom are of the same gender as the inmate or of the gender indicated on the approved Strip Search Deviation Request will accompany the inmate into an appropriate area where privacy can be ensured. Interviews with officers and offenders confirmed these practices.

During the pre-audit portion of the audit, the auditor reviewed the training

	presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The Training staff also provided training rosters for facility staff. During the on-site document review of employee files, the auditor verified the documents in the employee files provided during the pre-audit phase. VADOC policies require all staff 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 academy and were able to articulate to the Auditor how they would accomplish a search of a transgender inmate. A targeted interview with the training coordinator indicates officers are trained on how to do searches of transgender and intersex offenders during their initial training, as well as during in-service. The Auditor reviewed the training outline and found it to be in compliance with the standard. The training coordinator provided the auditor with a print out of all completed in-service for the previous year (2023). During the random staff interviews, employees recalled being provided training on how to perform cross-gender pat down searches, as well as how to search transgendered or intersex inmates. Interviews indicate that the officers understand how to conduct cross-gender searches and searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Transgender offenders can request a “deviation form” in order to be searched by a male officer. Showers are made available to transgender inmates during facility counts while other inmates are restricted to their cells, if requested. There were no transgender inmates at the facility at the time of the onsite review. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3 3. Forms and pamphlets 4. Contract Purple Communications, Inc.

5. Inmate handbook
6. Employee training rosters for the past 12 months
7. PREA Training Video in English and Spanish and with subtitles
8. Agreement with commercial interpreter service
9. Contract Propio, LLC. Contract

Interviews with the following:

- PREA Compliance Manager
- Random Staff
- Classification Staff
- Intake Staff
- Inmates who have limited English proficiency and other disabilities

Observation of the following:

- Observation of posted information in facility

Findings:

The Halifax CU, in accordance with VADOC Operating Procedures 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. VADOC Operating Procedure is written in accordance with the standard and indicates that during intake, 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 PCM and Intake staff indicate that Halifax CU ensures that any offenders with significant disabilities that required any special accommodations would be identified at intake and referred to the PCM/ADA Coordinator. Staff would ensure the offender was able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment. Staff are typically aware if they are receiving an inmate with special needs and will make accommodations as necessary. The agency's Zero Tolerance for Sexual Abuse and Sexual Harassment handbook for inmates is distributed to each inmate upon arrival at the facility.

Interviews with staff, including supervisory staff and intake officers confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. The Auditor observed PREA informational posters throughout the facility, in visible locations in both English and Spanish. Spanish is the prevalent non-English language in the area. During interviews with staff responsible for intake and classification, they ensured that inmates with disabilities were provided access to the PREA program. Staff indicated that any situations requiring accommodations would be handled on a case-by-case basis.

The staff are generally aware of the availability of interpretive services for LEP inmates. The facility has the PREA brochure in a variety of formats, including braille, large print, and information for deaf or hard of hearing. Staff will read the PREA information provided during Intake for inmates who are blind or have low vision or

who cannot otherwise read or understand the information. The PREA video is both audible and closed captioned for those who may be deaf or blind. If Halifax CU receives an inmate with an intellectual or cognitive disability, this is handled on a case-by-case basis. A staff member conducts an individual session with the inmate to ensure the inmate receives and understands the agency's PREA information and will make a referral to Psychology staff if necessary. The VADOC has a current contract with Purple Language Services to provide Sign Language services to hearing impaired inmates.

VADOC Operating Procedure indicates that offenders who are limited English proficient have access to all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditor determined through staff interviews and a review of the contract that the Halifax CU has interpreters available for limited English proficient offenders using a telephone-based interpreter service, Propio Language Services.

During the on-site portion of the audit, there were no inmates identified in any of the targeted categories. Due to the nature of the facility being a minimum custody field unit, they rarely receive inmates in the targeted categories. However, the staff are aware of the requirements of this standard if they do receive any such inmates.

Halifax CU offers the PREA Education video with closed-captioning. Staff can also communicate with hearing impaired or deaf inmates through written communication. The Purple machine is also available to provide sign language to deaf or hearing-impaired inmates.

The VADOC Operating Procedure 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. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of inmate sexual abuse due to confidentiality issues. According to the targeted interview with the PCM and a memo in the file, as well as the PAQ, there were no instances of the use of an inmate interpreter even in exigent circumstances.

The facility has the PREA related information and handouts in a multitude of formats.

Inmates are required to sign the Preventing Sexual Abuse and Assault Training acknowledgement form for verification of receipt of the inmate handbook and PREA education. The Auditor reviewed examples of these forms in both English and Spanish.

Staff complete a training on "Understanding and Interacting With Deaf and Hard of Hearing Inmates," which is in addition to all annual required training. The auditor was provided certificates of training for staff on this topic.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 102.2, 260.1, 135.1, 102.3 3. Hiring Background Packet 4. Background Check on All Employees 5. Review of recently promoted employee files from the past 12 months 6. Reviews of randomly selected employee files 7. Review of randomly selected volunteer files 8. Background Information on Contract Employees hired within the last 12 months 9. Employment application 10. VCIN Transaction Report 11. Background verification 12. Interviews with PREA Coordinator, Investigator and Human Resources Findings: The Halifax CU does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. The Auditor reviewed the background packet and interview questions used by the VADOC and Halifax CU 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. All applicants apply for any positions online and included on the application is three required PREA questions in accordance with the standard. If any of those questions are answered with a “yes,” the system will automatically disqualify the application. Halifax CU conducts a VCIN check, and if the applicant is selected for employment, the file will be forwarded to the background investigation unit in Richmond. Staff indicated that the background investigator thoroughly vets any prospective employee and asks directly about previous misconduct as required by the standard. The document review conducted by the auditor during the pre-audit phase and on-site, as well as interviews with the PREA Compliance Manager, Superintendent and Human Resources confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period. Halifax CU 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. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered. There is a written policy that requires inquiry into a promotional candidate’s history of

sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with agency policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. All the employees' files contained background checks and pre-employment questionnaires where employees were asked the questions regarding past conduct and their answers were verified by a background investigation. The auditor also reviewed files of employees who were promoted in the last 12 months. Per Human Resources, the same process is followed for promotions, including completion of the application, VCIN and background investigation. The acknowledgement was completed for employees who had participated in the promotional process. Human Resources stated that employees are asked this information annually on the PREA disclosure form.

VADOC Operating Procedure requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background record check prior to employment. Staff at the background investigation unit at DOC headquarters complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Verification of the background check is sent to the Human Resource staff at Halifax CU when completed. Human Resource staff verified this information in interviews discussing the background process. The auditor reviewed examples both during the pre-audit phase and during the onsite file review. A review of personnel records by the Auditor found that all contractors and volunteers have had a background investigation and answered the PREA related questions as required by the standard.

Per the PAQ, in the past 12 months, criminal background record checks were conducted on 25 staff who might have contact with inmates. The Human Resource Manager stated that the process is essentially the same for contract employees with respect to background checks and ensuring compliance with the standard. The auditor reviewed documentation of background checks for contract staff.

Human Resources 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. This is done by the background investigative unit and this information would be included in the background report.

In accordance with the standard, VADOC Operating Procedure requires background checks be conducted on facility staff and contract staff a minimum of every five years. Halifax CU does five-year background checks in accordance with the standard. Documentation of five-year background checks was provided by the facility and reviewed by the auditor. There is a spreadsheet maintained by the Human Resources Department at the facility, listing all employees. This list includes date, pre-employment check date, five-year background date and any promotional process dates when background checks were completed. Targeted interviews with facility administrators revealed that an employee engaging in any type of misconduct such

	as listed in the standard would not be retained. The Halifax CU asks applicants and contractors directly about misconduct as described in the standard using a Self-Declaration form during the application process. These forms are maintained in their respective personnel files. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard and agency policy. VADOC Operating Procedure stipulates 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. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor. In accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff verified that the Halifax CU would terminate employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct. The Halifax CU uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. The hiring process includes requiring the investigator to make his/her 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. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC OP 801.1 3. Schematic of facility 4. Interviews with staff 5. Observation of camera placement and footage 6. Interviews with Superintendent, Chief of Housing and Programs and Chief of Security Findings:

	The facility has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit. The Rapid Eye Camera System, installed at the facility in 2015, utilizes 91 cameras. The cameras are checked weekly to ensure all cameras are working correctly. Rapid Eye Camera Monitoring Stations are located in the Superintendent's office, the Major's office, the Captain's office, the Shift Commander's office, and the Annex Front Gate post. There have been no cameras installed during the last 12 months. The cameras are used to monitor inmate movement within the facility; it is also used in investigative cases, where staff must review incidents that have been alleged occurred. In reviewing the video monitoring capabilities at the institution, the following areas were recommended to have cameras installed to allow for better monitoring of staff, inmates, and activities: VCE Textile Shop, the Farm Shop, the Maintenance Shop, and the Farm Pole Barn. A targeted interview with the Major indicates that the camera coverage is sufficient to protect inmates from sexual abuse. He stated that Halifax CU is always checking and evaluating the camera coverage in the facility and will make recommendations as needed to increase the coverage and eliminate any potential blind spots. The auditor identified one areas during the site review that could be a potential blind spot. The facility staff immediately added a mirror, and documentation was provided to the prior to the completion of the on-site audit. Per interview with the Superintendent and PCM, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Halifax CU considers how such technology may enhance Halifax CU's ability to protect inmates from sexual abuse. The Superintendent indicated that Halifax CU reviews the cameras routinely to ensure they are operational. The auditor reviewed camera placement during the on-site review, as well as camera monitors and views of areas in the facility, and a listing of all cameras. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ

2. VADOC Operating Procedure 030.4, 720.7, 038.3, 730.2, 030.1
3. SIU Investigative Matrix
4. MOU with Action Alliance
5. Memo
6. Review of incident logs

Interviews with the following:

- PCM
- Investigator
- Superintendent
- Medical personnel

Findings:

VADOC is responsible for both administrative and criminal investigations. The agency follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. A review of the agency's policies and procedures on evidence protocol indicated the agency has included the elements of this standard in its policies and procedures. Interviews with Halifax CU 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.

Halifax CU trained investigators conduct administrative investigations. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Special Investigations Unit (SIU) for investigation. Facility staff are required to preserve any crime scene until the SIU Investigator arrives to collect or process physical evidence from the scene. According to interviews with random staff, there are multiple investigators trained to conduct sexual assault investigations. In addition, the PREA Compliance Manager would be notified. A targeted interview with one of the facility investigators indicated that in the instance of an allegation referred to the SIU, the facility would conduct a simultaneous investigation and maintain communication. A targeted interview with the SIU investigator revealed that any cases involving staff or that are or could be criminal in nature are referred to SIU for investigation.

The Halifax CU does not hold youthful offenders.

VADOC Operating Procedure stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs. These exams would be performed off-site at Lynchburg General Hospital. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. Persons performing these exams will be Registered Nurses licensed by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination or a Physician with training specific to the sexual assault medical forensic examination.

The availability of these services was confirmed by the Auditor with the Medical staff. They indicated that there was a SANE/SAFE nurse available 24 hours per day and 7

	days per week and there would be no charge to the victim for this exam. Medical staff at the facility do not conduct forensic examinations. This was confirmed by the HSA and PREA Compliance Manager. The Halifax CU reported on the PAQ that there were no forensic exams conducted during the past 12 months. VADOC Operating Procedure indicates they will make a victim advocate from a rape crisis center available to an inmate victim of sexual assault upon request. The Halifax CU, through VADOC has an MOU with Virginia Sexual and Domestic Violence Action Alliance to provide services to the facility. They are available to serve as a victim advocate to victims of sexual assault at the Halifax CU. The MOU was provided to the Auditor for review. As stipulated in the MOU, Action Alliance is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. VADOC Operating Procedure stipulates these services are available. The auditor conducted a telephone interview with an advocate at Action Alliance and verified the availability of these services. The advocate stated that all advocates have had PREA training and are screened to ensure they do not have a history of perpetrating sexual violence. The MOU with Action Alliance covers VADOC facilities and provides a statewide toll-free Hotline for reporting sexual abuse or assault, to victims who desire an external method of reporting. In accordance with the Action Alliance confidentiality and release information policies, the calls are confidential. If the victim agrees to the release of information, Action Alliance will immediately forward any report of sexual abuse or assault to the Regional PREA/ADA Analyst and maintain a record of calls from VADOC victims. They provide confidential crisis intervention and emotional support services related to all sexual abuse or assault to the victims. Targeted interviews with the PREA Coordinator, PREA Analyst, and Investigator also confirmed that the MOU was in place. The MOU is a renewal of a previous one and is effective April 18, 2023 for one year with an option to renew. There have been no requests for an advocate at Halifax CU during this review period. The VADOC has standardized this process across the state. All suspected criminal PREA allegations are referred to SIU, receiving guidance from them to ensure all allegations are handled appropriately. In addition, the VADOC has a statewide contract and MOU with Action Alliance to ensure that advocacy services are available to all inmate victims of sexual assault. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 030.4 3. Investigations Matrix 4. Review all investigative files for allegations of sexual abuse or harassment for the past 12 months, if any 5. Website Interviews with the following: • PREA Coordinator • PCM • Investigative Staff • Random Inmates Findings: The VADOC Operating Procedure is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation, if warranted. The PREA Compliance Manager, supervisors 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 supervisor, who will take the initial report and refer it to one of the investigators for further action. The Investigator coordinates with the PCM and supervisors to determine the course of action. The Superintendent and PREA Analyst would also be notified. The SIU conducts all criminal investigations for the Halifax CU and the VADOC and will be notified by the Investigator if there is suspected potential criminal charges. The SIU agent is a certified law enforcement officer and has the legal authority to arrest and place criminal charges on persons at the institution. During a targeted interview with an agency SIU Investigator, he explained the investigative process and indicated that he works closely with the facility investigators. The facility investigators will do much of the preliminary work and consult with SIU to determine next steps. If the SIU Investigator determines there may be insufficient evidence for prosecution, it is referred to the facility Investigator for an administrative investigation. If a case appears to be prosecutable, the SIU will consult with the Commonwealth's Attorney on prosecutorial efforts. The investigator stated that the Commonwealth Attorney will look at each case on its own merits and decide what action to take. The VADOC Operating Procedure is posted on the website under the PREA section. Targeted interviews with the PREA Analyst, Investigator, PREA Compliance Manager

	and Superintendent verified that all allegations of sexual abuse or harassment are investigated promptly and thoroughly. They described the process for investigations, which is a collaborative approach. According to the interviews, once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. The on-duty supervisor would brief the PCM and depending on the situation, initiate a call to the SIU to begin a criminal investigation. All reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PCM and a determination is made whether to initiate a criminal investigation. If there is no exigency and no evidence that a crime has occurred, the facility initiates an administrative investigation. The incident is investigated and if during the investigation, it is determined that there is evidence to support a crime was committed, the investigator will consult with the SIU as necessary. If there is no evidence that a crime was committed, then the investigation is completed as an administrative investigation by the facility investigator. Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Compliance Manager of all allegations. The VADOC Regional PREA Analyst and PREA Coordinator maintain oversight of facility investigations. The Halifax CU reports there have been no allegations of sexual abuse or harassment in the past 12 months. VADOC Operating Procedure requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution. Documentation of such is contained in the investigative reports. The auditor reviewed the VADOC website and the agency policy is posted and publicly available. During an interview with the facility investigator, she verified that investigations that revealed criminal behavior would be referred to the SIU Investigator and subsequently to the Commonwealth Attorney for prosecution. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. Halifax CU Completed PAQ
2. VADOC Operating Procedure 102.6, 350.2
3. 2022 and 2023 Annual Training
4. New Hire PREA Training
5. PREA Lesson Plan
6. Review of Training Files
7. PREA and ADA News
8. Interviews with Random Staff, PREA Coordinator, PCM, and Training Coordinator

Findings:

The VADOC Operating Procedure is written in accordance with the standard and includes all required topics and elements of the standard. In accordance with the standard the DOC will train all employees who may have contact with offenders on:

- a. Its zero-tolerance policy for sexual abuse and sexual harassment
- b. How to fulfill their responsibilities under DOC sexual abuse and sexual harassment prevention, detection, reporting, and response procedures
- c. The offenders' right to be free from sexual abuse and sexual harassment
- d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- e. The dynamics of sexual abuse and sexual harassment in confinement
- f. The common reactions of sexual abuse and sexual harassment victims
- g. How to detect and respond to signs of threatened and actual sexual abuse
- h. How to avoid inappropriate relationships with offenders
- i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

Policy requires that all employees, contractors, and volunteers who have contact with inmates receive training. According to the policy, mental health and medical personnel receive specialized training. The training is tailored for both male and female inmates. Employees who are reassigned from facilities housing the opposite gender are given additional training.

The facility provides PREA training each year to all employees to ensure they remain up to date on the VADOC policies and procedures regarding sexual abuse and harassment. Each employee completes this training annually during the required In-Service Training. In addition to taking a quiz on the information, each employee signs a verification acknowledging they have received and understand the information.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed the training rosters to verify and ensure all employees are receiving the training. During the pre-audit period, the Auditor reviewed the training documentation submitted by the

	facility. In addition, during the on-site portion of the audit, the auditor verified the training of staff, which includes contractors, by reviewing the training logs for all employees who had received training for the previous and current year, as well as individual training files. Each employee also signs a PREA Acknowledgment indicating their receipt of and understanding of the PREA training, which is maintained in their file. The statewide PREA Coordinator distributes a monthly PREA Newsletter to all VADOC personnel to enhance PREA knowledge. New staff are given PREA training during their orientation, before assuming their duties. All new staff take a quiz and sign a verification acknowledging they have received the information. This information is on Day 1 of their institutional orientation. During interviews with the PCM and Training staff, they confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training during orientation. The Auditor reviewed the following rosters: PREA In-service for 2023 and 2024, the Basic Correctional Officer (BCO) Training for 2023 and 2024. The facility reported that there are 79 staff currently employed at the facility who may have contact with inmates. The Auditor reviewed Halifax CU training records for the last 12 months to verify all staff had been provided annual in-service training and a signed PREA Training Acknowledgement form was on file for each staff member. Based upon an interview with the training coordinator, all active employees at Halifax CU have completed the required training. The auditor was provided with and reviewed copies of the agency's PREA curriculum, training logs, and training acknowledgement forms. The training curriculum meets all requirements of the standard. Random staff interviews indicate staff have received and understand the training received. The Auditor conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all employees recalled having annual PREA training. Many staff also stated that PREA related topics are often discussed in roll-call and they will frequently get PREA informational emails from the PREA Coordinator. Staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly. PREA training is conducted on an annual basis during in-service, versus every two years as required by the standard. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 102.6, 350.2, 027.1, 038.3 3. Annual Training 4. Contractor/Volunteer Training Form 5. Contractor/Volunteer Outline 6. Guide to Maintaining Boundaries 7. Contractor training with log 8. Volunteer training with log 9. Review of Training Files 10. Volunteer orientation 11. Action Alliance PREA Training Interviews with the following: • PCM • Contract Staff • Training Coordinator Findings: The VADOC Operating Procedure is written in accordance with the standard and requires that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Halifax CU ensures that all staff receive training regarding PREA. This training is required to be completed in person prior to contact with any inmates. The facility provides PREA training annually to each contract employee to ensure they remain up to date on the VADOC policies and procedures regarding sexual abuse and harassment. A directive for the VADOC states that the level and type of training provided to volunteers and contract staff shall be based on the services they provide and the level of contact they have with offenders. Contractor/volunteer job functions with require inmate contact receive the full training on responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of offenders. This training is the same that is provided for all new hires in VADOC facilities. The contractor/volunteer shall sign certifying their understanding of the training material. Volunteers and contractors with less constant contact with inmates are required to participate in a one-time training which includes PREA. In accordance with VADOC policies and directives, contract staff complete the same training as the Halifax CU staff and signs a PREA Acknowledgment indicating their receipt of and understanding of the PREA training. Per an interview with the Training Coordinator, all staff, including contractors receive annual training on PREA.

The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all contracted employees are receiving the training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. The auditor reviewed the files of newly hired contract employees and verified that the signed training acknowledgement form is retained in their files. In addition, during targeted interviews with Human Resource staff, they verified that training acknowledgements were retained in the files, which is a standardized process for VADOC.

The Auditor conducted a formal interview with a contracted staff. During the interview, the contract staff told the auditor that they recalled having the PREA training and knew of the Halifax CU's zero-tolerance policy against sexual abuse and harassment. In addition, they could articulate what to do if an inmate reported to them. When asked what would be the consequence if they violated the PREA policy, they stated they would be terminated and removed from the facility. The contract staff were knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities regarding the standards. The Halifax CU is providing training in accordance with the standard. The documentation is maintained accordingly.

The auditor spoke with a volunteer for Halifax CU. He stated that he had received PREA training and had received a refresher every year, as well as signed an acknowledgement. He indicated he was aware of the zero-tolerance policy and states he would immediately notify the DOC staff if an inmate were to report a PREA incident. He also stated she was aware of her duty to report any PREA related information immediately.

The auditor reviewed the training curriculum for volunteers and found that the information provided meets the requirements of the standard. All volunteer files reviewed contained confirmation of PREA training and included the Volunteer Confidentiality and Policy Agreement Training Certification verifying receipt and understanding of PREA training. The auditor interviewed the staff member responsible for the volunteer training and maintenance of the files. The staff member stated that the orientation process for volunteers included a video and PowerPoint and each volunteer signs an acknowledgement.

The facility reports on the PAQ that there are 11 volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response

Volunteers and contractors all receive PREA training. The contract staff receive the same training as the facility staff.

	After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 810.1 3. Review of inmate training materials 4. Review of inmate training documentation 5. Inmate Handbook 6. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening 7. Inmate Brochure and acknowledgement 8. Logs of Completion of inmates provided Comprehensive Education Interviews with the following: • PCM • Random Inmates • Intake Staff Observations of the Following: • PREA informational Posters throughout the facility in inmate housing and common areas • Inmate Intake Process Findings: The VADOC Operating Procedure is written in accordance with the standard. In accordance with policy, offenders receive information regarding the facility and agency's zero tolerance policy. This information, in the form of a brochure, 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 Halifax CU PAQ reported that during the last year 155 offenders were committed to the facility and given PREA information at the time of intake, in accordance with the standard. Targeted interviews with multiple staff indicated that this information is communicated to the offenders verbally and in writing upon arrival at the facility. Offenders will receive a PREA brochure upon intake that advises the inmate of their

right to be free from sexual abuse and sexual harassment, and various ways to report. Staff verify that inmates understand the information and would identify any inmates that may need an accommodation to fully participate in the PREA program at Halifax CU. Inmates will sign an acknowledgement of receipt that is maintained in their file. The brochure contains information about the zero-tolerance policy and reporting information. Of those, 138 inmates were at the facility for 30 days or more and given the comprehensive PREA education.

The auditor observed PREA signage in all facility locations, and notification of the agency's zero tolerance policy. Staff told the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explain to the newly committed inmates that they could report any instances of abuse or harassment to staff and/or use the inmate telephone system to report abuse to the listed hotline. The PREA brochure information is explained to the inmates upon arrival at the facility. The auditor observed the intake process for a new arrival. The staff was very thorough in explaining the PREA related information.

Interviews with intake staff verified that inmates, including any transferred from another facility, are given the same PREA orientation. Further questioning revealed that inmates who were LEP would be provided the orientation using a language telephone interpreter service or a Spanish speaking staff would be utilized, if available. For offenders that are visually impaired, a staff member would read the information to the offender. The video also has printed subtitles for the hearing impaired. Staff would assist any other disabled or impaired inmates that needed assistance, such as intellectually limited inmates. Information in multiple formats was available throughout the facility. Targeted interviews with staff indicated that the facility will make needed accommodations for identified inmates with disabilities. The Auditor observed PREA informational posters in all offender housing areas, intake, and public areas. The posters were very prevalent in all areas of the facility.

There were no inmates identified as having a disability or needing any accommodations at the facility.

Inmate interviews revealed that most all inmates remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. All inmates interviewed stated they are aware of PREA and how to report.

The comprehensive education is accomplished through the use of the PREA education video. The video is shown during the inmate's comprehensive facility orientation. Staff is available to answer any questions the offenders may have. This is documented on the inmate orientation, as well as the comprehensive PREA Education Acknowledgement Form, both of which are kept in the inmate record to verify receipt of the training. Offender interviews indicated that they were receiving the training.

The auditor reviewed the inmate files for all 19 inmates that were interviewed.

Documentation reviewed showed that the inmates had received the comprehensive education within the 30-day timeframe as required by the standard. During the pre-audit phase, the auditor also reviewed documentation of numerous Inmate PREA acknowledgment forms for education provided.

	The files contained documentation of the initial inmate PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education. This verified what the interviews revealed, what was required by policy and what was reported in the submitted PAQ. Interviews with staff and offenders verified that offenders are receiving the initial and comprehensive PREA training as required. All current offenders have received PREA training. Offender interviews indicate that they 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. For offenders that are visually impaired, a staff member would read the information to the offender. The information is also available in Braille, in both English and Spanish. In addition, the Purple machine is available for signing for the hard of hearing and deaf inmates. As indicated in the policy, all other special needs would be handled in coordination with the PCM on a case-by-case basis. Information in multiple formats was available throughout the facility. The Auditor observed PREA informational posters in all offender housing areas, intake, and medical. The inmate handbook is available and provided to all offenders. Inmates receive a PREA Brochure and reporting information upon arrival to Halifax CU. The PREA brochure and education is available in large print, braille, and Spanish with the capability of translating to other languages as needed. After a review, the Auditor determined that the facility meets the requirements of the standard. Corrective Action: None
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 030.4, 350.2 3. Review of Training Materials 4. Review of Training Documentation 5. Review Training Curriculum for Specialized Training 6. Review of Training Certificates for Investigators 7. Investigations Matrix 8. Review of investigative files

	8. Interviews with PCM & Investigative Staff Findings: Agency policy is written in accordance with the standard. VADOC conducts both administrative and criminal investigations and requires all investigators receive specialized training. Halifax CU has one staff member who has received the specialized training and there are 19 SIU staff who have been trained to conduct sexual abuse investigations in a confinement setting. The Auditor reviewed the investigations matrix, which dictates whether the allegation will be handled by agency investigators or SIU. The SIU Agents conduct all criminal investigations, in addition to all administrative investigations where criminal charges could possibly be determined and any cases involving staff. SIU Investigators are sworn law enforcement officers for the VADOC and have arresting authority. The institution Investigator and the agency SIU agents have completed the National Institution of Corrections Training "Conducting Sexual Abuse Investigations in a Confinement Setting," which certifies them to conduct investigations for alleged sexual abuse and harassment. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. In addition, facility investigators complete a training entitled PREA Specialized Training: Investigating Sexual Abuse in Confinement Settings. The Auditor verified the training for the investigators. The Auditor interviewed an agency SIU agent, as well as the institutional investigator. They were able to articulate the aspects of the training received and appeared knowledgeable in the training, as well as conducting sexual assault investigations. The facility investigator stated that, if in the course of the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, the allegation would be forwarded to the SIU, who will consult with the Commonwealth Attorney regarding any potential charges. The Auditor reviewed the training records for the investigators and verified that they had received the specialized training. In addition, the investigators complete periodic refresher training for which the auditor viewed documentation. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. Halifax CU Completed PAQ
2. VADOC Operating Procedure 701.1, 102.6
3. Review of Training Materials
4. Review of Training Documentation
5. Interviews with Training Coordinator and Medical Staff

Findings:

VADOC Operating Procedure requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training.

The policy requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment.

Per the HSA, all medical and mental health employees are required to complete all training required by VADOC in accordance with policy.

All the medical and mental health staff received the specialized training as evidenced by documentation provided by the staff and reviewed by the auditor. Medical staff complete the course "Medical Health Care for Sexual Assault Victims in a Confinement Setting" through the NIC. Mental health staff complete the course Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" through NIC.

During the on-site portion of the audit, the auditor reviewed the training logs provided by the staff and verified that all the current employees had received the required training. During targeted interviews with the HSA and other medical and mental health staff, they stated they received PREA training upon orientation. In addition to the annual PREA training required by the VADOC, all medical and mental health staff complete additional training related to healthcare and PREA.

Per the PAQ, there are 11 medical and mental health care practitioners who work regularly at this facility who received the training required by VADOC Operating Procedure.

Targeted interviews with the training coordinator and HSA verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented. In addition, medical and mental health staff receive specialized training that covers all aspects of the standard. The auditor verified this training had been completed. The facility maintains documentation of training for all medical and mental health staff.

The medical staff at Halifax CU do not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at the local

	hospital. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 810.1, 810.2, 861.1, 730.2 3. Review of Risk Assessments 4. 30 Day Reassessment Logs 5. Sampling of Random Inmate Files Interviews with the following: • PREA Coordinator • Random Inmates • PCM • Case Managers Observations of the Following: • Inmate Intake Process Findings: According to VADOC Operating Procedure, all inmates shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. During the site review, the auditor was able to observe a portion of the admission and classification process for a new inmate. In addition, the auditor spoke with multiple staff who explained the initial intake process. Upon arrival at the facility, inmates are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with various staff verified that within 72 hours of admission, all inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior. This is typically done by the counselor on the same day as arrival. The assessment is conducted using the electronic VaCORIS software system during the inmates' initial arrival at Halifax CU. During interviews with random inmates, most all remember being asked some PREA related questions during their admission process.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at Halifax CU. The facility uses an objective screening instrument that is standardized for VADOC. The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. The VADOC does not hold offenders solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Halifax CU, in assessing inmates for risk of being sexually abusive. According to the PAQ and VADOC Operating Procedure, the PREA screening instrument shall include the required elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all the required elements in accordance with the standard.

According to the PAQ, 149 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PCM stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member. Interviews with additional staff also indicated that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault.

Inmates are asked their sexual orientation, in addition to the reviewing staff's perception. Within 30 days from the inmate's arrival at Halifax CU, staff reassesses all inmates' risk of victimization or abusiveness based upon any additional, relevant information received by Halifax CU since the intake screening. This is done on a PREA Reassessment form and by policy is completed between 14 and 21 days after the inmate's arrival at the facility. Staff meet with the inmate and document the reassessment in the facility notes section in VACORIS. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. According to the PAQ, 138 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

Halifax CU has implemented appropriate controls on the dissemination within Halifax CU of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Access in the VACORIS is limited. Most staff cannot see the inmate's responses on the Screening Assessment. Only authorized supervisory staff and those who perform housing, bed, work, education, and programming assignments can access the PREA Assessment. Correctional Officers can see an alert on the screen that identifies an inmate classified as HRSV or HRSA to prevent them making housing or work assignments that places the inmate at risk of victimization or abusiveness.

The Auditor interviewed staff who complete the screenings. The staff indicated that the risk screening is completed within 72 hours and the PREA risk assessment completed at the previous facility is reviewed. The screenings are completed in the electronic records system. There is limited access to the PREA risk assessment. This screening is used for housing and program decisions and referrals. The auditor reviewed this information and verified it is maintained electronically with limited access. The auditor was provided a copy of and reviewed the screening form.

Targeted interviews with staff, as well as the PREA Coordinator and PCM verified that risk assessments are performed within 72 hours of intake. The questions are asked and the answers are recorded by the staff on the risk assessment form in VACORIS. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.

The auditor reviewed the inmate files for all 19 inmates interviewed, and looked at their intake records and risk screenings to compare the admission date and the date of admission screening. The documentation reviewed indicated that inmates at Halifax CU are receiving risk screenings within 72 hours of intake.

The PCM, Counselors and PREA Coordinator confirmed that 30-day reassessments are being completed on inmates. The auditor reviewed inmate files of initial PREA risk assessments. The auditor also reviewed the selected inmate files to determine if 30-day re-assessments had been completed. Most of the randomly selected files had received a reassessment within the required timeframe. The primary counselor that completes the assessments is having a face-to-face meeting with the inmates. The inmate and staff interviews confirm this, as most of the inmates remember being asked the questions again and/or having a follow-up meeting within 30 days of arrival.

VADOC Operating Procedure stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the staff, there have been no instances of inmates being disciplined for refusing to answer screening questions.

The Auditor reviewed inmate files and determined that the initial risk assessments are being completed within 72 hours as required and the 30-day reassessments are being completed on a consistent basis.

After a review, the Auditor determined the facility meets the requirements of the

	standard. Corrective action: None
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 841.2, 810.1, 810.2, 425.4, 830.5, 730.2 3. Review of Screenings 4. Alert Log Interviews with the following: • PCM • Classification Staff • Records Staff • Inmates identified as HRSV, Transgender, Gay or Bisexual, if any Observation of the following: • Site review of inmate housing units Findings: The VADOC Operating Procedure requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. The counselor completes a risk assessment screening upon the inmate's arrival to the facility. The risk assessment is part of a standardized questionnaire in CIRIS called the Classification Assessment. Per the staff, this tool assists in identifying inmate at heightened risk of sexual victimization (HRSV) and inmates at heightened risk of being sexually abusive (HRSA). The Classification Assessment is typically completed within a few hours of arrival at Halifax CU but later than 72 hours after intake or transfer. The counselor ensures information is entered in the VACORIS system so inmates identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers. Counselors consider an inmate's own perceptions of their safety when making classification decisions. The screening tool includes sections for the counselor to document his/her own perceptions of the inmate. Classification staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Classification records indicate facility

staff make individualized considerations to ensure each inmate is housed safely in the facility. Targeted interviews with facility staff verify these practices.

Per the PCM, the HRSV and HRSA alerts are visible to designated staff on the inmate's profile. Treatment staff review each inmate's alerts, information, and history and makes a compatibility assessment prior to and when making housing decisions.

Targeted interviews with the facility staff confirms these practices. HRSV and HRSV inmates will not be placed in close proximity to each other. A report can be run in CORIS to show all inmates with these alerts and their housing assignments to ensure this is in effect.

There were no inmates at Halifax CU identified as HRSV or HRSA during the onsite review. Due to the classification of the facility and minimum security designation, they rarely receive inmates identified in these categories. Per memo, there have been no inmates identified as HRSV or HRSA during the audit period.

When an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results and make appropriate referrals.

The Work Program Assignment Reviewer is responsible for approving inmate work assignments. The HSRV and HRSA alerts are checked by the Work PAR and consider this when making job and program assignments. HRSV and HRSA designated inmates will not be placed in the same work assignment or program without constant staff supervision. School assignments are also reviewed; however, accommodations can be made by switching classes so as not to keep any inmate from receiving education services. It is the responsibility of the staff to check each inmate being placed in a job that has been determined as an area where there should not be victims and abusers working together. All program and education areas are staffed when in operation. All areas/rooms in the kitchen are monitored by camera. Work supervisors would be notified of any potential conflicts.

VADOC Operating Procedure requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. Per memo from the PREA Coordinator, VADOC utilizes a Classification Assessment, which is an individualized, objective risk assessment used to screen all inmates and CCAP probationers/parolees for potential vulnerabilities or tendencies to act out with sexually aggressive or other violent behavior. The Classification Assessments are conducted at intake, upon transfer, and as needed, with careful thought given to the transgender or intersex inmate's gender identity (whether they self-identify as either male or female). When determining the housing assignment for a transgender or intersex inmate, consideration is given to the inmate's security threat level, criminal and disciplinary history, current gender expression, medical and mental health information, vulnerability to sexual victimization, and likelihood of

perpetrating abuse. Facility specific factors, including inmate populations, staffing patterns, and physical layouts are also considered.

During the site tour, the auditor reviewed all inmate housing units.

At the time of the onsite review, Halifax CU had no offenders identified as transgender or with a gender dysphoria diagnosis. Per memo, no transgender inmates were housed during the audit period.

The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely based on such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff are aware of their responsibilities should they receive a transgender inmate regarding this standard. Interviews with facility staff indicate that placement of any transgender or intersex offenders is made on a case-by-case basis. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration. The Institutional Program Manager (IPM) meets with each transgender inmate bi-annually to ensure there are no issues and assess the inmate's perception of their safety. This is documented in VACORIS.

An inmate that identifies as transgender is monitored at the facility level by the assigned case manager, unit administrator, IPM, PCM and mental health staff. The auditor reviewed completed bi-annual housing/program reviews and found that these reviews are in person and solicit input from the inmate. Interviews with the transgender offenders indicate that they recalled the housing/program reviews taking place.

In addition, these offenders are monitored at the state level and discussed and reassessed at meetings which include facility and state level staff. The Virginia Department of Corrections' Gender Dysphoria Committee conducts meetings quarterly, and more frequently, if needed. The Gender Dysphoria Committee makes all specialized decisions when providing inmates and CCAP probationers/parolees who are transgender, intersex or diagnosed with gender dysphoria with specific individual accommodations. If a transgender or intersex inmate or CCAP probationer/parolee would like to be considered for housing in the gender in which they identify, the inmate would notify the facility's mental health staff. A clinical update would be provided and the inmate's security threat level, criminal and disciplinary history, current gender expression, medical and mental health information, vulnerability to sexual victimization, and likelihood of perpetrating abuse reviewed. A final review would be conducted by the Gender Dysphoria Steering Committee and a recommendation for appropriate housing would be referred to the Director.

LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. The auditor conducted targeted interviews with staff. The auditor was informed that inmates' housing was based upon objective finding and LGBTI inmates were not placed in dedicated units.

Halifax CU was not under a consent decree, legal settlement, or legal judgment for

	the purpose of protecting lesbian, gay, bisexual, transgender or intersex inmates. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 830.5, 810.1, 810.2, 425.14 3. Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form 4. Memo Interviews with the following: • PCM • Supervisors and Staff Responsible for Supervising Inmates in Restrictive Housing Findings: In accordance with agency policy, Halifax CU does not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there have not been any instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. According to targeted interviews with staff, they are not aware of a case where an inmate was placed in restrictive housing due to being at high risk for sexual victimization. At the time of the onsite audit, there were no inmates identified as HRSV. Staff are aware of the VADOC Policy and their responsibilities regarding this standard. Staff will conduct an immediate assessment and review available housing alternatives prior to placing inmates in Special Management Housing. This is documented using the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. Once complete, the form must be emailed to the Regional PREA/ADA Analyst. The form indicates staff must assess all available alternatives and make a determination that no available alternative means of separation from likely abusers exists prior to placing an inmate at high risk of sexual victimization or an inmate who has alleged sexual abuse or sexual harassment in involuntary segregated housing. Staff indicate that an inmate identified as high risk

	would be moved to another housing location and not placed in segregation unless it was a temporary placement to keep the inmate safe until the investigation was complete, or unless the inmate requested it. A targeted interview with the PCM also verified that no inmates during the audit period have been placed in restrictive housing involuntarily to separate them from potential abusers. The agency policy states that if inmates were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges, work and educational programs and any restrictions would be limited. Further, the policy stipulates that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need for placement. Staff are aware of their responsibilities regarding this standard, including the need for a review every 30 day. There have been no instances that required action regarding this standard. During the on-site portion of the audit, the auditor reviewed all housing areas and had informal discussions with both inmates and staff. As verified by targeted interviews with staff, the auditor did not identify any inmates who were involuntarily housed in restrictive solely for protective purposes for being a high-risk victim or having made an allegation. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 803.3, 801.6, 866.1 3. Zero Tolerance Brochure 4. Inmate Handbook 5. Inmate Orientation 6. Site Review 7. Action Alliance MOU 8. VADOC Website 9. Hotline Information

Interviews with the following:

- PREA Coordinator
- PCM
- Superintendent
- Random Staff
- Random Inmates

Observation of the following:

- Observation of informal interactions between staff and inmates
- Observation of inmates using the telephone system
- Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area

Findings:

The VADOC Operating Procedure designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. Policy is written in accordance with the standard. The auditor reviewed the inmate handbook and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the inmate telephone system to make a report to the PREA hotline. 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 reports within or external to DOC, and third-party reports. This information is received by offenders at intake in both written and verbal form, contained in the inmate handbook and on informational posters in all offender housing areas, intake, and various other locations throughout the facility. Operational practice at Halifax CU is consistent with the VADOC Operating Procedure.

Informational posters are prevalent and prominent in all areas of the facility.

Inmates can also use the Inmate Grievance Procedure to report an allegation of sexual abuse or harassment. Inmates are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject of their sexual abuse or sexual harassment allegation. Grievances regarding sexual abuse or sexual harassment will not be referred to the staff member who is the subject of the grievance and an inmate will not be charged for filing a grievance regarding sexual abuse or sexual harassment unless it is determined that it was filed in bad faith.

During random staff interviews, staff stated that inmates could make a PREA report to any staff member, write a note, have a friend or family member report for them, or call the hotline. During the site review, the auditor observed reporting information adjacent to all inmate telephones. Random offender interviews revealed that they feel that the staff at Halifax CU would take any report seriously and act immediately, regardless of the source of the information. Inmate interviews also revealed that the inmates are aware of the reporting methods available to them.

The VADOC does not hold inmates solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities regarding reporting, and would accept and immediately act on any information received, regardless of the source. All staff that were interviewed acknowledged their duty to report any PREA related information. Information on how to report on behalf of an inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate. Verbal reports are required to be promptly documented on an Internal Incident Report.

VADOC Operating Procedure provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Offenders can report outside the Halifax CU, by phone, using the established hotline. This information is in the inmate handbook, posted by the phones and on the brochure the inmates receive at intake. During the site review, the auditor observed PREA informational posters and placards adjacent to the inmate telephones with the Hotline information where reports can be taken and referred for investigation. This reporting option prompts the inmate to either leave a message, or they have the option to speak with an advocate from Action Alliance. Most all offenders interviewed were aware of this as a potential reporting method, indicating the offenders are receiving this information.

There were no allegations of sexual abuse or sexual harassment during this review period. Inmate interviews indicate that offenders are aware of the various reporting methods.

The Auditor verified the availability of the hotline by making a test call to the external hotline. The report was immediately received for the external call and logged. The auditor received documentation of this report the same day from the PREA Analyst.

During a targeted interview with a victim advocate from Action Alliance, she verified the availability hotline and their ability to take reports. She stated all the advocates are PREA trained.

Policy and the inmate handbook stipulate that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports, with an investigation started immediately.

Targeted interviews with multiple staff verified that there are numerous ways to make PREA complaints by both staff and inmates, including the use of the inmate phone system, anonymous letters, as well as third party reporting by family and friends.

Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During targeted interviews with staff, the staff indicated that if an inmate reported an allegation of sexual abuse or harassment, they would notify their supervisor of such an allegation and immediately intervene by separating the victim and alleged perpetrator. Each staff member stated that they

	would act without delay. They would accept a verbal complaint and would be required to make a written report of the incident. During inmate interviews, the inmates were asked if they knew that they could make a verbal report of an incident of sexual harassment. All the inmates stated that they knew that they could report to any staff member. Many inmates stated that the staff were very approachable and feels as though the staff take PREA related matters seriously. Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, investigative staff, or Superintendent directly. Staff can also report sexual abuse or harassment through the established hotline. Staff members are informed of this provision during PREA training. Staff interviews revealed that they are aware they can go directly to facility administration, including the PCM to report sexual abuse and harassment of inmates. Most all staff that were randomly interviewed answered that they would report any such incident to their supervisor. Staff interviews revealed they are also generally aware of the availability of the hotline for their use. The PREA Coordinator's office distributes a monthly staff newsletter informing them of PREA related information. After a review, the Auditor determined that the facility meets the requirements of the standard Corrective Action: None
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Policy 866.1, 038.3 3. Inmate Handbook 3. Staff Interviews Findings: Agency policy is written in accordance with the standard. Policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. There are provisions in the policy to allow for third-parties, including fellow inmates to assist inmates in filing grievances related to sexual abuse and assault. This procedure also discusses how to file emergency grievances related

	to sexual abuse. If an inmate files an emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response is required. The grievance procedures are outlined in the inmate handbook, with a section specific to the grievance procedure for sexual abuse and harassment. Random inmate interviews indicated they are aware of the grievance process and that they can utilize the process to report a PREA allegation. None of the inmates interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse. Grievance boxes were observed accessible to the inmate population and staff stated the receptacles are checked daily. A targeted interview with the facility investigator revealed that all allegations, including ones submitted through the grievance process are immediately referred for investigation. Agency policy establishes procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse and requires a response within 48 hours. The PAQ reports there were no emergency grievances submitted alleging a substantial risk of imminent sexual abuse. Per the PAQ, the facility had no grievances filed that alleged sexual abuse during the previous 12 months. The agency policy reflects that there is no discipline for an inmate for filing a grievance alleging sexual abuse except where the agency demonstrates that the inmate filed the grievance in bad faith. There were zero instances of this in the previous 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3 3. Inmate Handbook and Website 4. Hotline Information 5. Sexual Assault brochure 6. MOU with Action Alliance

Interviews with the following:

- a. PCM
- b. Random Inmates
- c. Random and Targeted Staff
- d. Mental Health and Medical Staff

Observations of the Following:

- a. PREA informational Posters throughout the facility and public areas

Findings:

VADOC Operating Procedure is written in accordance with the standard. The facility provides inmates with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible. The Halifax CU informs inmates of the extent to which these will be monitored prior to giving them access. There have been no requests for confidential support services during this audit period. Staff interviews indicate they are aware of their obligations under this standard.

The auditor reviewed the Halifax CU handbook, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed information that notifies inmates of the availability of a third-party reporting hotline, in both Spanish and English. The inmates are informed that, "Calls to the outside advocate are confidential and DOC does not have access to the recording." Services through Action Alliance can be accessed through the free hotline, or by writing a letter.

Inmates can report through the hotline using Option #1 or speak with an advocate for supportive services using Option #2.

Policy requires that inmates and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the inmates of the limits of confidentiality. The auditor reviewed documentation that verified this is being relayed to the inmates.

Inmates are informed of the services available at intake. Halifax CU provides all inmates information regarding victim advocacy services upon intake (same day) and during orientation. The information is provided in written form and provided to the inmate verbally. Inmates are also made aware of the 24/7 crisis line that is available to them as part of the victim advocate service. Inmate interviews indicated that some of the inmates are aware of the outside services that are available to them. Most inmates interviewed indicated they knew they could ask to speak to mental health for counseling services if they needed.

The information is listed in the brochure that is provided to the inmates, as well as the inmate handbook. During the site review, the auditor observed mail drop boxes in various locations. An interview with mailroom staff revealed that outgoing mail is not

	opened or searched (without documented cause) and there are no restrictions on inmates sending mail to external reporting entities, outside emotional support services, and/or legal mail. The Halifax CU has an MOU with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA) which stipulates they agree to provide a Hotline with contact information, Social Services and Victim advocates, which also includes participation in forensic exams, investigations and may also include follow-up visits or communications. The Auditor was provided a copy of the MOU and verified the agreement for services. The auditor verified the availability of services with Action Alliance staff, as well as facility psychology staff. The Auditor also placed a test call to the hotline from the facility to verify this was a viable method for the inmates to utilize. There have been no inmates detained solely for civil or immigration purposes. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.54 Third-party reporting	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3 3. Inmate Handbook 4. VADOC Website 5. Third party reporting form 6. Visitation posters 7. Staff Interviews 8. Inmate Interviews Findings: The VADOC Operating Procedure is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The Halifax CU publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the VADOC website. The Auditor reviewed the DOC website. The website has information on its PREA page that contains information about PREA and their responsibilities for criminal and administrative investigations. It also contains contact and reporting information should any one wish to report an incident

	of sexual abuse or harassment on behalf of an inmate. The third-party reporting form is in Spanish and English. In addition, there is an email established for taking third-party reports. The auditor also observed posters in the visitation areas listing a phone number to call for third-party reporting. Halifax CU's Inmate Handbook, which is provided during the intake process includes a section with PREA information that informs inmates that they can report sexual abuse and sexual harassment by calling the confidential reporting hotline and anyone on their behalf at the facility can report. They are also provided the agency's Zero Tolerance pamphlet upon arrival. The brochure informs inmates they may ask a family member or friend to report an allegation for them. Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff, including supervisors, indicate they will accept a third-party report from a family member, friend, or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly. This was also verified by the facility investigator and the SIU Investigator. Offenders are provided this information at intake and offender interviews indicate that they are aware that family or friends or other offenders can call or write and report an incident of sexual abuse on their behalf. Most all offenders stated that they felt that staff would take any third party report seriously and initiate an investigation. There were no allegations of sexual abuse or sexual harassment in the past 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.1, 038.3, 3.22, 730.2, 801.6 3. Review of investigative files Interviews with the following: • Investigative staff • Superintendent

- Random Staff
- Medical and Mental Health Staff

Findings:

VADOC Operating Procedure is written in accordance with the standard and requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. Agency policy requires all staff to report immediately any knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. Staff are required to report information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the VADOC.

During the site review, all staff members interviewed were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All the staff members responded unequivocally that they were required to report any such instances immediately. The auditor also informally asked the same question of contracted staff, and they stated that they would report any instance of sexual abuse or harassment immediately to security staff. Interviews with staff indicate they are very clear regarding their duties and responsibilities about reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report. An interview with a facility volunteer confirms their understanding of their obligation to immediately report any PREA related information.

Policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential and they would only discuss details with supervisors and investigators. Targeted interviews with the PREA Analyst, Investigators and PCM verified that all investigative files are maintained with limited access.

Policy requires that all medical and mental health personnel inform inmates of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. 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. Medical and mental health staff are aware of their

	responsibilities to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. The auditor viewed documentation that shows that medical and mental health staff discuss limits of confidentiality with the offenders. Mental health staff stated that inmates are informed about limits of confidentiality and informed consent and acknowledge this at the initiation of mental health services, typically multiple times, as well as sign an acknowledgement of this which is retained in their file. Targeted interviews with the PCM, as well as random staff interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon. The VADOC policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the facility designated investigator who will notify the PREA/ADA Analyst of the allegation. All allegations of sexual abuse and harassment at Halifax CU are reported to the on-duty supervisor, who initiates an investigation. The reporting officer and supervisor create a report, and this report is forwarded to the investigator for review and further action. In addition, the PCM is notified through the chain of command. The Auditor conducted a formal interview with the facility investigator, who indicated that all allegations are immediately reported and investigated. There were no allegations of sexual harassment or assault for the previous 12 months. The Auditor reviewed agency training curriculum for staff, volunteers and contractors, which includes reporting of sexual abuse and sexual harassment allegations. All staff are required to read the agency's policies and sign an acknowledgement on an annual basis. The auditor verified through training records that all staff, contractors, and volunteers had received training and read the policies how to report sexual abuse and sexual harassment information. Staff interviews verified that all Halifax CU staff had received training and were well aware of their obligations to immediately report all allegations of sexual assault and harassment. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: 1. Halifax CU Completed PAQ

2. VADOC Operating Procedure 038.3, 830.6, 730.2

Interviews with the following:

- PCM
- Superintendent
- Random Staff
- Random Inmates

Findings:

VADOC Operating Procedure is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. Policy requires a staff member, volunteer or contractor to immediately notify their supervisor or the Officer-in-Charge when learning an offender is subject to a substantial risk of imminent sexual abuse. The Officer-in-Charge is required to take immediate action to ensure the protection of the offender. The agency's policy defines "Keep Separate" as, "A classification action whereby an offender is not to be housed at a specific location, or with access to specific DOC staff, or offender; 'Keep Separate' determination is not required but may be based on:...The offender is subject to a substantial risk of sexual abuse from a specific, identified offender."

Random interviews with staff, both security and non-security, indicate they are clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff were able to articulate the steps they would take and act immediately to protect the inmate. Staff indicated they would immediately remove the inmate from the situation, keep them separate and safe, and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the inmate was kept safe, away from the potential threat and in their site at all times. An initial investigation would be completed by the supervisor. Targeted interviews with the Superintendent and the PCM confirmed that it is the policy of Halifax CU to respond without delay when inmates are potentially at risk for sexual abuse or any other types of serious risk.

Policy dictates that when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The Superintendent, PCM and security supervisors interviewed by the Auditor were knowledgeable of their responsibility for the protection of inmates identified as being at imminent risk of sexual abuse. Options include relocating the inmate to a different housing unit at the facility or transferring the inmate to another facility. These actions would be determined on a case-by-case basis and with the best interest of the inmate and their safety in mind.

Mental Health staff shall immediately consult with the Superintendent or designee and recommend housing interventions or other immediate action to protect an offender when it is determined the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization.

Halifax CU reports in the PAQ that there have been no determinations made that an

	offender was at substantial risk of imminent sexual abuse. The PCM confirmed that Halifax CU did not have any inmates determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All inmates that report an allegation are immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured. If the report is made to staff other than an officer, security staff would be notified immediately. The staff member that the inmate reported the allegation to would remain with the inmate and ensure their safety until security staff responded. The Auditor randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 030.4 3. Unit Head Notification Interviews with the following: • PCM • Superintendent Findings: The VADOC's policy is written in accordance with the standard and requires that if the Superintendent or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he/she must make notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency requires the Superintendent document the notification. A facility head or agency office that receives a notification is responsible for ensuring the allegation is investigated in accordance with the Prison Rape Elimination Act standards and agency policy. During this review period, the facility reported receiving no notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be

	reported. According to targeted interviews with the Superintendent and PCM, if they receive such a notice, they would immediately report the allegation to the Superintendent or Administrator of the other facility and document such a notice. The Superintendent stated that upon receiving an allegation that an inmate was assaulted at another facility, he would call the Superintendent/Administrator at the facility where the alleged assault occurred, followed by an email to the Superintendent or Administrator to complete and document the notification process. The Superintendent stated he has up to 72 hours of receiving the information to make the notification, but typically would make the notification as soon as he receives it. Both the Superintendent and PCM stated they would make a notification regardless if the allegation occurred at a VADOC facility. The Superintendent and PCM confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard. Halifax CU requires that if the Superintendent or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred at the Halifax CU, it would be investigated in accordance with the standards. The Halifax CU reported there has been no reports from another facility that an inmate claimed he/she was sexually abused while housed at Halifax CU within this audit cycle. In the event such allegation is received, the Superintendent shall notify the facility investigator, who will ensure that an investigation is immediately initiated, and notify the Regional PREA Analyst. Interviews with the Superintendent and PCM confirm the staff are aware of their obligation to fully investigate allegations received from other facilities. Further, interviews with the staff revealed that staff is keenly aware of their obligations with regard to reporting, and there is a universal understanding and commitment to immediately report any allegations of sexual abuse or harassment, which increases the probability that abuse will be detected, reported and investigated. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 030.4 3. PREA Checklist

4. Review of investigative files
5. Interviews with Random Staff, PCM, Investigator

Findings:

The VADOC Operating Procedure is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. Policy requires that when an inmate reports an incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser to ensure the victim's safety; Notify the Shift Commander and preserve and protect any evidence; If the abuse allegedly occurred within a time period that would allow the collection of evidence, request the victim not take any actions that would destroy any evidence; and take action to prevent the alleged abuser from destroying evidence. The requirements of the first security staff member to respond to the report of sexual abuse are outlined in the Halifax CU Sexual Assault Response Checklist.

The Halifax CU Coordinated Response Plan requires security first responders to do the following:

Notify the Shift Commander immediately; Notify ADO, Institutional Investigator, PREA Coordinator as soon as the alleged victim and abuser have been separated; Notify Medical staff immediately;

Preserve any crime scene; Request the alleged victim not to take any actions that might destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating);

Ensure alleged abuser - if this person can be identified - does not take any action to destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating); Escort the victim to the Medical Department as soon as possible to provide examination, treatment and evaluation; and Create Internal Incident Report on VACORIS.

The Auditor conducted formal and informal interviews with staff first responders.

Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. All staff interviewed said that they would notify their supervisor after separating the inmates and wait for further instructions. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the assigned Investigator arrived to process the scene.

A targeted interview with the Investigator indicated that once the initial steps were done and the scene was secure, SIU would be notified, depending on the nature of the investigation.

The Halifax CU Coordinated Response plan requires security supervisor first responders to:

Notify the Shift Commander immediately; Notify ADO, Institutional Investigator, PREA Coordinator as soon as the alleged victim and abuser have been separated; Notify Medical staff immediately;

Preserve any crime scene; Request the alleged victim not to take any actions that might destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating); Ensure alleged abuser - if this person can be identified - does not take any action to destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating); Escort the victim to the Medical Department as soon as possible to provide examination, treatment and evaluation; Make arrangements to have alleged victim taken to a hospital that provides a PERK test if advised by Medical; Create Internal Incident Report on VACORIS; In the event that the alleged abuser is identified as a staff person, have that staff member removed from the area and not returned to that area until the investigation is complete; and Once returned from the hospital and abuse is confirmed, have that offender placed in the Medical Observation Unit until investigation is complete.

The Auditor conducted interviews with supervisory staff. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and a staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment of any emergent needs and transported to Lynchburg General Hospital for a forensic exam, if needed. The PCM would also be informed. The supervisor stated the Investigator(s) would be the only ones allowed in the crime scene to process the evidence.

Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. There were no instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they would take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform an officer or supervisor. They would also request the victim not take actions to destroy evidence.

There were no allegations of sexual abuse during this audit period.

Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Victims would be transported off-site for a forensic exam, if needed.

The Agency uses a standardized Sexual Assault Response Checklist to document staff actions in response to a sexual abuse incident.

Training records indicate that all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the

	standard. Corrective Action: None
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3 3. Halifax CU Sexual Assault Checklist 4. PREA Response Plan 4. Interview with PCM, Investigator, Medical Staff and Superintendent Findings: The VADOC policy requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. A Sexual Assault Response Checklist has been created which supplements facility Coordinated Response Plans and outlines staff duties in response to a sexual assault incident. The Auditor reviewed the plans for Halifax CU. The facility has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The Halifax CU has a PREA Response Plan listing actions to be taken by staff for each type of sexual assault allegation to ensure that all aspects of the response are covered and nothing is missed. Many of the facility staff involved in responding to incidents of sexual abuse are also a part of the incident review team. The Halifax CU plan was updated on January 17, 2024. The agency has created a Sexual Assault Response Checklist that documents staff actions following an incident of sexual abuse. The Sexual Assault Response Checklist requires the staff to include the date and time each action listed was taken. There were no offenders incarcerated at the time of the audit who filed an allegation of sexual abuse. Random offender interviews reveal that they feel that the staff at Halifax CU take all PREA related matters seriously. There have been no instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence.

	The auditor interviewed the Superintendent, the designated investigator, medical staff, mental health staff, security supervisors and the PCM, who all described the facility's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the facility investigators. Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided a forensic exam and ancillary services, as well as offered advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation. All staff at Halifax CU that the auditor spoke with appear to be well-versed in their role and responsibilities in responding to allegations of sexual assault. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. Memo Interviews with the following: • PREA Coordinator Findings: The VADOC has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Code of Virginia prohibits entering into a collective bargaining agreement. Virginia Code 40.1-57.2 stipulates, "No state, county, municipal, or like governmental

	officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service." The Virginia Department of Corrections does not have any collective bargaining power therefore this standard is non-applicable. Per memo and interview with the PREA Coordinator, the auditor verified that there is not a collective bargaining agreement in place. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 135.2 Interviews with the following: • PCM • Superintendent Findings: The VADOC's policy is written in accordance with the standard and states retaliation by or against any party, staff or offender, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. Retaliation in and of itself, shall be grounds for disciplinary action and will be investigated. Policy requires staff and inmates who report allegations of sexual abuse or harassment are protected from retaliation for making such reports. Policy and memo from the facility indicates that the PCM is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days. Monitoring will also include periodic status checks. Policy states monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need and monitoring shall cease if the investigation determines that the allegation is unfounded. VADOC policy requires retaliation monitoring of any other individual who cooperates with an investigation and expresses a fear of retaliation and requires the Facility Unit

Head take appropriate measures to protect the individual against retaliation. Employees who express fear of retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment are referred to the Employee Assistance Program for emotional support services.

The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation. When monitoring retaliation, she reviews disciplinary charges, housing or programming changes, incident reports, and any other actions related to the inmate, including documents maintained in the inmate's file and his electronic record. She stated that anytime anything changes she will look at those actions. The person responsible for monitoring retaliation will make referrals to medical and mental health as needed. The monitoring will also include periodic status checks and notations made on the Retaliation Monitoring Form. There is a standardized form, one used for inmates and one used for staff.

The PCM stated the monitoring period would be a minimum of 90 days, and longer if necessary. She stated that she will meet with the inmate as necessary. In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.

In the case of an offender being retaliated on by staff, the administration would discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The inmate can also be transferred, if need be, at the request of staff.

Administrative staff have the authority to move inmates around the facility or to request transfers to other facilities, or take other protective measures to assure inmates are not retaliated against. Inmates would not be held in Special Management unless requested by the inmate. Inmates needing protective custody or administrative segregation would be transferred as Halifax does not have a segregation unit.

In addition, the Superintendent has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the PCM will ensure that appropriate measures are taken to protect that individual against retaliation.

The facility reported there were no incidents of retaliation in the last 12 months. There have been no allegations of sexual abuse at Halifax CU during this review period.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 830.5, 425.4 3. Review of all Investigative Files from the past 12 Months, if any Interviews with the following: • PCM Findings: The VADOC's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Agency policy prohibits the placement of inmates who allege to have suffered sexual abuse 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. Policy requires that it has been determined by the qualified mental health professional in consultation with the Regional PREA Analyst and Shift Commander that no available alternatives of separation exist. Policy requires the Shift Commander to complete a Sexual Abuse/Sexual Harassment Available Alternatives Assessment form prior to placing a HRSV in special housing for protection. The agency's policy allows the Shift Commander to place the HRSV offender in special housing for protection for no more than 2 hours before completing the Sexual Abuse/Sexual Harassment Available Alternatives Assessment if the form cannot be completed immediately. Staff stated they would not place an inmate in segregation for reporting sexual abuse or assault. Staff indicated they would not ordinarily place a sexual assault victim in segregation unless the inmate had requested it. Staff explained that other alternatives are explored and segregation is utilized as a last resort. A Sexual Abuse/Sexual Harassment Available Alternatives Assessment form is completed to ensure all available alternatives are considered. The form includes the following considerations: Can offender be reassigned to another housing unit; Was another alternative to involuntary segregated housing used, list option; Can offender be transferred to another facility; If allegation was made and staff is alleged perpetrator, was the staff member placed on administrative leave or placed on another post; Was the offender or alleged victim (if allegation) reassigned to Special Housing/Restrictive Housing Unit for Protective Custody; and Is access to programs, privileges, education, or work opportunities restricted, list which ones and why? The assessment form requires the signature of the Facility Unit Head and stipulates the form be emailed to the Regional PREA Analyst. The form also requires a written

	justification for all "no" answers listed. The Auditor was informed of and observed several areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregated housing. Inmates needing protective custody or administrative segregation would be transferred as Halifax does not have a segregation unit. No staff indicated that inmates were assigned to restrictive housing because of their sexual vulnerability. Staff indicated that if an inmate that made an allegation were to be placed in a holding cell, it would be very briefly until other housing was arranged or the initial investigation was complete. The agency has had no incidents that have required restrictive protective custody. Halifax CU does not house offenders in need of protective custody. Those offenders are transferred to a facility designated to house Protective Custody offenders. Interviews with the supervisory staff, as well as the PCM confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse. If an inmate who alleged to have suffered sexual abuse was held in involuntary segregated housing, Halifax CU staff would ensure documentation of both a statement of the basis for facility's concern for the inmate's safety, and the reason or reasons why alternative means of separation could not be arranged. The inmate would be transferred if there were a continuing need for separation from the general population. Targeted interviews with staff verified that there have been no instances of inmates being placed in restrictive housing because of the sexual victimization or vulnerability. There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect and inmate who was alleged to have suffered sexual abuse. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 030.4, 038.3 3. Review of Investigative files, if any 4. Interviews with Staff

5. Documentation of Investigator Training
6. Certificates of Completion for Facility Investigators
7. Training Curricula for Investigative Training specific to Corrections

Findings:

The VADOC Operating Procedure is written in accordance with the standard and states that all investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Policy requires that the agency conduct both administrative and criminal investigations of sexual abuse and harassment. The policy requires that investigations are responded to promptly. The Halifax CU investigates all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. Credibility assessments are conducted as part of the investigative process with the institutional investigators and the SIU agents, and the assessments are conducted on all involved parties in the investigation.

Halifax CU conducts administrative investigations in accordance with agency policy. The agency has an Investigative Matrix that outlines when the facility and Special Investigations Unit investigate allegations. The matrix specifies the facility Investigator conducts initial investigations of PREA, fraternization and harassment allegations. The matrix dictates investigations started at the facility that are confirmed PREA allegations will be referred to the SIU. The Special Investigations Unit is required to conduct investigations of confirmed PREA allegations, confirmed fraternization and sexual assault.

If the Halifax CU Investigator determines that there may be a criminal element to the allegation of sexual abuse, they will forward the case to the State SIU investigator, who is a sworn law enforcement officer with arrest powers. The SIU investigator will continue the investigation. There are currently 19 SIU agents in the state.

There were no allegations of sexual abuse or sexual harassment during the past 12 months. Review and oversight for all allegations is completed through the Regional PREA Analyst and the PREA Coordinator's office.

If at any time during the investigation, it appears the charges are criminal in nature, the investigation will be referred to the SIU. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the Halifax CU, plus an additional 5 years in accordance with DOC records retention schedules and policy. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

If the SIU investigates an allegation of sexual abuse, the facility investigator serves as a liaison and would keep facility administrators informed of the progress of the

investigation. The facility investigator and SIU agent typically work together and share information. There have been no allegations of sexual abuse referred to the SIU for investigation during the review period.

At the time of the on-site audit, Halifax CU employs and provided training records for 1 facility staff member who has received specialized training to conduct sexual abuse investigations in confinement facilities. The auditor was provided training curricula and training certificates of the designated investigator. The auditor reviewed and verified that the facility investigator had proof of receiving the specialized training required by the standard. A targeted interviews with the facility investigator and an agency SIU agent verified they are available to respond immediately, if necessary.

The Auditor conducted a formal interview with the facility's designated PREA Investigator, as well as an agency SIU agent. The Auditor asked the Investigators to describe the process when investigating an allegation of sexual misconduct. They stated they interview the victim, alleged perpetrator, inmate witnesses, and staff witnesses, if applicable. They will respond to and review the scene, and preserve any evidence, if necessary. In accordance with the standard, they will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They review criminal histories on all inmates involved, disciplinary history, incident reports, and classification actions. The investigator will review prior reports and complaints of sexual abuse involving the suspected perpetrator. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. They will keep the PCM and facility administration advised of the progress of investigation. If at any point during the investigation the facility investigator determines there could be potential criminal charges involved, the investigation would be reviewed and forwarded to the SIU. The SIU Investigator will contact the Commonwealth Attorney for referral and consultation as warranted. The Investigators stated they begin the investigation immediately after receiving an allegation.

All investigative files are maintained electronically in the VACORIS system with limited access. Investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed. In accordance with VDOC policy, an offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. This was verified by the SIU agent.

If an allegation is reported anonymously, the Investigators stated the investigation would be handled the same as any other investigation. Investigative staff indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation. The SIU investigator stated that he will complete each investigation all the way thru, regardless if any of the involved parties leave employment or are released or transferred.

The Halifax CU has had no incidents that required investigation during the review

	period. Targeted interviews with a facility investigator and an agency SIU Agent indicate that the investigators appear knowledgeable in conducting sexual abuse and sexual harassment investigations in accordance with the elements of the standard. The Halifax CU facility investigators and SIU investigator have received specialized training in conducting sexual abuse investigations in confinement settings. All information related to PREA investigations is forwarded to the Regional PREA/ADA Analyst for data compiling. Electronic data is securely maintained on servers accessible to the investigators and the PREA/ADA Analysts. Each has a unique username and password. The investigative files are maintained in a secure, locked area with limited access. There have been no allegations referred for criminal investigation during the previous 12 months. There were no offenders who made an allegation of sexual abuse within the previous 12 months housed at Halifax CU. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 135.2, 038.3 3. Memo 4. Review of Investigative files for the past 12 months, if any Interviews with the following: • PCM • Investigative Staff Findings: The VADOC's policy is written in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. It was confirmed through multiple staff interviews that Halifax CU imposes no standard

	higher than preponderance of the evidence in making determinations. This is discussed in the investigator training, which all designated investigators have completed. A formal interview with the designated Investigators and an agency SIU agent confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. The facility investigator was able to articulate what preponderance meant and how she arrives at the basis for her determinations. There have been no allegations of sexual abuse or harassment within the last 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 030.4 3. Review of investigative files and notification to inmate, if any Interviews with the following: • PCM • Investigator Findings: The VADOC Operating Procedure is written in accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. When a staff member has committed sexual abuse against an offender, unless the determination is unfounded, the PREA Compliance Manager or investigator shall inform the offender whenever: the allegation has been determined to be unfounded; the allegation has been determined to be unsubstantiated; the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

	When an offender has alleged sexual abuse by another offender, the PREA Compliance Manager or investigator is required to inform the offender whenever: the allegation has been determined to be unfounded; the allegation has been determined to be unsubstantiated; the DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Policy dictates that the inmate will be notified by the Investigator or the PCM. The auditor conducted targeted interviews with the PCM and Investigator. The agency is responsible for both administrative and criminal investigations. There have been no allegations referred to the SIU during this audit period. The PCM indicated that inmates are informed of the results of an investigation at the conclusion of the investigation. Notification is provided to the inmate through a memo from the PREA Compliance Manager. Per policy, the PCM or Investigator must document notifications and will send the notifications to the inmate in the same manner as legal correspondence. The notification is processed as legal mail and documented on the Incoming Legal Correspondence Log. The inmate is given a copy of the memo by the mailroom staff distributing the Legal Mail. The inmate will be asked to sign and date the mail log as verification that they did receive the notification. During the past 12 months, there have been no allegations of sexual abuse. There were no offenders who made an allegation of sexual abuse within the previous 12 months housed at Halifax CU. Outside criminal investigations are conducted by SIU in conjunction with the facility administrative investigations. The SIU communicate with the facility and send any relevant updates relating to criminal charges/convictions. There were no allegations investigated by the SIU during the past 12 months. Interviews with the facility investigator and PCM confirmed her knowledge of their affirmative requirement to report investigative finding to inmates in custody. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. Halifax CU Completed PAQ
2. VADOC Operating Procedure 135.2, 135.1
3. Investigative files, if any
4. Interviews with Staff

Findings:

The VADOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts, as well as the previous disciplinary history of the staff and comparable to offenses by other staff with similar disciplinary histories. In accordance with policy, the VADOC notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal. The agency's policy requires staff who are terminated or resign in lieu of termination for violating sexual abuse or sexual harassment policies are notified of the agency's responsibility to report such violations to licensing bodies and/or law enforcement agencies.

During a targeted interview with the Superintendent, he stated that the agency and the facility has a zero-tolerance policy on any allegations of sexual misconduct, including if staff members are involved. The presumptive discipline for violating this policy is termination.

Any allegations of sexual assault or harassment involving staff or potential criminal charges would be investigated by the Special Investigations Unit. The Auditor conducted a formal interview with an agency Special Investigations Unit (SIU) Investigator. Each SIU Agent has the legal authority to place criminal charges against a staff member who engages in sexual abuse or a criminal act of sexual harassment. The SIU investigator informed the Auditor he notifies the Commonwealth's Attorney following such an incident if the act was clearly criminal. He stated that the Commonwealth Attorney will review and look at each case on its own merits.

Interviews with facility staff and administrators verified that staff are aware of the disciplinary sanctions for violating the agency's sexual abuse policies and consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In both formal and informal staff interviews, the staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed the Superintendent regarding the facility's staff disciplinary policy. He indicated that if a staff member is terminated for violating the facility's

	sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred by SIU for criminal prosecution. The SIU agent verified this practice. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment. The facility reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Superintendent has the authority to discipline staff, including suspension and termination. There have been no allegations of sexual abuse or sexual harassment against staff during this review period. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 027.1, 135.2 3. Memo 4. Interviews with Staff Findings: The VADOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the DOC and Halifax CU revoked. The disciplinary sanctions for volunteers or contractors are like those of the disciplinary sanctions for staff members. Policy states if there is an investigation and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies. Additionally, the Agency will take measures to prevent contact from the volunteer or contractor with any offender within the VADOC system. Halifax CU reported that in the past 12 months, there have been no instances where

	volunteers or contractors have engaged in sexual abuse or harassment. Staff verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months. Targeted interviews with contract staff verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary. The Auditor conducted a telephone interview with a volunteer. The Volunteer stated they had received training on PREA and were aware of the agency's zero tolerance policy. Volunteers and contractor staff are made aware of the VADOC sexual abuse and sexual harassment policies during their initial training and orientation prior to providing services in the facility. Each volunteer and contractor attend training and signs an acknowledgement of same, which is retained in their file. The facility provides each volunteer and contractor "A Guide to Maintaining Appropriate Boundaries with Offenders Brochure" during their orientation. All volunteers and contractors are required to review the agency's policies and procedures related to sexual abuse and sexual harassment and sign the acknowledgment after doing so. The Auditor verified through training records that volunteers and contractors at Halifax CU had received training and reviewed the policies. The Auditor interviewed facility administration regarding the disciplinary policy regarding contract staff and volunteers. Facility administration indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred to SIU investigators, and the Commonwealth Attorney's office for possible prosecution, as well as reported to any relevant licensing bodies. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 861.1, 830.3, 820.1 3. Inmate Handbook

- 4. Review of Investigative Files, if any
- 5. Review of Classification Records
- 6. Interviews with Staff

Findings:

The VADOC Operating Procedure directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.

Halifax CU prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse. Instances of sexual activity between inmates, if reported to be consensual, are still investigated and each case is taken at face value. The Auditor interviewed the staff member responsible for disciplinary hearings for allegations of sexual assault and harassment, as well as for sexual activity between inmates. The hearings officer stated that officers will investigate, write a report, and refer any disciplinary charges. The officer indicated that they will look at the report, evidence and witness statements to make a determination.

VADOC Operating Procedure states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse. According to the submitted PAQ, there have been no substantiated instances of inmate-on-inmate sexual abuse. Any substantiated reports of inmate-on-inmate sexual abuse would result in a disciplinary charge for the perpetrator. There have been no criminal findings of guilt for inmate-on-inmate sexual abuse in this review period.

According to policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories.

Agency policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions. The hearings officer confirmed adherence to the policy. Inmates with significant mental health issues would not be housed at Halifax.

There are psychology staff available from Lunenburg Correctional Center to provide mental health services to the inmates at Halifax CU. Psychology staff provide an array of services, including programming, supportive counseling and crisis intervention. Mental health staff are on call for emergent needs and can transfer inmates if they need more in-depth mental health treatment. Any decision to offer counseling or therapy to offenders and the initiation of any such counseling or

	therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the offender. Psychology staff stated that they would provide services to inmate perpetrators, if requested. Agency policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no substantiated instances of inmate on staff sexual assault during the audit period. Agency policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. Interviews with staff and inmates confirm that Halifax CU is adhering to the provisions of the standard. Prior to placing disciplinary charges on an inmate for filing an allegation made in bad faith, the facility is required to submit the information to the Regional PREA/ADA Analyst for review and approval. The Auditor reviewed classification files, inmate records and interviewed staff, including a targeted interview with the PCM. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith. 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 inmates and knew that they could be disciplined for sexual abuse. The staff stated that there is a thorough investigation into all disciplinary reports. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 730.2, 425.4, 701.3 3. PREA Screening and Follow-up 4. Random Review of Files 5. Informed consent 6. Interviews with Staff, including the following:

- a. PCM
- b. MH Staff
- c. Medical Staff

7. Interviews with Inmates

Findings:

The VADOC's policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. It is the policy of the VADOC to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior.

During the Classification assessment, the intake counselor asks each inmate if they have a history of sexual victimization, which is notated on the assessment. A determination is made regarding the inmate's HRSV and HRSA status. Mental health is notified if the inmate is designated as either HRSV or HRSA. An interview with the psychology provider confirms these practices. They will ask about their sexual abuse history during the assessment. An interview with the intake counselor confirms these practices and verified that screening information is only accessible by limited staff who can inform housing, treatment, and education decisions.

A random review of inmate files validated that the screenings were being conducted in accordance with the standards and the policy. An interview with medical staff and mental health staff confirms that if an inmate answers yes on the screening question that they have experienced previous victimization, it automatically triggers an alert for a referral and the inmate is offered a follow-up meeting, which is scheduled at that time if the inmate states that he wants the meeting. The mental health provider indicated that the 14-day follow-ups entailed a face-to-face meeting with the inmate. Staff also stated that the follow-up meetings typically occur sooner than 14 days. Per VADOC policy, psychology staff will notify inmates identified as high-risk of sexual victimization (HRSV) and high-risk of sexual abusiveness (HRSA) of the availability for a follow-up meeting with a mental health practitioner and inform the inmate of available, relevant treatment and programming.

There have been no inmates identified as HRSV, HRSA or having reported previous victimization during this review period.

Interviews with medical and mental health staff also confirmed that referrals are generated if a screening indicates that an inmate has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. The Auditor asked mental health staff if sexual abusers are offered a follow-up meeting with mental health. The mental health practitioner stated that sexual abusers are offered a follow up but are not required to accept.

Of the currently housed inmates at the time of the on-site review, there were no inmates identified as having reported previous sexual victimization.

The Auditor conducted a formal interview with psychology staff. The staff member indicated that inmates identified as needing follow-up care are scheduled to be seen

	within 14 days. This is a voluntary meeting and not mandated that the inmate accept the meeting. Psychology staff will identify any additional needs and services and develop a treatment plan if the inmate wants services. VADOC policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. When asked who this information would be shared with, the staff stated that this information would be kept confidential and only be shared with those who needed to know. Mental health staff confirm that services are offered to both inmates at risk of victimization, as well as inmates who have a history of sexually assaultive behavior. Further, the psychologist stated that if she gets a referral from staff to see an inmate, she will see them as soon as possible, but typically within 24 hours. HRSA and HRSV codes are documented in the mental health section in the VACORIS electronic system and each staff member with access has an individual login and password. An interview with the staff confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential with limited staff access. This information is limited access and only used to make housing, bed, work, education, and other program assignments, in accordance with agency policy. VADOC Operating Procedure states that medical and mental health personnel will 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. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. There have been no reported instances for medical or mental health practitioners to have a need to report such victimization during the audit period. Halifax Correctional Center does not house youthful offenders. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ

2. VADOC Operating Procedure 720.7, 730.2
3. Shift Supervisor Checklist
4. Interviews with Staff, including the following:
 - a. PCM
 - b. Investigator
 - c. Medical Staff
 - d. Random Security Staff
5. Interviews with Inmates

Findings:

The VADOC Operating Procedure is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The security staff first responders are responsible for immediately notifying the appropriate medical and mental health practitioners in case of an incident. Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services. Medical staff provide coverage 24 hours per day, seven days a week. The staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, medical and mental health staff are available 24 hours per day in the case of emergency and/or for crisis intervention services. This was confirmed by the PCM and medical staff. Psychology staff will initiate contact with the victim and provide evaluation and treatment as appropriate. The Psychology Staff will complete a Sexual Assault Assessment and recommend subsequent services as indicated.

For services that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at Lynchburg General Hospital by qualified forensic nurse examiners. An advocate from Action Alliance is available at the request of the victim to provide emotional support services, and accompany the inmate to the hospital, if requested. The auditor verified the availability of both services. The Auditor reviewed the MOU with the Virginia Sexual and Domestic Violence Action Alliance, which stipulates the VSDVAA agrees to maintain a Statewide Hotline that provides confidential crisis intervention and emotional support services related to sexual abuse or assault victims. They also agree to provide an advocate if requested by the victim, during a forensic examination and investigation. The Auditor conducted a telephone interview with a victim advocate from Action Alliance. The victim advocate verified and explained the crisis intervention services offered to inmate victims of sexual abuse.

There were no documented allegations of sexual abuse requiring emergency medical or mental health services during the review period. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities if there is a report of sexual abuse.

Interviews with security staff indicated that they are aware of their responsibilities with respect to protecting an inmate that reports sexual assault and ensuring that they get immediate medical treatment. Each staff member informed the Auditor that

	they would take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Security staff would immediately notify their supervisor and medical personnel following an incident of sexual abuse. Security supervisors ensure the safety of the offender following a sexual abuse incident by separating them from the alleged abuser and ensure they get immediate medical treatment. VADOC Operating Procedure states that all inmate victims of sexual abuse will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical staff was 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 emergency contraception and STD prophylaxis, if required. They confirmed that victims of sexual abuse would be offered these services either at the emergency room or as a follow-up once returned to the facility. There have been no allegations of sexual assault in the last 12 months requiring these services. The auditor reviewed the investigative reports and associated documentation for all allegations during the audit period and found that the facility acted in accordance with the standard and VADOC policy. Agency policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. The inmate would be transferred to Lynchburg General Hospital for this service. Interviews with medical staff confirm that victims of sexual abuse would not be charged for services received due to a sexual abuse incident. Interviews with offenders indicated that most all offenders recall receiving PREA education and materials, including the inmate handbook, and were aware of crisis intervention services. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. Halifax CU Completed PAQ
2. VADOC Operating Procedure 730.2, 720.7, 720.4
3. Prison Rape Elimination Act (PREA) Psychology Associate Follow-up
4. Interviews with Staff, including the following:
 - a. Mental Health Staff
 - b. Medical Staff
5. Interviews with Inmates

Findings:

The VADOC Operating Procedure is written in compliance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. Interviews with medical and mental health staff reveal that they feel the care they provide the inmates is much better than the community level of care due to availability and access of services.

Agency policy requires QMHPs to attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history, and offer treatment when deemed appropriate. An interview with mental health staff revealed that services are offered to inmates that are at high risk of sexual victimization (HRSV), as well as inmates that are at high risk of sexual abusiveness (HRSA). Mental health staff attempt to provide evaluations and treatments for offender-on-offender sexual abusers. However, these services are not mandatory and offenders are not required to participate in sessions with the mental health practitioner.

Inmate victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. Female victims of sexual abusive vaginal penetration while incarcerated would be offered pregnancy tests. Halifax CU only holds male offenders.

The auditor was not able to interview any inmates that had reported sexual abuse. There have been no allegations of sexual abuse at Halifax CU during the review period.

VADOC Operating Procedure states that all treatment services for sexual abuse will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with medical staff confirm that these services would be provided to the inmate at no cost. There are no costs for evaluations and treatments related to sexual victimization. If no qualified medical or mental health practitioners are on duty at the

	time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. There have been no allegations of sexual assault in the last 12 months requiring these services. In a targeted interview with the mental health staff, she stated that inmates that both high risk victims and high-risk abusers would be offered services. If an inmate is identified as a high-risk victim or a high-risk abuser, a referral is made to mental health for follow-up. If the inmate accepts services, mental health will meet with the inmate and complete a "Prison Rape Elimination Act (PREA) Psychology Associate Follow-up" form to determine the level of services offered to the inmate. If the inmate is designated as high-risk, mental health staff will monitor them at a minimum of annually. Staff interviews confirmed the presence of policies and procedures consistent with the standard and confirmed the medical and mental health staffs' knowledge of the policy and standard. Staff are well-versed in their responsibilities with respect to PREA related incidents. Interviews with inmates confirm they are generally aware of the availability of services should they request or require them. Action Alliance is available for crisis counseling and/or advocacy services and inmates can request to speak with psychology staff. Inmate interviews suggest that psychology staff are readily accessible to the inmates if requested. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3, 038.1 3. Incident Reviews, if any 4. Interviews with Staff Findings: The VADOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Agency policy states that a sexual abuse incident review will be conducted within 14 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. VADOC policy stipulates that: the review for sexual abuse and sexual

harassment will be conducted on a PREA Report of Incident Review. The facility PREA Compliance Manager will forward the PREA Report of Incident Review to the Regional PREA Analyst for review and approval, prior to submission to the Regional Office.

The review team will consist of upper-level management officials, supervisors, investigators, and medical/mental health personnel. During this review period there have been no allegations of sexual abuse in the previous 12 months at Halifax CU.

In accordance with the standard, VADOC Operating Procedure states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit or contribute to the abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

In addition, VADOC policy requires that the incident review team: provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed; provide an analysis of the causal factors and contributing circumstances; determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training; and develop an Action Plan to limit or mitigate similar future incidents.

An interview with two members of the incident review team, as well as the Superintendent confirms if there was an incident that required a review, all these factors would be considered. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. The staff stated the incident review team discusses recommendations for improvement and include those recommendations on the final report, which is approved by the Superintendent. An interview with the PCM confirms that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. The Superintendent will review the recommendations. The PCM also stated any recommendations would be implemented, or the reasons for not doing so would be documented. Both members of the incident review team interviewed stated that the Superintendent takes into consideration any recommendations and generally will implement any recommendations by the review committee.

The Halifax CU has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the Superintendent and PCM. A written report of the findings is prepared and maintained by the PCM. She indicated that the reviews take place within 14 days of the conclusion of the investigation as required by DOC policy,

	which exceeds the 30-day requirement of the standard. Sexual Abuse Incident Reviews are conducted in a standardized method department wide. Team members meet to discuss the various components required by the standard and then this is documented on the PREA Report of Incident Review form. A copy is forwarded to the Regional PREA Analyst and Regional Office for review. This oversight and standardization are completed for all sexual abuse related abuse allegations. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.87	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3 3. Annual Report 2021, 2022 4. Memo 5. Interviews with Staff Findings: The VADOC Operating Procedure is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. The Auditor reviewed the Annual Reports available on the facility website, including aggregated sexual abuse data for calendar years 2021 and 2022. The data collected includes: Inmate-on-inmate nonconsensual sexual acts; Inmate-on-inmate abusive sexual acts; Inmate-on-inmate sexual harassment; Staff-on-inmate sexual victimization, and Staff sexual misconduct. The annual report is very comprehensive and lists all corrective actions taken. The report is approved by the Director and the PREA/ADA Supervisor prior to publishing on the agency's website. The agency's website includes annual reports published from 2014 through 2022. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.

	The agency is collecting and aggregating sexual abuse data on an annual basis as required by the standard for facilities under its direct control and private facilities with which it contracts. The report uses a standardized set of definitions, which are available on the agency website and in the VADOC Operating Procedure. The PCM for each facility is responsible for reporting institutional data to the Regional PREA/ADA Analyst. The VADOC collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions. The VADOC also obtains incident-based and aggregated data from the facilities with which it contracts for the confinement of its inmates. This is collected and monitored by the PREA Coordinator's office. The agency contracts for the confinement of its offenders with the GEO Group. The GEO Group operates a private prison in Lawrenceville, VA. A review of the agency's PREA Annual Report reveals the agency is collecting data from the Lawrenceville Correctional Center where VADOC offenders are housed, although the LCC is not under the agency's direct control. LCC's PREA reports are also included on the agency website. In addition, the Agency provided copies of Bureau of Justice Surveys of Sexual Violence submitted by the agency from 2014 to 2022. The VADOC PREA Hotline Coordinator compiles the data, completes the Survey of Sexual Violence and submits the completed form to the Bureau of Justice Statistics. All surveys are submitted by the PREA Hotline Coordinator before June 30th. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None
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115.88	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ with ADP 2. VADOC Operating Procedure 038.3 3. Annual Reports 4. Website with sexual abuse data 5. Interviews with Staff Findings: The VADOC Operating Procedure is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 for all facilities under its direct control and private facilities with which it contracts will be made readily available to

	the public through the agency website, excluding all personal identifiers after final approval. Per policy, the data review is conducted to: identify problem areas; take corrective action on an ongoing basis; and prepare an annual report of its findings and corrective actions for each facility, as well as the agency. VADOC policy requires the data review report include: a comparison of the current year's data and corrective actions with prior years; an assessment of the DOC's progress in addressing sexual abuse; approval by the Director; and must be readily available to the public through the agency's website. The Auditor reviewed the Annual Reports available on the agency website, including data for fiscal years 2021 and 2022. The reports indicate that the agency reviewed the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report, entitled "PREA Annual Report" includes an overview of the facility's plan for addressing sexual abuse and aggregated data. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and must provide an assessment of the VADOC's progress in addressing sexual abuse. The annual report indicates the agency's efforts to address sexual abuse include continually providing education and staff training, as well as evaluating processes and standardization. Interviews with the PREA Coordinator confirm these efforts. A review of the agency annual reports found them to be very detailed and thorough, suggesting that the agency is regularly reviewing the data collected to identify issues and correct them. The agency's annual report includes any corrective actions taken by the VADOC for each facility. Data is listed and compared for each facility, as well as each region. There appears to be a high level of transparency in the Department's efforts to prevent, detect and respond to sexual abuse and harassment. The report is signed by the Director and the PREA/ADA Supervisor and there is no personally identifying information in the report. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Halifax CU Completed PAQ 2. VADOC Operating Procedure 038.3

	3. Annual Report 4. VADOC Website containing sexual abuse data 5. Interviews with Staff Findings: The VADOC Operating Procedure is consistent with the requirements of the standard, which mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. VADOC Operating Procedure is written in accordance with the standard that data collected pursuant to 115.87 will be made readily available to the public through the agency's website, excluding all personal identifiers after final approval by the Commissioner. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The PCM is responsible for reporting institutional data to the Regional PREA/ADA Analyst. Facility data collected and maintained by the PCM is kept in a secured location. Aggregated sexual abuse data for the agency's annual report is compiled from Investigative files, Incident Reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access the data. The Auditor reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. Annual PREA Reports are available for FY2014-FY2022. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Previous Audit Report 2. PAQ 3. On-Site Review Interviews with the following: • PREA Coordinator • Superintendent

- PCM
- Random and Targeted Inmates

Observation of the following:

- Observation of, and access to all areas of the Halifax CU during the site review

The Halifax CU had its last PREA Audit May 4-5, 2021. The Auditor reviewed the facility's previous PREA report dated June 2021. The Auditor was given full access to the facility. The facility administration was open to feedback and all recommendations were implemented immediately. The facility provided the Auditor with a detailed tour of the facility. The Auditor was provided and reviewed the relevant policies, procedures, and other documents to assist with rendering a decision on the facility's level of compliance with each of the PREA standards. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner.

The auditor was provided extensive documentation prior to the on-site audit, for review to support a determination of compliance with PREA standards. During the pre-audit, onsite review and post audit phases, the auditor reviewed staff/inmate training records, inmate risk screenings, background investigations, logbooks, program information, camera placement and other pertinent documentation.

All staff at Halifax CU cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. The auditor was permitted to conduct unimpeded, private interviews with inmates at Halifax CU, both informally and formally. The Auditor was given private interview rooms to interview inmates, which were convenient to inmate housing areas. The Halifax CU staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner. Informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditor.

The auditor was able to observe both inmates and staff in various settings.

Prior to the on-site review, letters were sent to the facility 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 were emailed to the facility staff prior to the Audit. The Auditor received documentation that the notices to inmates were posted six weeks in advance of the first day of the audit. The auditor did not receive any confidential letters from inmates at Halifax CU, or any other interested party.

The Auditor communicated with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance to verify the services offered through the Memorandum of Understanding. The Auditor also verified that forensic exams and a qualified Sexual Assault Nurse Examiner (SANE) were available at Lynchburg General Hospital.

There were no barriers to completing the audit at Halifax CU.

	The facility had an onsite review and audit within the three-year period of the last audit and has completed the onsite review and audit process. Each facility under the direct control of the Virginia Department of Corrections has been audited at least once during the previous three-year audit cycle. During the previous audit cycle, the Virginia Department of Corrections ensured at least one-third of its facilities were audited each year. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Previous Audit Report 2. VADOC Website Interviews with the following: • PREA Coordinator The Auditor reviewed the VADOC website which contains a link for the June 2021 PREA Audit Report. The reports are accessible through a drop-down menu on the "Offenders" tab. After reaching that page, the PREA reports are accessible through the "Prison Rape Elimination Act" hyperlink. This page includes a "PREA Reports" page. Each audit report for all VADOC facilities is accessible on the page. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

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

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)			
	<table><tr><td data-bbox="316 174 1289 568">The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes
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