

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** December 12, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Michael E. Cox			
<b>Address:</b> 140B Purcellville Gateway Dr., #525 Purcellville, Virginia 20132			
<b>Email:</b> preaaudits@outlook.com			
<b>Telephone number:</b> 703-297-1527			
<b>Date of facility visit:</b> September 19-21, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Prince William-Manassas Regional Adult Detention Center			
<b>Facility physical address:</b> 9320 Lee Avenue, Manassas, Virginia 20110			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 7037926447			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Colonel Peter Meletis, CJM			
<b>Number of staff assigned to the facility in the last 12 months:</b> 350			
<b>Designed facility capacity:</b> 1040			
<b>Current population of facility:</b> 917			
<b>Facility security levels/inmate custody levels:</b> Minimum (Low/High), Medium (Low/High), and Maximum (Low/High)			
<b>Age range of the population:</b> 18-73			
<b>Name of PREA Compliance Manager:</b> Clint Zentz		<b>Title:</b> Lieutenant	
<b>Email address:</b> <a href="mailto:czentz@pwcgov.org">czentz@pwcgov.org</a>		<b>Telephone number:</b> 7037926447	
<b>Agency Information</b>			
<b>Name of agency:</b> Prince William-Manassas Regional Adult Detention Center			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> <a href="#">Click here to enter text.</a>			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> <a href="#">Click here to enter text.</a>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Peter Meletis, CJM		<b>Title:</b> Colonel - Superintendent	
<b>Email address:</b> <a href="mailto:pmeletis@pwcgov.org">pmeletis@pwcgov.org</a>		<b>Telephone number:</b> 7037926447	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Roderick Osborne and Amanda Lambert		<b>Title:</b> Major	
<b>Email address:</b> <a href="mailto:rosborne@pwcgov.org">rosborne@pwcgov.org</a> and <a href="mailto:alambert@pwcgov.org">alambert@pwcgov.org</a>		<b>Telephone number:</b> 7037926447	

## **AUDIT FINDINGS**

### **NARRATIVE**

Prior to the audit, this auditor sent a notice of the audit dates to be posted in each inmate housing area. This notification was provided in the English and Spanish languages on August 5, 2016. The posting included a statement addressed to the inmate population informing them how to confidentially correspond with the PREA auditor. This auditor received no confidential correspondence from an inmate.

This auditor received the Pre-audit Questionnaire from the PREA Coordinator on August 15, 2016. This information was received through hand delivery by 1<sup>st</sup> Sergeant Jeff Kepler and included an electronic copy of all attachments to the questionnaire to include facility policies. This auditor began a review of the PRE-Audit Questionnaire on August 16, 2016. During the review, this auditor contacted the PREA Coordinator for clarification for questions, comments and recommendations. The PREA Coordinator responded quickly to each question, comment recommendation and requests made by this auditor. This auditor provided a plan and agenda for the on-site portion of the audit to the PREA Coordinator through email several days prior to the physical audit review. This auditor received an alphabetized listing of all inmates housed in the facility and randomly selected at least one inmate from each housing area. There were no inmates who were vision or hearing impaired. This auditor did interview several non-English speaking inmates by utilizing the facility's language line and PWMRADC staff interpreter. I received a working shift roster from the squad Lieutenants from each day and night shift units. During the review period, there were no transgender or intersex inmates to interview during the on-site visit.

The on-site visit included three days. On day one, this auditor toured the facility and conducted the specialized interviews. Day two consisted of random interviews with inmates and PWMRADC staff. Day three concluded with reviews of the investigation files, personnel files, training records, and interviews with SANE/SAFE staff and sexual abuse/assault investigators from Prince William County Police Department.

The audit of the Prince William Manassas Regional Adult Detention Center (PWMRADC) began on September 19, 2016 at 9:00 a.m., by Michael Cox, Certified PREA Auditor for Adult Facilities. An entrance meeting was held at 9:00 a.m. with the following personnel:

Superintendent – Colonel Peter Meletis

Director of Inmate Services - PREA Co-Coordinator – Major Roderick Osborne

Director of Support Services – PREA Co-Coordinator - Major Amanda Lambert

Director of Security – Capt. George Hurlock

Lieutenant of Office of Professional Standards – Lt. Jorn Hansen

1<sup>st</sup> Sergeant of Office of Professional Standards – 1<sup>st</sup> Sgt. Jeff Kepler

Director of Classification and Treatment – Captain Michael Taylor

Lieutenant of Compliance and Classification – PREA Manager – Lt. Clint Zentz

Director of Financial Services – Ms. Carol Moye

and multiple civilian representatives from the Human Resources and Support Services sections of the facility.

An onsite tour was provided to the auditor by the Director of Inmate Services, the PREA Coordinator, and the Lieutenant of the Office of Professional Standards. The tour took approximately 3 hours. During the tour, the auditor was allowed access to and visited all areas of the facility looking for blind spots, observing the overall level of inmate supervision, and observed camera placements throughout the facility. Observations were made of PREA related posters and brochures in the Intake/Booking, Medical, Food Service and Laundry areas, as well as in each inmate housing area. The auditor observed supervisors and line officers making unannounced rounds and opposite gender staff making opposite gender announcement when entering housing areas. All inmates appeared to have access to private restrooms and showeres in all areas of the facility. While touring the facility, this auditor informally interviewed inmates, staff, volunteers and reviewed post log entries from both dayshift and nightshift squads.

After completing the physical tour, this auditor conducted a review of the facility's supportive documents which included available medical records, investigative files, staffing plan, booking and classification records, personnel files, policy, procedures, training practices and criminal record check documentation.

The documentation review was performed to establish the facility's level of compliance in preventing, detecting, and responding to sexual abuse, training and education, risk screening, reporting, investigations, inmate discipline, medical and mental health care and data collection. This review and being able to observe the procedure was dynamic in determining the successful preparation and institutionalization of the PREA standards.

Formal interviews were conducted randomly on five specialized personnel, seventeen random personnel, and nineteen random inmates. Specialized personnel interviews were conducted with the Superintendent, intermediate level supervisors, programs staff, classification staff, medical staff, human resources, volunteer, contractor, investigator, and risk screening staff, security staff supervising inmates in special management, an incident review committee member, and intake staff. Interviews with random inmates included inmates in administrative segregation, general population housing and new intakes. One inmate reported as having gender identity issues during the booking process the day of the onsite visit. When asked by this auditor, the inmate who expressed gender identity issues stated he felt safe during the numerous incarcerations to this facility. There were zero inmates who claimed prior sexual victimization in the community and there were zero investigations, pending nor active, reported to this auditor.

This auditor found the noise level to be at a minimum and the facility appeared to be well managed and supervised. The personnel I spoke to were proud of their facility and displayed a supportive morale toward the facility's PREA expectations and well educated about the PREA guidelines. The sanitation of the facility was well maintained. Inmates interviewed by this auditor spoke respectfully of staff and appeared confident in staffs' abilities to keep them safe.

This auditor would like to extend his appreciation to Colonel Peter Meletis, Major Roderick Osborne, Major Amanda Lambert and Lieutenants, Jorn Hansen and Clint Zentz and the rest of the PWRADC staff for their professionalism and hospitality displayed throughout the audit process. It was evident that Colonel Meletis and his staff took extra measures to ensure a successful audit by having his staff participate in the Metropolitan Council of Governments Corrections Chiefs PREA sub-committee for preparation to ensure successful PREA audits in the region.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Prince William-Manassas Regional Adult Detention Center (PWMRADC) is located at 9320 Lee Avenue, Manassas, Virginia 20110.

The Detention Center encompasses approximately three city blocks within the city of Manassas, containing over 270,000 square feet with a planned expansion phase expected to be completed in 2019.

The Main, Modular and Work Release buildings have twenty-five housing total housing areas, broken down into eighteen general population units for males which houses multiple Programs; Classification and Administrative Segregation units; Four general population units for females to include housing for trusties, Programs and Administrative Segregation units; and three general population units for male and female inmates participating in the Work Release and Electronic Incarceration Programs. PWMRADC maintains an average daily inmate population of 917 inmates during the audit process. The facility was opened in 1982, renovated over the years to meet service demands and consists of direct, indirect, and podular remote supervision. Video monitoring systems are strategically placed throughout the facility to enhance security and surveillance. Security rounds are conducted at a minimum twice hourly. I observed the camera views with confinement staff and determined there were no areas that allowed for private viewing of inmates showering or during clothing exchange or property release.

The PWMRADC houses inmates arrested by the Prince William County Police Department, Prince William County Sheriff's Office, City of Manassas and Manassas Park Police Departments, as well as other surrounding jurisdictions participating in the regional jail system. The PWMRADC houses inmates of all classification levels, both male and female, pre-trial and sentenced inmates waiting to be transferred to the Virginia Department of Corrections (DOC).

The PWMRADC does house youthful offenders in designated housing units which meets the applicable PREA standard (115.14 Youthful Inmates).

The designed facility capacity is 1,040 with a projected average daily population of 980 inmates. In 2015, there were 11,950 commitments. The facility employees 350 authorized positions. The staffing plan is within accepted guidelines and is reviewed annually by PWMRADC staff and administrative board. Overtime is used to fill mandatory posts, if needed, and a preferred staffing level is mandated and monitored by the PWMRADC Captain of Operations.

The PWMRADC offers various types of programs and religious services for inmates and promotes a re-entry program that prepares inmates leaving with knowledge, skills, and abilities that aid in a productive life.

The PWMRADC provides for onsite mental health and medical services, which includes 24/7 medical personnel.

The facility has a variety of confidential reporting resources for reporting sexual abuse and assault. This auditor successfully utilized the PREA hotline (703-792-4090) with multiple options, the PREA email address ([adcprea@pwcgov.org](mailto:adcprea@pwcgov.org)), and the SAVAS hotline (703-368-4141).

The PWMRADC received 100% compliance ratings from several external audits of the facility. The audits included the DHS ICE/287g audit, VADOC audit and the US Marshals Service audit.

The PWMRADC did not have any judicial findings of during this rating period.

## **SUMMARY OF AUDIT FINDINGS**

As a result of this auditor's findings, interviews, and thorough review of policies, practices, and on site examinations, it was determined that the Prince William-Manassas Regional Adult Detention Center was found to be in full compliance with the established standards for the Prison Rape Elimination Act Standards for Jails and Prisons. The results are a direct reflection of the agency's zero tolerance policy and leadership.

This auditor also found the facility exceeded standard 115.31 (Employee Training). All staff interviewed by the auditor were very knowledgeable about the facility's PREA efforts when it comes to preventing, detecting and reporting sexual abuse or assault whether an incident was substantiated or not. The facility's training department exceeds the minimum training expectation of its staff by designing and implementing a regional PREA training program in the training academy for both recruit classes and mandatory inservice training requirements.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

The PWMRADC has a policy (Operating Procedure 2119) that clearly outlines a zero tolerance policy with regards to sexual abuse and sexual misconduct.

The office has designated an upper level PREA Coordinator (Major(s)) who report directly to the Superintendent. The office has a reporting process that includes a trained investigator(s) to manage reports and allegations of misconduct. Files were examined and are consistent with training and guidelines.

During on site examinations and interviews involving inmates and staff, it is clear that a zero tolerance program is in full compliance with standards.

Evidence:

Operational Procedure #2119

2016 Organizational Chart #1104

Interview with facility PREA Coordinator

Interviews with supervisory and line staff and inmates

Interview with the Office of Professional Standards staff

Zero tolerance posters hung throughout facility

Completed Pre-Audit Questionnaire

Inmate handbook and brochure issued to inmates

Review of the inmate, volunteer and staff training

Review of staff and inmate files

**Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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

The PWMADC contracts with the Peumansend Creek Regional Jail (PCRJ) located in Bowling Green, Virginia, to house minimum security inmates. The Peumansend Creek Regional Jail successfully passed the Prison Rape Elimination Act audit on September 4, 2014. An on-site review of the contract was conducted and had conditions that included compliance with PREA standards to include training and immediate reporting practices.

Evidence:

PREA final report from Peumansend Creek Regional Jail  
Interviews with PREA Coordinator and Superindendant  
Pre-Audit Questionnaire

### **Standard 115.13 Supervision and monitoring**

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

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

This auditor reviewed the facility's current staffing plan. The facility has a formalized written staffing plan that is adequate for providing sufficient staffing of the facility. The plan addresses the mandatory eleven elements required by the standard. The facility has mandated staffing for posts that supervise inmates and backfill unscheduled and scheduled absences with overtime if needed. Unannounced rounds on all shifts are conducted and recorded on a computer generated daily log. An audit of the staffing plan is discussed at a minimum, during monthly staff meetings and formally reviewed annually. During this review period, the PWMADC was successfully audited by the US Marshal Service, ICE (287g Program) and the Virginia Department of Corrections. There were no findings of inadequacy from either of the audits.

During the on-site visit, no blind spots were noticed by this auditor during the tour and review. This continues to be monitored during monthly incident reviews and periodic camera/equipment checks by the supervisors.

The facility has over 200 cameras that are monitored by duty post staff, controlled and accessed by investigators and supervisors as needed. The storage of video is approximately 30 days.

Evidence:

Review of Facility Staffing Plan  
Interviews with PREA Coordinator, Security Captain, staff, inmates.  
Review of annual staffing analysis  
Operating Procedure 2101, 2119, and 3116  
Review of daily posts logs  
Pre-Audit Questionnaire  
Population report

### Standard 115.14 Youthful inmates

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

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

The facility has designated areas to house youthful non-certified inmates court ordered to be incarcerated which complies with the youthful inmate standard. The agency has a housing area that is separated by sight and sound from adult inmates that provided the separate services, classroom area, recreation area and toilet/shower area. This auditor observed security staff escorting a male youthful inmate. The hallway was made clear of other adult inmates and a no movement order was given throughout the facility to ensure sight and sound separation existed.

#### Evidence:

Visual inspection during on site tour

Daily population reports

Interview of youthful offender

Interviews from PREA Coordinator, Staff, Superintendent

Review of Operating Procedure 4120, Detention of Juveniles

### Standard 115.15 Limits to cross-gender viewing and searches

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

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

PWMRADC policy and practice ensures that inmates are allowed to shower, use the restroom, and change clothing with privacy. An onsite test by placing a fully dressed subject into the shower area and view of camera position was conducted and found to be within compliance.

Policy and practice require opposite gender announcements be made when entering inmate housing areas.

Policy and training at the Prince William Criminal Justice Academy and in-house has provided training to staff regarding how to conduct cross-gender pat down searches and transgender inmates.

#### Evidence:

Operating Procedure 2115, 3116, 3137, and 4135

Pre-Audit Questionnaire

Staff and inmate interviews

Review of Logs and Reports

Visual examination of pat-downs on site

Interview with medical HSA

No medical transgender or intersex searches conducted

Memo/email from trainer to staff with search procedures, PowerPoint presentation, and full search handout for squad training.

Staff training sign off sheets.

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

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

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

PWMRADC procedures require inmates with disabilities and inmates who are limited English have an equal opportunity to participate in or benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and harassment.

Inmates with disabilities or have limited English are identified at the screening process. Staff has access to language line, TTY, TDD devices, wheel chairs, and sign cards with PREA language at Booking and LEP guides. The facility has access to the Prince William County ADA Coordinator for on-site needs and other special accommodation requests.

The facility is currently under contract with Propio Translations services for all of the facility’s interpretation needs.

Posters, handbooks and instructional literature are in English and Spanish.

Multiple staff and inmate interviews revealed that inmates are not used for interpretation. If needed, the supervisor can authorize staff to utilize an establish language line inturpretation service 877-963-7466.

There have been no instances in the past twelve months where resident interpreters have been used.

Evidence:

PWMRADC Operational Procedure 2119, 4100, and 4103

Pre-Audit Questionnaire

Interviews with PREA Coordinator, PREA Manager, Classification Supervisor, line staff and inmates.

Review of Language Line

Review of inmate handbook and posters in English and Spanish, Deaf and Hearing Impaired PREA flipcards.

### Standard 115.17 Hiring and promotion decisions

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

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

The agency does not hire or promote anyone who may have contact with inmates or enlist the services from anyone who has engaged in sexual abuse in a prison, jail, or lockup, community confinement facility, juvenile facility, or other institution. This includes criminal charges or administrative adjudication.

This auditor determined through staff interviews, that during the hiring and promotional review process incidents of sexual abuse and sexual harassment are investigated. A criminal history is conducted on every person to include contractors before having access and contact with inmates. Backgrounds on staff and contractors are conducted at minimum every five years. The agency offers background information to other agencies upon request to a potential employer with a signed release from the applicant who worked for the agency.

The Superintendent or designee provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a written request from an institutional employer for which such employees have applied for work.

#### Evidence:

Review of Operational Procedures 2100, 2102, and 5123  
Review of VCIN Logbook  
Interview with Human Resources Supervisor  
Interview with Superintendent  
Interview with PREA Coordinator  
Interview with PREA Manager  
Pre-Audit Questionnaire  
Review of staff files

### Standard 115.18 Upgrades to facilities and technologies

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

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

### **corrective actions taken by the facility.**

There are no immediate plans for upgrading camera technology in the facility. This auditor examined the camera placement and coverage in each area and found the coverage to be more than adequate. Placement of cameras is discussed in monthly meetings to ensure no blind spots exist and that coverage is adequate, while maintaining the safety and security of the inmates, staff and the facility.

#### Evidence:

Review of Operational Procedure 6101

On-site inspection

Minutes to monthly PREA incident review meetings

Interview with PREA Coordinator

Interview with Captain of Security

Interview with Superintendent

Pre-Audit Questionnaire

Examination of identified blind spot and resolution

### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

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

The Prince William County Police Department (PWCPD) investigates all allegations of sexual abuse for the PWMRAD. PWCPD detectives are trained to use the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations. Local emergency rooms and hospitals are used provide care to victims of sexual abuse in their custody. Victim advocates, mental health staff and CIT trained ADC security staff provide for emotional support and crisis intervention techniques.

PWMRAD has on site mental health support with a referral system for outside services, if needed.

There were no referrals during this review period.

#### Evidence:

Review of Operational Procedure 2119

Review and knowledge of Crisis Intervention Training (CIT) for staff

Interview with Investigator (PWCPCD – Sergeant Norton – Special Victims Bureau

Interview with Director of SANE Operations

Interview with Medical Supervisor

Review of training records for Investigators

Interview with PREA Coordinator

Review of MOU with PWMCPD-SVB  
Completed Pre-Audit Questionnaire  
Review of the Inmate Handbook

**Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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

The PWMRADC has a detailed policy that requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The PWCPD completes the investigation, as PWMRADC are not sworn law enforcement officers. Internal Investigations on staff for employee misconduct are initiated by executive command and conducted by Investigators with specialized training to conduct PREA investigations. Detailed investigative records are kept for review.

The PWMRADC website publishes its zero tolerance policy and mandatory reporting and investigation practices.

The PWMRADC reports no allegations of sexual abuse that have been received in the last 12 months.

Evidence:

Review of Operational Procedures 2119 and 3111  
Interview with PREA Coordinator and Manager  
Interview with PWMCPD supervising investigator  
Interview with Superintendent  
Pre-Audit Questionnaire  
Onsite Review of Investigative files  
Website review for policy - <http://www.pwcgov.org/government/dept/adc/pages/prea.aspx>

**Standard 115.31 Employee training**

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

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

### **corrective actions taken by the facility.**

The PWMRADC requires all staff that have contact with inmates to have training on Sexual Abuse and Sexual Misconduct. A review of the lesson plan, training aids, pre-test and post annual examinations exceeds compliance with the standard. Staff were well educated and understood their roles and responsibilities with PREA. The facility reports 100% compliance with training.

The PWMRADC Training section, squad trainers, and coordinators implemented and facilitated a standardized training program, through the VA Department of Criminal Justice Services, not only for the ADC, but also for the Prince William County Criminal Justice Training Academy. This mandated training ensures that all new recruits and seasoned officers receive extensive training about PREA standards and how to properly deter, detect and report sexual assault incidents and allegations of abuse and harrassment.

This auditor interviewed the Training Supervisor, Academy Director, and Training staff. The passion and dedication that each of training staff demonstrated while reviewing the training outlines, power point presentations and training records of recruits was a direct reflection on the leadership of the PWMRADC.

#### Evidence:

Operational Procedures 2115 and 2119  
Staff/Instructor Interviews  
Review of training sign off sheets  
Review of training lesson plans  
PowerPoint Presentation  
Online Training Portal  
Pre-Audit Questionnaire  
Review of personnel files

### **Standard 115.32 Volunteer and contractor training**

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

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

The facility has an operating procedure that mandates PREA training for contractors. On-site volunteer and contractor interviews indicate that contractor and volunteer training is being conducted before being allowed access to inmates. An on-site review of training plans and sign off sheets was conducted.

#### Evidence:

Review of Operating Procedure #2119  
Review of contractor orientation PREA PowerPoint presentation.  
Review of agency training sign off sheets.  
Interviews with medical and food contractors, barbershop employees, maintenance personnel, and volunteers.

Pre-Audit Questionnaire  
Review of PWMRADC Entrance Agreement

**Standard 115.33 Inmate education**

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

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

The PWMRADC educates all inmates during the booking/classification process. Each inmate reviews a PREA video, is given a pamphlet with PREA information and hotline numbers and receives an inmate handbook with PREA information that includes detailed information about PREA, the agency’s zero tolerance policy, and how to report incidents without fear of retaliation. These are provided in both English and Spanish.

Accommodations are made for inmates with disabilities.

This auditor was very impressed with the level of training and resources available to inmates as it was evident during the interviews that were conducted.

Evidence:

Review of Operational Procedure 2119 and the facility’s Mission Statement

Review of Classification checklist

On-site examination of supervisor review sheet at intake with dates and times of PREA information.

PREA online video

Interview with intake supervisor and staff.

Pre-Audit Questionnaire

On-site examination of inmate files with sign off sheets

On-site examination of video station

Review of inmate handbook (English and Spanish)

PREA handout (English and Spanish)

PREA posters (English and Spanish)

Interviews with random inmates

Random sample of inmate files

PREA Flash Cards for the deaf and hard of hearing

**Standard 115.34 Specialized training: Investigations**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The PWMRADC refers administrative investigations to officers within the Office of Professional Standards (IA) who have received specialized training in conducting investigations.

All criminal investigations are handled by the Prince William County Police Department.

The OPS/IA staff retains files for each administrative investigation conducted. Each investigation conducted is reviewed by the chain of command. Results of an investigation can include criminal prosecution, by PWCPD if the need is determined.

Evidence:

Review of Operational Procedure 2119

PWCPD Evidence Collection SOP

Review of Specialized Investigation certificate from National Institute of Corrections online PREA training

Interview with Office of Professional Standards staff

Interview with PREA Coordinator and Superintendent

Review of class training lesson plans

Review of investigative files

Pre-Audit Questionnaire

#### **Standard 115.35 Specialized training: Medical and mental health care**

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

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

The PWMRADC maintains on-site 24 hours/7 days a week medical care. No sexual abuse examinations are conducted at the facility. Sexual assault victims are transported to SANE/SAFE facilities to conduct forensic medical exams.

All medical and mental health staff are required to receive basic PREA training prior to working with inmates. This training is documented.

Prince William County Community Service Board supports onsite staff to deliver mental health services and advocate for inmates. During the review period, PWMRADDC employed twenty-seven mental health practioners.

The facility provides the required PREA training.

Evidence:

Review of the Operational Procedure 2115

Interview with Medical Supervisor

Interview with MH Staff and Supervisor

Review of SANE/SAFE memorandum of understanding

Pre-Audit Questionnaire

Review of training Power Point/lesson plan

Review of sign off sheets

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

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

PWMRADDC Operational Procedure requires that an initial assessment of screening adjustment be completed at intake and a more formal interview be completed no more than 72 hours after the initial assessment. Inmates are reassessed within 30 days of commitment. An on-site inspection of documents determined compliance with this standard. This auditor observed booking staff assess inmates during the intake screening process upon being transferred from another facility.

Evidence:

Review of Operational Procedures 2119, 2138, 4100, 4126, 4130, and 4157

Interview with Intake Supervisor

Interview with Staff Conducting assessment and reviews

Review of inmate files

Pre-Audit Questionnaire

Intake Screening Process

#### **Standard 115.42 Use of screening information**

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

- Does Not Meet Standard (requires corrective action)

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

The PWMRADC Operational Procedures indicate that information used during the initial screening will be used to determine the housing assignment for each inmate. Inmates at risk are evaluated on a case-by-case basis to ensure safety. Re-assessments are done within 30 days by a review committee, scheduled on a weekly basis. There are no dedicated or specific housing areas for LGBTI inmates. There have been no transgender or intersex inmates housed within the last 12 months.

Evidence:

- On-site inspection
- Interview with PREA Coordinator
- Review of Operational Procedures 2119 and 4100
- Interviews with staff
- Review of assessments
- Pre-Audit Questionnaire

**Standard 115.43 Protective custody**

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

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

The PWMRADC Operational Procedures indicate that inmates considered at risk for sexual victimization shall only be placed in involuntary segregation if there is no alternative housing available.

Such placement shall not exceed 30 days and clear documentation is made and reviewed on a weekly basis.

Evidence:

- Review of Operational Procedures 2119 and 4114
- Review Risk Report
- Interview with PREA Coordinator
- Pre-Audit Questionnaire
- Interviews with booking and classification staff
- Interview with Booking Supervisor

### Standard 115.51 Inmate reporting

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

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

During the onsite inmate interviews, it was quickly apparent that inmates knew how to report abuse several different ways. The most popular way was directly to staff. Inmates stated they trusted staff in the facility and did not have an issue with reporting in writing or verbally to staff. Inmates were able to recite resources like the inmate handbook, posters, PREA hotline or website for third party reporting for their family and friends. PWMRADDC has an active contract for Language and Inturpretation Services through Propio Translation Services.

Calls to hotlines are free of charge from the inmate phone system.

Evidence:

Inmate handbook

Prince William Sexual Assault Services (SAVAS) MOU

Operational Procedures 2119 and 3111

Interviews with randomly selected inmates

Review of Website

Interview with PREA Coordinator

On-site inspection review of handbook, posters, and brochures

On-site calls to hotline numbers

Interview with Sexual Assault Hotline Operator

### Standard 115.52 Exhaustion of administrative remedies

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

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

The agency has a formal grievance policy with written instructions on how to use in the inmate handbook. There is no time limit on filing grievances for PREA and there is no requirement on filling out the form. Assistance is

provided for limited English inmates through an active Propio Translation Services contract. PWMRADC does not impose a time limit when an inmate may submit a grievance relating to an allegation of sexual assault. PWMRADC issues a final agency decision on the merit of any portion of a grievance alleging sexual abuse within 90 days of receiving the grievance. PWMRADC allows for third party assistance to inmates filing requests for administrative remedies relating to allegations of sexual abuse. The facility has alternative resources in the form of hotlines, email and third party online reporting to facilitate and convey allegations of sexual assault or abuse.

Evidence:

Inmate Operating Procedures 2119, 3111, and 4104

Inmate Handbook

Interviews of randomly selected inmates

Pre-Audit Questionnaire

Inmate Grievance form

Interview with PREA Coordinator

Interview with OPS Staff

#### **Standard 115.53 Inmate access to outside confidential support services**

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

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

The PWMRADC has entered into an agreement with the Prince William County Sexual Abuse Service (SAVAS) resource, which upon referral will provide support and crisis intervention at no charge to the victim. The numbers are provided in brochures and handbooks given to the inmate upon commitment.

The facility's Operational Procedure allows an inmate to have access to outside victim advocates for emotional support services related to sexual abuse. The PWMRADC has on site Mental Health services supported by the local Community Services Board. The facility enables reasonable communication between inmates and these resources, in as confidential a manner, as possible.

Evidence:

Review of Operational Procedure 2119

PREA Brochure

Inmate Handbook

MOU with ACTS/SAVAS

Interview with ACTS/SAVAS staff

Interview with PREA Coordinator

Interviews with randomly selected inmates

PREA Audit Report

## Pre Audit Questionnaire

### Standard 115.54 Third-party reporting

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

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

The facility's website provides information on third party reporting. During interviews, inmates identified the inmate handbook, posters, and brochures as to resources and instructions of how to report PREA related incidents through a third party. This auditor observed PREA reporting pamphlets in the lobby/front entrance of the PWMRADC for visitors and those friends and family who come to the facility to visit inmates.

There have been no third party reports during this rating period.

Evidence:

Operating Procedure 2119  
PREA Audit Notification Signs (English and Spanish)  
Contract for inmate translation services  
Inmate Handbook  
PREA Brochure  
PWMRADC Website  
Inmate Interviews  
Pre-Audit Questionnaire  
Interview with PREA Coordinator

### Standard 115.61 Staff and agency reporting duties

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

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

Per the PWMRADC Operational Procedure, staff are required to immediately report to their supervisor, any knowledge, suspicion, or information regarding sexual abuse or sexual harassment. Information reported, is strictly

confidential. Inmates indicated that they felt comfortable reporting to facility staff and supervisors without being retaliated against. PWMRADDC has a method to receive third party reports of sexual abuse and conveys that resource on the facility's web page.

Evidence:

Review of Operational Procedure 2119

Staff Interviews

PREA Coordinator Interview

Investigator interview

Contractor Interviews

Training Outline

PWMRADDC Website

### **Standard 115.62 Agency protection duties**

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

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

Operational Procedures allow for protective measures for at-risk inmates. There have been no reports of this kind during this rating period. Interviews with staff and supervisors indicate that inmates can be moved to other facilities in Virginia, if necessary for protection. Review of Incident Committee reports indicate that immediate action is required to take place to protect inmates when PWMRADDC is made aware that an inmate is subject to substantial risk of sexual abuse.

Evidence:

Interview with Office of Professional Standards staff

Pre-Audit Questionnaire

Interviews with staff

Interview with PREA Coordinator

Review of Operational Procedure 2119

Interview with Superintendent

### **Standard 115.63 Reporting to other confinement facilities**

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

- Does Not Meet Standard (requires corrective action)

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

Inmates who report PREA incidents from other facilities are reported to the facility superintendent immediately and proper notifications are made within 72 hours. There have been no reports of incidents during this rating period.

Evidence:

Review of Operational Procedures 2119

Interview with PREA Coordinator

Interview with OPS staff

Interview with Superintendent

Pre-audit Questionnaire

#### **Standard 115.64 Staff first responder duties**

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

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

On site staff and contractor interviews indicate that a good amount of training went into teaching staff how to respond to PREA incidents. All reported reporting immediately, separate victim from abuser, preserve evidence, and secure the scene for evidence collection.

Evidence:

Review of Operational Procedures

Training lesson plans (in-service and recruit training)

Interview with PREA Coordinator

Interview with PREA Manager

Interviews with staff

PREA staff response handout

Pre-Audit Questionnaire

#### **Standard 115.65 Coordinated response**

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

- Does Not Meet Standard (requires corrective action)

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

The PWMRADC Operational Procedures outline a step-by-step coordinated response from start to finish involving an incident of sexual assault. These procedures are available to first responding staff, medical and mental health practitioners, investigators and PWMRADC administrative leadership staff.

Evidence:

Review of Operational Procedures 2119

Interview with PREA Coordinator

Interviews with staff

Interviews with medical and mental health staff

Pre-Audit Questionnaire

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

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

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

The PWMRADC does not have any collective bargaining agreements in place.

State Code § 40.1-57.2. Prohibition against collective bargaining. 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. (1993, cc. 868, 879.)

Evidence:

Review of Operational Procedure 2119

Interview with PREA Coordinator

Interview with Superintendent

Pre-Audit Questionnaire

Virginia State Code 40.1-57.2

#### **Standard 115.67 Agency protection against retaliation**

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

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

PWMRADC Operational Procedure includes agency protection against retaliation up to and including termination of staff that participate in any misconduct or retaliation. Policies also provide for protection from retaliation by other inmates or staff. The Office of Professional Standards and Classification staff monitors potential retaliation for a minimum of 90 days, following a report, unless the allegations were unfounded. Incidents of retaliation are reported immediately to the PREA Coordinator and Superintendent.

Inmates can be transferred, if necessary, to other local facilities according to Virginia State Code.

Evidence:

- Review of Operational Procedure 2119
- Interview with PREA Coordinator
- Pre-Audit Questionnaire
- Interview with PWCPD Investigator
- Interview with Office of Professional Standards Staff

**Standard 115.68 Post-allegation protective custody**

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

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

The PWMRADC has alternative housing for post allegation protective custody that is subject to the requirements of the PREA standard 115.43.

Evidence:

- Review of Operational Procedures 2119, 4114, and 4120
- Interview with Investigator
- Interview with PREA Coordinator
- On-site tour of facility
- Pre-Audit Questionnaire

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

As the facility conducts its own administrative investigations through the Office of Professional Standards, the PWMRADDC does not conduct its own criminal investigations. Prince William County Police Department (PWCPD) has jurisdiction of the ADC when investigating criminal cases. The PWCPD Investigator has completed specialized training to conduct related sexual assault investigations. Protocols detail how evidence shall be collected and documented by PWMRADDC first responding staff.

There have been zero substantial allegations of conduct that appear to be criminal that were referred to prosecution since August 20, 2012.

Evidence:

- Sexual Misconduct / PREA Investigation Checklist
- Review of PWMRADDC Operational Procedures 2119
- Review of PWCPD Policy
- Interview with PWCPD Investigating Supervisor
- Training lesson plans for investigative training
- Pre-Audit Questionnaire
- Interview with PREA Coordinator
- Interview with ADC Security Staff
- Interview with Superintendent

### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

The PWMRADC imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Evidence:

Interview with OPS Investigator  
Interview with PREA Coordinator  
Pre-Audit Questionnaire  
Review of Operational Procedure 2119

#### **Standard 115.73 Reporting to inmates**

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

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

The PWMRADC Operational Procedure indicates that inmates will be notified, by the PREA Coordinator, when and investigation is completed and found to be substantiated, unsubstantiated, or unfounded. The PWMRADC OPS staff stay in constant communication with PWCPD investigators during all criminal investigations.

Evidence:

Review of Operational Procedure 2119  
Interview with PREA Coordinator  
Interview with Office of Professional Standards Staff  
Pre-Audit Questionnaire

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

The PWMRADC has an Operational Procedure that states staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. PWMRADC reports no

sanctions or terminations for this violation during this rating period. The facility's staff PREA training indicates termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse involving inmates.

Evidence:

Review of Operational Procedures 2110 and 2119

Pre-Audit Questionnaire

Interview with Office of Professional Standards Staff

Interview with PREA Coordinator

PREA Training Presentation

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

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

The PWMRADDC does a thorough background check on contractors and volunteers before they are allowed to work within the facility, around inmates. Contractors and Volunteers also complete an orientation that reviews disciplinary action for misconduct. There have been no allegations of sexual abuse by any contractor or volunteer during this rating period.

Evidence:

Review of Operational Procedure 2119, 4117, and 1103

Interview with Office of Professional Standards staff

Interview with Human Resources supervisor

Interview with ADC Trainer

Review of PREA presentation

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

This auditor has determined that inmates are subject to disciplinary action pursuant to a formal process following any administrative finding that an inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse. The facility reports no findings of this nature during this rating period.

Evidence:

Review of Operational Procedures 2119 and 4119

Review of Inmate Handbook

Interview with PREA Coordinator

Interview with Office of Professional Standards staff

Interview with Classification Supervisor

Interviews with Mental Health and Medical staff

Pre-Audit Questionnaire

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

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

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

This auditor observed inmates being screened, during the booking process, for prior sexual abuse to determine housing assignment and placement in programs. If during the screening process, an inmate reports having been a victim of sexual abuse or had previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, and expresses a willingness to participate in treatment, staff will refer the inmate to the PREA Coordinator and contact medical/mental health services. Treatment will be prescribed, if needed, and a mental health practitioner will follow up within 14 days of completing the intake process.

During this rating period there have been no inmates reporting or perpetrating sexual abuse during the screening process.

Evidence:

Interviews with Medical and Mental Health staff

Interview with ADC Booking Staff

Interview with Classification Supervisor

Interview with PREA Coordinator

Review of Operational Procedures 2119 and 4134

Review of the PREA Needs Assessment Form

Pre-Audit Questionnaire

**Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The PWMRADDC has on site 24 hours / 7 days a week coverage to medical and mental health services. Victims of sexual abuse will be transported immediately to a designate hospital for treatment. Inmates are provided access to outside victim advocates for emotional support services, related to sexual abuse or sexual assault.

There have been no incidents of sexual abuse that required medical treatment during this review period.

If, during rare occasions, no qualified medical or mental health staff are on duty at the time of a report of sexual abuse, security staff first responders are to take preliminary steps to protect the victim and make notifications, immediately.

Evidence:

Review of Operational Procedure 2119

Interviews with on-site Medical and Mental Health services

Interview with Prince William County Sexual Assault (ACTS/SAVAS) Hotline staff

Pre-Audit Questionnaire

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

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

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

Medical and Mental Health Services will provide on-site confidential services for inmates. Initial and follow up treatment, if necessary, is provided and continues outside of release. Medical and treatment services are provided without financial burden on the inmate victims.

There have been no incidents of sexual abuse that required medical treatment during this review period.

Evidence:

Review of Operational Procedures 4134 and 4154

Interviews with Medical and Mental Health staff

Review of Inmate Handbook

**Standard 115.86 Sexual abuse incident reviews**

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

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

A formalized sexual abuse incident review process has been developed and is scheduled to meet monthly. The review team is led by the PREA Coordinator and has representatives from all sections of the facility. Meetings are conducted separately, on a weekly basis, with command staff to discuss operational processes with individual inmates that are recognized by the Classification staff. During the incident review meeting, the team considers whether the allegation or investigation indicates a need to change policy, implement and institutionalize new procedures and whether monitoring technology should be deployed or augmented to make inmate supervision more efficient.

Evidence:

- Review of Operational Procedure 2119
- Interview with PREA Coordinator
- Interview with the Superintendent
- Interview with incident review team members
- Interview with the Classification Supervisor
- Review of meeting schedule
- Interview with Medical and Mental health Supervisors
- Review of the PREA Incident Review Form

**Standard 115.87 Data collection**

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

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

The PWMRADC collects accurate, uniform data for every allegation of sexual abuse using a standardized PREA incident review form. Compiled data is reviewed and collected, along with all investigative files, to compile data for an annual report. The annual report is completed by the PREA Coordinator and published on the website.

Evidence:

Review of Operational Procedure 2119

Facility Annual report

Interview with PREA Coordinator

Pre-Audit Questionnaire

#### **Standard 115.88 Data review for corrective action**

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

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

The annual report is completed by the PREA Coordinator and is a product of reviews from incidents, investigations, practices, training, and suggestions from staff and inmates. The report is published on the agency website.

There have been no incidents that has required corrective action to improve the effectiveness of is sexual abuse prevention, detection, and response procedures, practices, and training during this review period.

Evidence:

Review of Operational Procedure 2119

Facility Website

PWMRADC Annual report

Interview with PREA Coordinator

Pre-Audit Questionnaire

#### **Standard 115.89 Data storage, publication, and destruction**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All data collected is kept in a secure manner and retained for a minimum of 10 years after the date of initial collection. All aggregated sexual abuse data is made available to the public, annually, via the agency website or personal request.

Evidence:

Review of Operational Procedure 2119

Pre-Audit Questionnaire

Interview with PREA Coordinator

Facility Website

Interview with Superintendent

**AUDITOR CERTIFICATION**

I certify that:

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

Michael Cox

December 12, 2016

Auditor Signature

Date