

PREA Facility Audit Report: Final

Name of Facility: Prince William-Manassas Regional Adult Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/17/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Auditor Full Name as Signed: Brian C. Sutherland	Date of Signature: 04/17/2026

AUDITOR INFORMATION	
Auditor name:	Sutherland, Brian
Email:	bcsuther@gmail.com
Start Date of On-Site Audit:	03/17/2026
End Date of On-Site Audit:	03/19/2026

FACILITY INFORMATION	
Facility name:	Prince William-Manassas Regional Adult Detention Center
Facility physical address:	9320 Lee Avenue, Manassas, Virginia - 20110
Facility mailing address:	9320 Lee Ave, Manassas,

Primary Contact

Name:	Justin Feder
Email Address:	jfeder@pwcgov.org
Telephone Number:	7037924150

Warden/Jail Administrator/Sheriff/Director	
Name:	Allen West
Email Address:	ALWest@pwcgov.org
Telephone Number:	703-7922-6426

Facility PREA Compliance Manager	
Name:	Sayed Naqvi
Email Address:	Snaqvi@pwcgov.org
Telephone Number:	703-792-6414

Facility Health Service Administrator On-site	
Name:	Kouadio Koko
Email Address:	kkoko@pwcgov.org
Telephone Number:	7037926451

Facility Characteristics	
Designed facility capacity:	1320
Current population of facility:	526
Average daily population for the past 12 months:	527
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	18 to 65+
Facility security levels/inmate custody levels:	Minimum(low/High), Medium(Low/High), Max(Low/High)
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	380
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	28
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	274

AGENCY INFORMATION

Name of agency:	Prince William County Government
Governing authority or parent agency (if applicable):	
Physical Address:	1 County Complex, Manassas, Virginia - 20110
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Robert Dickinson	Email Address:	RDickinson@pwcgov.org
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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:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-17
2. End date of the onsite portion of the audit:	2026-03-19

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Action in Community Through Service (ACTS) Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1320
15. Average daily population for the past 12 months:	527
16. Number of inmate/resident/detainee housing units:	30
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	536
24. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	0
25. 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:	1
26. 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:	2
27. 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:	2
28. 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:	3
29. 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:	3

<p>30. 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:</p>	<p>4</p>
<p>31. 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:</p>	<p>0</p>
<p>32. 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:</p>	<p>6</p>
<p>33. 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:</p>	<p>9</p>
<p>34. 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:</p>	<p>0</p>
<p>35. 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):</p>	<p>The facility reported the following physical plant characteristics: 2 buildings, 30 housing units, 1 single cell unit, 29 multiple occupancies, 11 open dormitories, and 154 segregation cells. The population consists of youthful offenders that are not housed in sight or sound of the adult offenders, female confined persons in a separate housing unit, and male confined persons 18-65 years of age. The average length of stay is 30.73 days, and the population consists of minimum security, medium security, maximum security, sentenced confined persons, and pre-trial offenders.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	380
37. 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:	274
38. 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:	28
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The staff count on the first day of the audit was 380 and 28 contractors. This included 291 sworn staff and 89 non-sworn positions. The facility reported volunteers have been authorized to enter the facility in the past 12 months.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor was able to interview a sample of confined persons from all housing units as the facility was not experiencing any issues limiting the ability to conduct interviews. The auditor requested at random the fifth confined person on the housing roster based on the selected criteria and included confined persons from all housing units.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. 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):</p>	<p>The auditor attempted to select confine persons from each housing unit to ensure the sample size demonstrated a diverse mix of the population.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>

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".

<p>46. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p>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/detainees).</p>	<p>The facility reported no youthful offenders were currently residing at the facility. Interviews with the PREA Coordinator, classification, and medical staff confirmed no youthful offenders were present during the onsite review.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

48. 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:	2
49. 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:	2
50. 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:	3
51. 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:	3
52. 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:	4
53. 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

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The facility reported no confined persons were currently residing at the facility that identified as transgender or intersex. Interviews with the PREA Coordinator, classification, and medical staff confirmed no confined persons of this population were present during the onsite review. This data is not being consistently tracked unless self-reported by the confined person.</p>
<p>54. 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:</p>	<p>6</p>
<p>55. 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:</p>	<p>9</p>
<p>56. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor conducted interviews with the staff that supervise segregated housing, the facility PREA Coordinator, and the facility Confinement Commander and all confirmed no confined persons have been housed in segregation for high-risk victimization in the past 12 months. During the on-site review the auditor spoke with confined persons in segregated housing, reviewed samples of segregation forms and did not identify any confined persons under this category during the on-site review.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The facility did not consistently maintain the data requested within this audit reporting period. The classification staff could not provide this information consistently to the auditor upon request.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The random sample of staff included selecting the fifth staff member on the daily duty roster, utilizing staff availability, minimizing scheduling conflicts, and ensuring the samples were selected from all shifts.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

67. 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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The interviews with the specialized staff attempted to assist the auditor to determine whether or not particular roles and responsibilities are being completed.</p>
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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.

<p>71. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>72. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>73. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the onsite review, the auditor verified the cross-gender presence of staff as announcements were made while entering the housing units. The auditor verified the use of the language line services, tested the outside reporting mechanisms, identified areas of signage that may need to be posted, received positive feedback from the victim advocate, and inspected all areas for blind spots and cross-gender viewing capabilities. The facility addressed concerns during the onsite review such as clarified the role of the ACTS versus SAVAS for third-party reporting, identified the PREA Coordinator on the organizational chart, posted the third-party reporting poster to the mobile phone carts, updated the MOU with the ACTS provider for victim advocacy, corrected the camera filter for the Unit 9A negative pressure cell camera, and updated the facility policy regarding the reassessment requirements.</p>
<p>Documentation Sampling</p>	
<p>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.</p>	
<p>77. 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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

During the on-site review the auditor reviewed employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed employee training files for initial and annual PREA training. The auditor reviewed contract clearance documents, investigative files, and confined person files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education. The auditor reviewed the intake packet for clarity and observed the intake and reassessment processes. The auditor reviewed all video monitoring equipment for cross-gender viewing.

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.

79. 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	3	1	3	1
Staff-on-inmate sexual abuse	1	0	1	0
Total	4	1	4	1

80. 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	13	0	13	0
Staff-on-inmate sexual harassment	7	0	7	0
Total	20	0	20	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.

81. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	0	1
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	3	0	1

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.

83. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	9	0	4
Staff-on-inmate sexual harassment	0	7	0	0
Total	0	16	0	4

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor selected seven investigative files to review during the onsite review. The auditor reviewed additional investigative files during review of the facility PAQ. All requested information in this post audit review was deemed essential when the audit process began.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

103. 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

108. 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

Corrections Consulting Services, LLC.

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.11 Analysis</p> <p>Prince William-Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire responses 2. SOP 2119 - Prison Rape Elimination Act (PREA) Procedures Manual

3. Facility Organizational Chart

4. SOP 3111 - Inmate Sexual Assault and Harassment Policy

5. Agency PREA Coordinator Position Description

Interviews:

1. PREA Coordinator

2. PREA Compliance Manager

Site Review Observations:

1. Staff performing opposite-gender announcements upon entry to all housing units.

2. Supervisory staff documenting unannounced security rounds in the post logs.

3. Signs and posters indicating zero tolerance posted throughout the facility.

4. Reviewed the facility training materials, power point, and lesson plan information.

Findings (By Provision):

115.11 (a) - Agency PREA policy 2119, page 1 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy 2119 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of confined persons such as: architectural design, security supervision, video monitoring equipment, confined persons orientation procedures, medical screening within 24-hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.

During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the opposite-gender announcements were made verbally by staff entering the units. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The policy includes definitions of prohibited behaviors in policy 2119, Section 3, page 1-2, and these definitions include sexual abuse, sexual assault, staff sexual

misconduct, and sexual harassment. There is a total of 19 pages included within this policy as a complete glossary of terms. Policy 2119, Section C, page 7 explains the presumptive approach toward staff, volunteers, and contractors who engage in sexual abuse will be termination and prosecution referral. Policy 2119, Section C, page 7 describes the sanctions for contractors, volunteers, and referrals to law enforcement. Agency policy 2119, Section C, page 7 includes disciplinary sanctions for confined persons found to have participated in all forms of sexual abuse, sexual harassment, indecent exposure, kissing, and inappropriate physical contact.

Training is provided for all confined persons, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training plan, and power point presentations that described the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross-gender strip searches, body cavity searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships and communicating effectively with special populations. Agency policy 3111, Inmate Sexual Assault and Harassment policy provides information relating to employee, volunteer, contractor, and confined person training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs the staff how to fulfill their responsibilities toward prevention, detection, reporting, and response procedures.

115.11 (b) - Agency policy 2119, Section IV, pages 3-4, explains the agency employs an upper-level, agency wide PREA Coordinator and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the facility Superintendent and this position is documented in the facility organizational chart as an upper-level Director position, and the rank of Major. The auditor reviewed a signed Organizational Chart by the facility Superintendent on February 6, 2026, designating the PREA Coordinator. The position description emphasized the importance of regulated duties and requirements. The interview with the PREA Coordinator indicated enough time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency's support toward improving the sexual safety of the facility.

115.11 (c) - The PREA Compliance Manager reports directly to the facility Director of Support Services and communicates with the agency-wide PREA Coordinator. This position is in the facility organizational chart (Director of Classification and Treatment). There is a total of two agencies wide, PREA Coordinators that report to the agency Superintendent and one agency wide PREA Compliance Manager.

Conclusion: Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed enough time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and knowledgeable. Interviews conducted with staff, confined persons, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA

	<p>Coordinator and the PREA Compliance Manager were always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Prince William-Manassas Regional Adult Detention Center is fully compliant with this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Standard 115.12 Analysis</p> <p>Prince William-Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWRADC Pre-Audit Questionnaire responses 2. SOP 2119 - Prison Rape Elimination Act (PREA) Procedures Manual <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator 2. Agency PREA Coordinator 3. PWRADC Superintendent <p>115.12 (a-b) Agency policy 2119, page 4, describes the facility shall include in any new contract or contract renewal for the housing of a re-entrant with a private entity or other entities, including other government agencies, the entity's obligation to adopt and comply with the Prison Rape Elimination Act (PREA) Standards and the Department's policies related to PREA compliance. The facility Superintendent serves</p>

	<p>as the agency contract administrator and the interview indicated no new agency contracts or contract renewals have been performed since the previous PREA audit in 2023.</p> <p>The Prince William-Manassas Regional Adult Detention Center does not contract with other entities for the confinement of its confined persons. The auditor confirmed this statement during the agency's Contract Administrator and facility Superintendent interview. The 2016 PREA audit report indicated PWRADC contracts with the Peumansend Creek Regional Jail for the housing of its confined persons. However, this contract expired in 2017, and no new contract renewals have been presented. This information was confirmed during the June 10, 2020, PREA audit report.</p> <p>Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard. PWRADC has not entered any contracts in the last 12 months for the housing of its confined persons. All previous contracts were not renewed upon expiration.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.13 Analysis</p> <p>Prince William - Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWRADC Pre-Audit Questionnaire responses 2. 2025 Facility Staffing Plan 3. Agency policy 2101 Regular Review of Staffing Requirements 4. Facility Logbook entries 5. Shift Assignment Roster, March 17-19, 2026 6. Agency policy 3108 Detention Center Security Inspections and Use of Permanent Logs

7. Summary of Personnel, February 2, 2026
8. Daily Duty Rosters (30 days)
9. Personnel Bi-Monthly Report January – December 2025

Interviews:

1. Facility Superintendent
2. Intermediate and Higher-Level Facility Staff
3. Agency PREA Coordinator
4. Facility PREA Compliance Manager
5. Three Informal Staff Interviews
6. 12 Random Staff Interviews

Site Review Observations:

1. Viewed video camera footage, monitors, and storage
2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries

Findings (By Provision):

115.13 (a) - The auditor conducted a review of the documented 2025 facility-staffing plan. Facility policy 2101 indicates the security positions allocated. These positions are broken down into the following classifications: Superintendent = one, Major = two, Captain = five, Lieutenant = 10, 1st Sergeant = 22, Sergeant = 38, Master Jail Officer = 66, Jail Officer = 161, Jail Officer (Part time) = one, Total = 306. PWMRADC is currently operating with a sworn staff shortage of four percent as 11 positions are not filled. The facility also lists 99 support staff positions for a total staff complement of 405. The facility reported a total of 380 staff on day one of the onsite reviews. The institutional staffing plan is reviewed annually by the agency PREA Coordinator and the facility PREA Compliance Manager. This is a very thorough process that includes the following: daily shift assignment rosters, summary of personnel documents, and a personnel bi-monthly report. The auditor reviewed the daily operation data for the three days during the on-site review and did not find any deviations within the staffing plan for the three days.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording

and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. The facility has 179 cameras that are monitored by duty post staff, controlled, and accessed by investigators and supervisors as needed. These cameras monitor the perimeter and key areas of the facility. There are interior cameras that are also Pan - Tilt - Zoom and fixed devices that are monitored from the Control Room. The PWMRAD camera coverage is monitored twenty-four hours-a-day by a dedicated officer located in the control center and the onsite review did not indicate a concern with cross gender monitoring. The current staffing plan and video monitoring system is adequate for the protection of confined persons from sexual abuse.

The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Superintendent interview indicated the factors considered in the development of this staffing plan include generally accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the confined person population averaged 527 confined persons and the facility staffing plan predicated to include 1320 confined persons. Jail officers and supervisors monitor each housing unit and conduct unannounced rounds throughout the day. All programming activities are during dayshift hours, and the facility provides additional staff to accommodate these needs with the addition of staff to monitor these areas. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. There was one substantiated allegation of sexual abuse and four allegations of sexual harassment, three unfounded allegations of sexual abuse, and 16 unfounded allegations of sexual harassment considered prior to the review of the current staffing plan.

115.13 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating no deviations within the staffing plan in the last 12 months. The agency developed the Summary of Personnel Report that documents all security personnel, and which post staff members are assigned. This report is developed and updated on an annual basis and the Superintendent interview confirmed this process. Facility policy 2101, page 1, implements regular review of the staffing requirements and indicates the PREA Coordinator shall complete and submit the compliance review annually. All deviations from the post chart are documented in an incident report. In circumstances of non-compliance with the staffing plan, the facility Shift Commander shall document, in writing, and justify all deviations from the plan. This documentation shall be forwarded to the facility Superintendent for review. The auditor reviewed no incident reports indicating deviations within the staffing plan. The facility reported that all post assignments are filled with overtime hiring. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Superintendent indicated in the formal interview that there are mandates within the policy that require every post to be filled. The auditor reviewed a list of current staff documented on the overtime list. During the on-site review, the auditor interviewed one informal staff on an assigned overtime post, and one random

staff interviewed on overtime from the night shift.

115.13 (c) - Agency policy 2101, Regular Review of Staffing Requirements, page 1, includes the specific requirement regarding an annual review of the facility staffing plan by the PREA Coordinator and the facility Superintendent. The PREA Coordinator and the facility Superintendent interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The Superintendent confirmed no litigation and no federal mandates are currently present that may affect the sexual safety of the facility. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the Summary of Personnel Report, submitted on February 2, 2026, indicating PWMRADC conducted their annual staffing plan review. This document included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities. This information was confirmed by the auditor during the on-site PREA Compliance Manager interview.

115.13 (d) - Agency policy 3108, Detention Center Security Inspections and Use of Permanent Logs, page one, informs staff regarding supervisor unannounced rounds must be made throughout the facility to deter sexual abuse or sexual harassment on each shift. Agency policy 3108, page one also includes staff are prohibited from alerting other staff members regarding the supervisor rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted and documented on the unit logs. The auditor reviewed documented supervisory logs for the March 2024, for the facility Lieutenant, 1st Sergeant, and Sergeant and this included records for special housing, housing unit logs, and inspections conducted by the Shift Supervisor. These documents indicated rounds being conducted during day and night shift activities and at random intervals. The logs did not indicate a distinct pattern as all rounds were conducted at various times and on different shifts. The auditor reviewed the housing unit log entries for the past 12 months and selected a sample of five higher level supervisors. The facility organizational chart indicates higher level supervisors as Lieutenant and above. All rounds were conducted at random intervals, on multiple shifts, and no distinct pattern was identified. The auditor conducted an interview with a Lieutenant, and one interview with a Major, and both interviews indicated conducting unannounced rounds, documenting the rounds on the supervisory logs, and attempting to conduct the rounds without staff notifications. One interview indicated the supervisor will enter the facility at random locations, double back on security rounds, and monitor the radio traffic regarding supervisory notifications. All staff interviewed indicated disciplinary action as the result of any infractions regarding unannounced rounds throughout their tours. The auditor conducted three informal staff and three informal confined person interviews, and these interviews indicated higher level staff are present throughout the units on both day and night shifts. The informal staff interviews indicated that supervisors are always walking through the units and documenting their presence. The informal confined person interviews indicated supervisory presence within the units, as one confined person advised, "They are

	<p>always around".</p> <p>Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate or higher level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.14 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire responses 2. Facility policy 2119 PREA Procedures Manual, July 13, 2016 3. Facility Population Analysis of Age Ranges Document - (12 Months) 4. Facility policy, 4120 Detention of Juveniles 5. Facility policy, 4100 Inmate Classification Process 6. Facility policy, 4102 Inmate Services and Programs 7. Daily Confined Person Statistics Document, February 9, 2026 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 1- Line Staff Who Supervises Youthful Confined Persons 2. No Youthful Confined Persons

3. 1 - Education and Program Staff

4. PREA Compliance Manager

Site Review Observations:

1. Reviewed the daily confined person rosters and housing reports
2. Reviewed the facility intake process and classification questionnaire
3. Reviewed the Agency Web Site

Results Based on the Following Provisions:

115.14 (a-c) - The Prince William - Manassas Regional Adult Detention Center has housed one youthful offender in the past 12 months. This was a 24-hour hold due to incorrect information provided to the booking staff. Once the correct information was provided, and the confined person was confirmed to be a youthful offender, the confined person was transferred to the proper facility. Agency policy 4120, Detention of Juveniles, page 1-3 describes the considerations for a youthful offender to be housed at PWMRADDC. The policy advises, "House only those non-certified juveniles who have been ordered by a judge to be jailed and those who have assaulted staff and/or have escaped from the Prince William Juvenile Detention Center." This practice was confirmed during the interview process by the education and program staff and verified by the facility population analysis of age ranges for the past 12 months. The auditor reviewed the daily confined person statistics documents for February 9, 2026. These documents also confirmed the presence of one youthful, confined person in the past 12 months. The facility PREA Compliance Manager interview confirmed this during the on-site review.

Facility policy 4100 describes the classification process regarding the housing of youthful offenders and explains that the youthful offender will be housed separate from sight, sound, and physical contact with any adult confined persons through use of a shared dayroom or other common space, shower area, or sleeping quarters. This practice was confirmed during the interview with staff that supervise youthful offenders. The interview indicated that the facility would shut down movement when youthful offenders must be escorted to outside areas of the housing unit. The education staff interview confirmed this practice with the statement, "They keep them separate all the time and I have to shut down all movement until the juvenile arrives for classes." Facility policy 4102, section V, page 5 explains this practice as the programs director will communicate with the facility PREA Coordinator to ensure all programming activity is scheduled for the youthful offender.

The auditor viewed the housing area (C Pod) that is utilized for youthful offenders, and the areas are separated by sight and sound from adult offenders. The facility utilizes window coverings, sound barriers, and multiple staff are available for escort to

	<p>other locations. The youthful offenders can perform recreation and shower activities separate from the adult offenders. All meals are provided by satellite to the confined youthful offenders and delivered by staff. There were no youthful offenders available during the on-site review as no youthful offenders were being housed at the facility.</p> <p>Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the youthful offender to be housed separate from sight, sound, and physical contact with any adult confined persons through use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility provides programming activities for youthful offenders, recreation, and private showers. No further action is required within this standard.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.15 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADDC Responses to the Pre-Audit Questionnaire 2. Agency Policy 3116 Searches 3. Agency Policy 4102 Inmate Services and Programs 4. Agency Policy 3137 Bathing and Hair Care Facilities for Inmates 5. PREA Training Lesson Plan 6. PREA Training Logs 7. Agency Policy 2115 Minimum Training Criteria for Employees <p>Interviews:</p>

1. Non-Medical Staff Involved in Strip Searches
2. 12 Random Staff
3. Three Informal Staff, and Three Informal Confined Persons
4. One Transgender/Intersex population
5. 15 Random Selected Confined Persons

Site Review Observations:

1. Confirmation of gender specific posts compared to the daily duty rosters.
2. Intake Risk Screening and Classification Review.
3. Transgender confined persons observed during the on-site review.
4. Opposite gender announcement entering housing units.

Findings (By Provision):

115.15 (a) - Agency policy 3116, Section D, page 3-4 indicates the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The PWMRADC reported no cross-gender strip or visual body cavity searches conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by non-medical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviews advised, the facility does not perform cross-gender strip or visual body cavity searches. The auditor conducted 15 random interviews with confined persons, and all 15 interviews indicated no cross gender strip or visual body cavity searches have been performed. The confined person population advised strip searches are always conducted by the same gender. This information was also confirmed during three informal interviews with staff, and three informal confined person interviews as the interviews confirmed the male staff are only allowed to perform pat searches of male confined persons and all strip searches are conducted by the same gender. No non-medical staff involved in cross-gender searches were available for interview due to the facility reporting no cross-gender searches. Agency policy 3116, section 2-C indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and forwarded to the Shift Commander, and the PREA Compliance Manager.

115.15 (b) - The PWMRADC houses both male and female confined persons and the auditor did observe confined persons classified as a transgender person as reported by the facility. The facility Superintendent confirmed this statement during the onsite review. The facility website indicted the facility houses both male and female

populations. The PREA Compliance Manager interview indicated PWRADC does not conduct cross-gender pat searches of offenders. The auditor reviewed housing unit logs indicating no cross-gender listings for the population cited in the past 12 months.

115.15 (c) - Agency policy 3116, section E, page 4 requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of confined persons. The facility Superintendent confirmed this statement during the on-site review. No cross-gender searches of confined persons were observed by the auditor during the on-site review. A digital body cavity search is only authorized by issue of a warrant or the direction of the Superintendent. Interviews with 15 randomly selected confined persons and 12 random staff did not indicate any concerns with cross-gender searches.

115.15 (d) - Agency policy 3137, Bathing and Hair Care Facilities for Inmates, section 2-6 explains inmates shall be able 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. This policy mandates gender specific staff are assigned to special housing units, Transport Officers, Search Team Officers, Visiting Room Search Officer, Intake Officer, Sally Port, and Specialized Treatment Units will be considerate of gender specific posts. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. The facility offers confined person shower curtains that do not create blind spots, half walls to protect from viewing during restroom functions, and mirrors that do not affect privacy. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, restroom barriers for confined person privacy while using the restroom, and camera placements throughout the facility that did not indicate cross gender viewing during periods of undress by the population. The housing unit cells have small windows that create a barrier toward the wet cells that have a toilet and sink combination in the room. This prevents confined person viewing while changing clothes and using the restroom except during incidental viewing during routine staff rounds. Informal interviews with three staff and three confined persons indicated no concerns with viewing of this nature.

Agency policy 4135, Gender Identification, Classification, and Housing, page 2, section V-B, and facility Housing unit post orders indicate a procedure for staff of the opposite gender to announce their presence when entering a confined persons housing unit. This practice was observed throughout the facility site review as staff announced their presence and documented this action in the unit logbooks.

115.15 (e) - N/A Due to recent Federal Directives

115.15 (f) - N/A Due to recent Federal Directives

Conclusion: Based upon the review and analysis of all the available evidence, interviews, on-site observations, and policy, procedure, and practice considerations, the auditor has determined that the facility is fully compliant with this standard. No corrective action is required.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.16 Analysis Prince William – Manassas Regional Adult Detention Center The following evidence was analyzed in making compliance determinations: Documents : <ol style="list-style-type: none">1. PWMRADC Pre-Audit Questionnaire responses2. Policy 2119 Prison Rape Elimination Act (PREA) Procedures Manual, Section B-4, page 63. Policy 3102 Staff Procedures for Text Telephone section IV, page 14. Policy 4100 Inmate Classification Process page 2, section B-55. Policy 4103 Inmate Rights6. Foreign Language Employee Directory List (Updated 02-02-2026)7. PREA Handout/PREA Pamphlet (English/Spanish) Interviews: <ol style="list-style-type: none">1. Agency Head2. One Confined Person with a Physical Disability3. Three Confined Persons with a Hearing Disability4. Three Confined Persons with Limited English Proficiency5. Two Confined Persons with Cognitive Disabilities6. 12 Random Staff Interviews7. Three Informal Staff Interviews

8. Two Confined Persons with a Low Vision Disability

Site Review Observations:

1. Signs and posters indicating zero tolerance posted throughout the facility English/Spanish formats
2. The unit phones are available with a TTY service and Spanish options
3. Opposite Gender Announcements in the housing units
4. Written materials in both Spanish/English formats
5. Staff interpreters on-site and utilized during interviews
6. Language Line utilized during interviews

Findings by Provision:

115.16 (a) Policy 2119 Prison Rape Elimination Act, section B-4, page 6 indicates the agency has established procedures to provide disabled confined persons equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing confined persons, blind or having low vision, confined persons who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficient. The auditor utilized the facility translator to interview three confined persons with a limited English proficiency disability. The confined person advised his primary language as Spanish, and the facility provided the PREA materials, handbook, and posters in a language he understood. The Agency Head interview indicated the facility has a contract to provide language line services, the facility is required to post materials in both English and Spanish formats, there are options for the blind, a contract for language services, 53 staff listed as interpreters, and all PREA related materials are available in multiple languages. The auditor inspected the phone systems, and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats. The auditor verified the language line service as an available option for limited English proficient confined persons.

115.16 (b) The confined person handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy 4103 Inmate rights, page 2-8, and indicate the following resources are available for the confined persons: closed captioning, large print material, reading of materials to confined persons by staff, department translator lists, and the language line services. Confined persons are provided with the PREA education pamphlet in their primary language upon request and the auditor reviewed the intake process. The auditor observed the closed captioning included within the television viewing,

and the intake staff reading the PREA pamphlet to the confined person. The auditor interviewed three limited English proficient confined persons that indicated gratitude for the language line service. They advised using this service in the past and the facility PREA Compliance Manager ensuring the PREA materials were provided in Spanish format. The auditor reviewed the PWMRADDC Foreign Language Employee Directory List (Updated 02-02-2026) and noted 53 staff are available for interpretation throughout the facility. The languages include Spanish, Hindi, and Urdu.

115.16 (c) The facility provides interpreter services with a language line service known as Language Line Services, Inc. This company also requires its interpreters to undergo a medical interpreter credentialing process. A hotline number is available on the phone lines to report abuse. This service is available for confined persons with limited reading skills in both English and Spanish. The auditor evaluated the number during the on-site review, and an immediate response was provided. Email notifications were also received by the PREA Compliance Manager, and this auditor reviewed the confirmations. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. This auditor reviewed an agency translator list indicating 53 potential staff in various languages. Staff training files reviewed indicated training received for managing those at risk of sexual abuse and identified the policy against using confined person interpreters. The auditor interviewed 12 random staff, which indicated the use of the language line to conduct interviews with limited English proficient confined persons. The auditor interviewed three informal interviews with staff, and no staff revealed any reports of utilizing confined person interpreters for incidents of sexual assault and sexual harassment. Interviews conducted with one confined person with a documented physical disability, three limited English proficiency, and two cognitive disabilities did not reveal concerns regarding this standard.

Conclusion: The evidence reviewed by the auditor reveals a significant level of facility importance regarding confined persons with disabilities or with limited English proficiency having the ability to communicate effectively with staff. This includes efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has implemented an approach to accommodate steps to communicate effectively with confined persons who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes a language line contract, and the 53 potential staff interpreter lists. The confined persons and staff interviews did not indicate any concerns regarding the use of confined person interpreters, readers, or assistants during sexual abuse or sexual harassment investigations. The agency has a policy in a written format, and the on-site review indicated the facility practice aligns with the written policy. The Superintendent interview indicated a strong knowledge base and the expected communication results designed with the intent of the written policy.

115.17	Hiring and promotion decisions
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.17 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire responses
2. Policy 2100 Personnel Selection, Retention, and Promotion, page 1, section IV.
3. 12 Random Staff Personnel Files
4. Policy 5123 Preventive Maintenance Program, page 2, section D.
5. Policy 4117 Citizen Involvement and Volunteers, page 2, section 3
6. Policy 2102 Employee Performance Evaluation, page 1, section IV
7. Five Random Volunteer Files
8. Five Random Contractor Files

Interviews:

1. One Human Resource Staff
2. PREA Compliance Manager
3. Three Informal Interviews with Staff
4. One Contract Staff
5. One Volunteer Interview

Site Review Observations:

1. 12 Random Staff Personnel Files

2. 122 New Employee Background Screenings Confirmed

3. 28 Contractor Background Screenings Confirmed

Findings by Provision:

115.17 (a) The facility Policy 2100 Personnel Selection, Retention, and Promotion, section IV, page 1 prohibits hiring or promoting anyone who may have contact with confined persons and prohibits enlisting the services of any contractor who may have contact with a confined person who has engaged in, been convicted of, or civilly/ administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with one Human Resource staff member. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 12 staff personnel files that indicated a response to these PREA related questions.

115.17 (b) Policy 5123 Preventive Maintenance Program, section D, page 2 requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with confined persons. This was confirmed during the interview with one Human Resource staff member. The auditor reviewed 12 staff personnel files indicating their signatures on the background release forms. None of the 12 staff personnel files indicated concerns regarding this provision.

115.17 (c) The PWRADC facility policy 2100 Personnel Selection, Retention, and Promotion, section IV, page 1 indicates a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with confined persons, criminal background records checks and 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 is completed. The auditor spoke with the PREA Compliance Manager and determined 122 criminal background checks were completed in the past 12 months. These record checks were conducted through the National Crime Information Network, and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions.

115.17 (d) The preaudit questionnaire indicated 30 background checks were completed for staff covered under contracts for services that may have contact with confined persons. This number was confirmed during the PREA Compliance Manager interview. The auditor reviewed facility policy 4117 Citizen Involvement and Volunteers, section 3, page 2 regarding the provision of this standard.

115.17 (e) Policy 2102 Employee Performance Evaluation, section IV, page 1 indicates criminal background checks are conducted on all current employees, volunteers, and contractors, at least every 3 years. This was confirmed during the human resource staff interview. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the National Crime Information Center, Virginia Crime Information Network, and the Virginia Department of Motor Vehicles. A centralized clearance check form is submitted, and the system consistently captures clearance information that includes driver license information, Virginia rap sheets, Interstate Identification Rap Sheets, visitor tracking information, telephone calls, email and money transactions, and prior employment information.

115.17 (f) All applicants and employees, who may have contact with confined persons, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the human resource staff member. The auditor reviewed 12 staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual misconduct.

115.17 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The policy 2102 Employee Performance Evaluation, section IV, page 1 explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, 12 staff personnel files were reviewed, and no issues determined regarding this practice.

115.17 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver's license, personal interview, proper documentation provided, Local Inmate Data System review, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Compliance Manager provided documentation demonstrating a criminal history and driver history inspection that was previously conducted for staff. The PREA Compliance Manager confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review.

Conclusion: Based on the evidence reviewed by the auditor to include: 12 staff personnel files, interviews with one human resource staff, agency, and facility policy, five contractor reviews, and three informal staff interviews, the auditor finds no discrepancies within this standard required for corrective action. The facility utilizes a polygraph process as a step within the hiring and selection phase per the Superintendent instructions. The PREA related questions are also asked during the polygraph phase of the hiring process. The steps considered by the facility to ensure the safety of the confined persons with qualified staff is impressive.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.18 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire responses
2. Policy 2119 PREA Procedures Manual, Section N, page 15, Upgrades to Facilities and Technologies

Interviews:

1. Facility Superintendent
2. PREA Compliance Manager

Site Review Observations:

1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Cross-gender viewing on video monitoring equipment

Findings by Provision:

115.18 (a) Agency policy 2119 PREA Procedures Manual, section N, page 15 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect confined persons from sexual abuse.

The facility Superintendent confirmed substantial expansions were performed to the PWMRADDC facility in 2021 but there have been no further expansions or modifications in the past 12 months. The interview with the Superintendent indicated the safety and privacy needs for confined persons is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots is important. The camera committees are in place at all levels, to ensure when tours are made, the camera placements and electronic monitoring data are all factors to consider when developing budgets.

115.18 (b) Agency policy 2119 PREA Procedures Manual, section N, page 15 indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect confined persons from sexual abuse. The facility has not performed any modifications and upgrades to the video monitoring equipment within the last 12 months. The auditor reviewed the video footage during the on-site review in correlation with the previously documented gender specific post assignments. There were no concerns identified regarding cross-gender viewing of the video monitoring equipment.

Conclusion: The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout their facility. Each camera has a full DVR recording support, and all these modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meet the requirements of this standard. The Superintendent advised the PREA Coordinator participates in the discussions regarding video monitoring equipment and future expansion.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.21 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p>

1. PWMRADC Pre-Audit Questionnaire responses
2. Agency Policy 3111 Inmate Sexual Assault and Harassment
3. Memorandum of Understanding (MOU) between the Prince William County Police Department and the PWMRADC.
4. Agency Policy 2119 PREA Procedures Manual, Section D-E, pages 9-10
5. Reviewed for Investigations Involving a Sexual Assault Nurse Exam Referral
6. Reviewed Email Transcripts demonstrating efforts to develop an MOU with a Certified Sexual Assault Nurse Examiner Sentara of Northern Virginia Hospital.
7. Reviewed one Memorandum of Understanding for the Victim Services, ACTS Sexual Assault Services.
8. Reviewed for SANE Evaluations from Sentara of Northern Virginia Hospital
9. Reviewed the Greater Prince William Crisis Intervention Team Roster

Interviews:

1. 12 Random Staff
2. One Sexual Assault Nurse Examiner
3. PREA Compliance Manager
4. Six Confined Persons who Reported Sexual Abuse
5. One ACTS Services Volunteer (Victim Advocate)
6. Three Informal Staff Interviews

Site Review Observations:

1. ACTS Sexual Assault Services Mailing Address posted in all Living Units in both Spanish and English formats.
2. Signs and Posters posted in all living units in English and Spanish formats.

Findings by Provision:

115.21 (a) The PWMRADC utilizes the facility PREA Compliance Manager and the Office of Professional Standards for conducting administrative sexual abuse and sexual harassment investigations, and the Prince William County Police Department

has the responsibility for conducting criminal abuse investigations. The Office of Professional Standards and the Prince William County Police Department utilize a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. The facility PREA policy 2119 describes the uniform evidence protocol required for the facility on page 9-10, section DE.

The auditor interviewed 12 random staff and all interviews indicated securing the scene and the Prince William County Police Department would be responsible for collecting the evidence at the scene. The agency policy 3111 Inmate Sexual Assault and Harassment, section C, page 2 indicates the standard utilized when conducting sexual harassment and discrimination investigations. The auditor reviewed a Memorandum of Understanding (MOU), between the Prince William County Police Department and the Prince William - Manassas Regional Adult Detention Center. This MOU is in effect; however, efforts are being made to update with current signatures. The auditor requested a signed copy once completed by both agencies.

115.21 (b) The PWMRADC effectively houses youthful offenders, and this was confirmed by the agency website, onsite interviews conducted with staff, and the population statistical data. Agency policy 4100 Inmate Classification Process explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.21 (c) The facility offers all confined persons who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. Policy 3111 Inmate Sexual Assault and Harassment advise the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The PWMRADC utilizes an off-site medical emergency room. The facility reported no forensic medical exams were performed by a Sexual Assault Nurse Examiner (SANE) during the past 12 months. The number performed by a SANE was zero, and the number performed by a qualified medical practitioner was zero. The auditor spoke with one SANE nurse during the on-site review. The staff indicated they would provide the necessary support at the Sentara of Northern Virginia Hospital during the sexual assault exam. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the on-site review. The Health Services Administrator confirmed all medical procedures will be performed to the victim at no cost and the auditor reviewed data to support the SANE evaluations that would be performed at no cost to the confined persons. PWMRADC also provides on-site mental health treatment through their crisis stabilization and transitional care units. This includes activities groups, social skills training, group therapy, and medication management groups. The auditor reviewed email transcripts indicating efforts to retain a MOU with the Sentara of Northern Virginia Hospital to offer certified Sexual Assault Nurse Examiner duties. The interview with the provider confirmed these efforts and indicated a very professional relationship exists between the two agencies.

115.21 (d) The PWMRADC medical staff complete the National Institute of Corrections

training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault victims in a Confinement Setting. Training certificates were reviewed for medical staff and all training was verified. The facility provided the training certificates during the post audit phase, indicating all training was completed by all staff. This includes the initial PREA training and the specialized medical and mental health training.

The auditor reviewed the Memorandum of Understanding with the Action in the Community Through Services (ACTS) victim services for confidential support services. This agency was previously known as SAVAS, and the auditor noted a change in service from the previous audit in 2020. The facility provided an updated MOU during the post audit phase with correct signatures from both agencies. All materials and information relating to SAVAS as opposed to ACTS was updated by the facility during the post audit phase. The auditor identified the SAVAS Services poster in all housing units, intake, and medical sections of the facility. The poster identified the 24- hour services offered by the agency, advocacy and case management, and hospital accompaniment. The poster offers an address for confined persons to write directly to the agency, and the information is also provided in the handbook. The information provided to the confined persons in intake includes a facility sexual abuse awareness pamphlet and the address for the ACTS Services is included within the pamphlet. The auditor observed this pamphlet being provided to the confined persons during the intake processes. All confined persons are required to sign for receipt of the handbook and the PREA pamphlet. The SAVAS address and phone numbers are the same for both SAVAS and ACTS for the victim advocate services. The auditor did not identify any additional concerns regarding lost coverage or assistance. The facility provided updated materials, posters, pamphlets, handbook addendums, and information to the population during the on-site review. The auditor confirmed all new materials were updated and posted throughout the facility. No additional concerns were identified regarding this issue.

115.21 (e) The auditor reviewed no incident reports demonstrating a victim advocate present during the sexual assault medical exam as the facility reported no incidents involving the need for an exam. The ACTS Services information was provided in the sexual abuse awareness pamphlet. Policy 3111 Inmate Sexual Assault and Harassment, section C, page 2 explains any inmate who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. This was confirmed during the victim advocate interview, and the auditor reviewed the Memorandum of Understanding with the ACTS Services. The auditor interviewed one staff from the ACTS Services. This volunteer confirmed the MOU with PWMRADC, explained the process regarding notifications, discussed the limits to confidentiality, and expressed appreciation for PWMRADC involving them within their program. The auditor interviewed six confined persons that had previously reported an allegation of sexual abuse. The confined persons advised they were aware of the program and had spoken with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for services in the future.

115.21 (f) The PWMRADC utilizes the facility Office of Professional Standards for

	<p>conducting administrative sexual abuse and sexual harassment investigations, and the Prince William County Police Department has the responsibility for conducting criminal abuse investigations. This was confirmed during the Superintendent and PREA Compliance Manager interviews. The auditor identified a concern regarding the staff interviews and the inability to explain the point of contact for facility investigations. The PWMRADDC utilizes the Office of Professional Standards to conduct administrative investigations. This was addressed by the facility Superintendent and the PREA Coordinators during the Command Staff meeting during the post audit phase.</p> <p>115.21 (g) N/A</p> <p>115.21 (h) The PREA Compliance Manager verified the facility will always utilize the ACTS Services as the community advocate to offer emotional support, crisis intervention, information, and referrals. The PWMRADDC does not utilize staff as representatives for the ACTS Services or to provide emotional support services.</p> <p>Conclusion: The facility has in place a policy reflecting the efforts toward providing investigations, victim support, evidence protocol, and forensic medical examinations. The auditor reviewed a Memorandum of Understanding for the provisions required and all facility efforts are documented in writing. All provisions were met within standard 115.21 and no further corrective action is required.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.22 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADDC Pre-Audit Questionnaire responses 2. Policy 2119 Prison Rape Elimination Act, 2003, section K, page 12 3. Reviewed the Facility Website memo provided by the PREA Compliance Manager

4. Policy 3111 Inmate Sexual Assault and Harassment, section F, page 3.

Interviews:

1. Facility Superintendent
2. One Facility Investigator
3. PREA Compliance Manager

Site Review Observations:

1. Reviewed the facility website for Investigative information
2. Reviewed Shift Commander Checklist
3. Reviewed Seven Investigative Files
4. Case Management Log Entry System

Findings by Provision:

115.22 (a) The auditor received the allegations and investigations overview document as requested along with the following data: PWMRADC listed a total of one staff-on-confined person allegation of sexual abuse within the last 12 months, three confined person allegations of sexual abuse on other confined persons within the last 12 months, seven staff-on-confined person allegations of sexual harassment in the past 12 months, and 13 confined person allegations of sexual harassment in the past 12 months on another confined person. In the past 12 months, PWMRADC has received four incident reports regarding sexual abuse and 20 incident reports involving sexual harassment incidents.

The PWMRADC recognizes the grievance system as a method of reporting allegations of sexual abuse; however, no grievances were submitted within the last 12 months regarding allegations of sexual abuse. The facility received one allegation of sexual harassment through the grievance procedure, and the auditor verified the allegation was investigated. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is rejected and forwarded immediately to the PREA Compliance Manager for investigation. This process was confirmed by the auditor during the on-site review.

The PWMRADC provides a hotline number as a method of reporting sexual abuse or sexual harassment. The hotline is monitored by The Action in Community Through Service Sexual Assault Services (ACTS). PWMRADC reported a total of 19 calls were made to the hotline resulting in investigations conducted within the past 12 months.

The administrative investigations are conducted following the outcome of the criminal investigations. A total of five investigations resulted in substantiated claims for administrative actions, no unsubstantiated claims, and 19 claims that the investigation was determined to be unfounded. The facility reported one substantiated allegation of sexual abuse determined in the past 12 months. There was one criminal case that resulted in a substantiated allegation, but no cases were terminated by prosecution refusal to prosecute. There are currently no sexual abuse administrative cases still pending, and four closed cases. There are no sexual harassment cases still pending and 20 closed cases. The interview with the facility Superintendent explained that the facility Office of Professional Standards is the point of contact for all investigations. All criminal investigations are referred to the Prince William County Police Department. The PREA Compliance Manager will ensure that all cases are completed and documented with complete investigative summaries and the Superintendent is informed of the outcomes.

115.22 (b) The PWMRADC PREA policy 2119, section K, page 12 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 2119, section K, page 12 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Prince William County Police Department shall be responsible for criminal investigations in matters relating to the sexual abuse. This notification policy is posted on the agency website and the procedures for reporting allegations are found in policy 3111 Inmate Sexual Assault and Harassment, section F, page 3. This auditor reviewed documentation indicating all 24 cases were entered into the Case Management Log Entry System. This information was provided and explained by the PREA Compliance Manager. The facility investigator interview confirmed this process.

This auditor reviewed seven investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews and documented within the reports. The required burden of proof was considered throughout the investigative process and was documented as such within the report. The facility investigator indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the facility website.

115.22 (c) Agency policy 3111 Inmate Sexual Assault and Harassment, section F, page 3 indicates the Prince William County Police Department shall conduct all criminal investigations of sexual abuse, sexual battery, and staff sexual misconduct. The information provided by the agency and facility indicates compliance with this standard. The auditor reviewed one referral provided by the facility to the Prince William County Police Department for investigation as one allegation was reported to require the necessary referral. The facility reported one substantiated allegation of sexual abuse and four substantiated allegations of sexual harassment that did not rise to the level of prosecution referral.

115.22 (d) N/A

	<p>115.22 (e) N/A</p> <p>Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a documented investigative policy, and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. The agency policy is posted on the website, and it describes the investigative responsibilities of both the agency and the separate entity that conducts the criminal investigations on its behalf. The facility meets the provisions of this standard.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.31 Analysis</p> <p>Prince William - Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire responses 2. Policy 2115 Minimum Training Criteria for Employees 3. Basic Training PREA Power Point slides - Zero Tolerance Test 4. PREA Training Lesson Plan, 20 pages 5. 12 PREA Training and Understanding Verification Forms <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Random Staff 2. PREA Compliance Manager 3. Three Informal Staff Interviews

4. Confined Persons that identify as Transgender

Site Review Observations:

1. Reviewed 12 Staff Training Files
2. Reviewed 12 PREA Training and Understanding Verification Forms
3. Verified a list of all current staff training dates

Findings by Provision:

115.31 (a) Agency policy 2115 Minimum Training Criteria for Employees, page one includes the zero-tolerance standard toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. The auditor conducted 12 Random staff interviews indicating significant knowledge regarding the zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the PREA Lesson Plan provided by the PREA Compliance Manager, and the auditor reviewed the power point presentation associated with the lesson plan during the on-site review. These materials provide the discussion regarding the zero-tolerance standard. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, rights to be free from sexual abuse and sexual harassment, retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.

115.31 (b) This auditor reviewed the staff training curriculum to include rosters, power points, briefing rosters, lesson plans, and the on-line training program. This program is an interactive testing software and specifically designed to provide the PREA training elements listed in 115.31 (a) 1-10. The facility trained all staff members in the last 12 months and provided roll call training rosters demonstrating PREA training across all shifts. The agency training is tailored to the gender of the confined persons at the facility to include male and female confined persons and staff.

115.31 (c) The auditor reviewed a total of 12 staff training files. The documentation provided indicated that all 12 staff received the initial and annual PREA training. A complete listing of all staff was provided by the PREA Compliance Manager to the auditor ensuring the training was received by all staff at the end of the on-site review. The on-line program requires a test to be completed at the end of each section to

	<p>determine satisfactory completion. The PREA Compliance Manager interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and during in-service.</p> <p>115.31 (d) The 12 random staff interviewed during the on-site review and three informal staff interviews indicated the inability of staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator. The facility organizational chart was reviewed during the initial orientation to ensure proper identifications and the PREA Compliance Manager provided written documentation to this auditor ensuring all training was received at the end of the on-site review. The auditor reviewed 12 PREA Training and Understanding Verification Forms. This document informs the student that their signature indicates they understand the training being received. The PREA Compliance Manager advised this form is signed by every staff member at the conclusion of the PREA training period.</p> <p>Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employee signatures signifying comprehension of the training received, the facility meets compliance with this standard. No further corrective action is currently required.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Standard 115.32 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire responses 2. Volunteer Orientation Checklist 3. PWMRADC Volunteer PREA Training Pamphlet 4. RJ-4425 Volunteer Orientation Checklist Form 5. Professional Ethics Document

6. Policy 4117 Citizen Involvement and Volunteers, section B, pages 1-2

7. Volunteer Handbook, page 9

Interviews:

1. One Contract Education Staff
2. One Intern Volunteer

Site Review Observations:

1. Reviewed Eight Volunteer/Contractor/ Public Visitor Forms
2. Reviewed the facility Biometric process

Findings by Provision:

115.32 (a) Agency policy 4117 Citizen Involvement and Volunteers, section B, pages 1-2 explain the zero-tolerance standard and the facility also provides a volunteer and contractor handbook. This auditor reviewed the volunteer and contractor handbook, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed eight RJ-4425 Volunteer Orientation Checklist forms acknowledging they understand the training received.

115.32 (b) The PWMRADC has trained 274 volunteers and 28 contractors in the last 12 months. The level of training provided is based on the services they provide and the level of contact they have with confined persons. A level one contractor or volunteer, which spends at least five hours a week with a confined person, would receive the same training as the staff. Each contractor and volunteer must complete an application, and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the Virginia Crime Information Network and the National Crime Information Center.

115.32 (c) The auditor spoke with one contract staff and one volunteer intern that provided information relating to the training received, handbook notifications, and background questionnaires. All interviews indicated the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. All interviews confirmed receipt of the PREA pamphlet. The confined person signs a

	<p>consent form upon the initial intake screening and there are no documented concerns regarding limits to confidentiality. The auditor observed the notification process during the intake screening. The facility volunteer coordinator provided documentation indicating all volunteers have received the PREA pamphlet and signed the notification indicating the volunteer understands the training received.</p> <p>Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with confined persons are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the confined persons. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received. No corrective action is required regarding this standard.</p>
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115.33 Inmate education	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.33 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire responses 2. Policy 2119 Prison Rape Elimination Act, 2003, section B, page 8 3. Reviewed the PREA Intake Pamphlet (Spanish/English Format) 4. Policy 4100 Inmate Classification Process, section B-5, page 2 5. Confined Persons Handbook (Spanish/English Format)

Interviews:

1. PREA Compliance Manager
2. One Intake Staff
3. 15 Randomly Selected Confined Person Interviews
4. Three Informally Selected Confined Person Interviews

Site Review Observations:

1. Observed the Intake Process and Issue of the PREA Pamphlet to Confined Persons
2. Reviewed 11 Confined Person Intake Files
3. Reviewed 11 PREA Intake Handout Receipts
4. Observed PREA Posters and Materials Posted in All Living Units, Medical, and Programs (English/Spanish)

Findings by Provision:

115.33 (a-f) Policy 2119 Prison Rape Elimination Act, 2003, section B, page 6 discusses the confined person education requirements and includes elements (a-f) within the policy. The intake officer described the confined persons receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed confined persons receiving the PREA pamphlet. This document includes the facility zero tolerance policy, the right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The confined persons can submit a request form, file a grievance to report allegations of sexual abuse, sexual assault, or sexual harassment. They can report to a staff member or call the PREA hotline numbers. The hotline numbers are linked to the Action in Community Through Service Sexual Assault Services (ACTS). The auditor identified the previous name of the ACTS hotline (SAVAS) and was still listed on the pamphlet and posters throughout the facility. This information was updated during the on-site review and the auditor received written confirmation during the post audit phase. Facility policy 4100 Inmate Classification Process, section B-5, page 2 indicates within the first 30 days of reception additional PREA information will be provided to the confined person's population. This information includes the right to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation is explained during the comprehensive review. The facility also proudly displays PREA posters, and one is displayed in the intake section regarding zero tolerance.

The intake staff are required to print a confined person's orientation

acknowledgement form, and the confined person will sign acknowledging they understand the training they have received. The auditor sampled 11 confined person files indicating receipt of the PREA brochure and the 30-day comprehensive education. The PREA Compliance Manager reported a total of 7272 confined persons admitted during the past 12 months, and 895 of that length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview.

There is several reporting methods provided to the confined persons, and this is discussed in the PREA pamphlet. The PREA information, handout, and ACTS Sexual Assault Services information was posted on the wall near the phones in every living unit, in both Spanish and English formats. Posters are visible throughout the facility reminding confined persons regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 15 randomly selected confined person interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility. The confined people’s phones are equipped with a TTY system; the facility provides a language line for numerous languages and a list of certified staff interpreters. The facility employs staff to provide the information verbally to those that cannot read. The auditor requested the postings of the ACTS support services and the reporting hotline numbers be placed on the mobile phones for segregation use. This was confirmed during the on-site review and the facility provided written notification during the post audit phase.

Conclusion: The auditor has determined the agency has a policy governing PREA education for confined persons. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of confined persons entering the facility in the past 12 months, signed documents by the confined person indicating the understanding of the training received within 30 days of intake, confirmation of all confined persons receiving the PREA information within one year of the effective date of the PREA standards, review of the confined person handbook, PREA pamphlet, education materials in formats accessible to those that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated compliance, and no further corrective action is currently requested.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.34 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire responses
2. Agency Policy 2115 Minimum Training Criteria for Employees, page 2
3. Facility PREA Training Lesson Plan and Power point
4. Reviewed Two Correctional Investigator Training Files
5. Reviewed Two PREA Training and Understanding Forms

Interviews:

1. One Facility PREA Investigator

Site Review Observations:

1. Reviewed the facility PREA Training Lesson Plan and Power point
2. Reviewed Two Correctional Investigator Training Files
3. Reviewed Two PREA Training and Understanding Forms
4. Reviewed Seven PREA Investigative Files

Findings by Provision:

115.34 (a-d) Agency policy 2115 Minimum Training Criteria for Employees, page 2 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral.

The facility utilizes investigators from the Prince William County Police Department for all criminal investigations and the facility Occupational and Professional Standards Unit is assigned to conduct all administrative investigations. The auditor reviewed two training records indicating the facility OPS Lieutenant and OPS First Sergeant has

received the specialized PREA training for investigators. This was confirmed during the investigator interview, and the auditor reviewed seven investigative files indicating the OPS First Sergeant was the primary investigator for each case reviewed.

The facility professional standards staff completed the National Institute of Corrections PREA Investigator online training curriculum. This training provided the necessary elements required within this standard to include the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and power points associated with this learning environment. This training identified the PREA standards that apply to investigating sexual abuse of confined persons and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency policy 2115 Minimum Training Criteria for Employees, page 2 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form. The auditor reviewed two PREA Training and Understanding Forms for the two staff members that have taken the specialized investigator training class.

Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is currently required.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Standard 115.35 Analysis Prince William – Manassas Regional Adult Detention Center The following evidence was analyzed in making compliance determinations: Documents:

1. PWMRADC Pre-Audit Questionnaire responses
2. Agency Policy 2115 Minimum Training Criteria for Employees, page 2, section B
3. PREA Medical and Mental Health Care Standards Participant Guide
4. 10 Medical Staff Training Files
5. PREA Specialized Training: Medical and Mental Health Care Lesson Plan
6. 10 PREA Training and Understanding Verification Forms
7. Policy 2121 Medical Program Administration, section C, page 2

Interviews:

1. One Medical Staff
2. One Mental Health Staff
3. One Sexual Assault Nurse Examiner (SANE)

Site Review Observations:

1. Reviewed 10 medical staff training files
2. Reviewed 10 PREA Training and Understanding Verification Forms

Findings by Provision:

115.35 (a-d) Agency policy 2115 Minimum Training Criteria for Employees, section C, page 2 explains the facility policy, procedures, and practice associated with this standard compliance, and requires all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 38 medical staff that work regularly in the facility, and the training records indicated all 38 staff have received the initial PREA orientation and the specialized training.

The auditor reviewed the facility PREA Medical and Mental Healthcare Lesson plan that included the following topics: PREA medical and mental healthcare standards participant guide, lessons on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed 10 PREA Training and Understanding Verification Forms documenting the medical staff signatures and understanding the training they have received. The auditor interviewed one medical staff, and one mental health staff

	<p>and all interviews indicated knowledge regarding the specialized medical training.</p> <p>The forensic medical exams are conducted at the Sentara of Northern Virginia Hospital. The facility maintains documentation demonstrating the medical and mental health practitioners have completed and understand the training received. The medical staff interview provided direct knowledge regarding how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed email transcripts with the Sentara of Northern Virginia Hospital attempting to enter into an agreement to conduct Sexual Assault Nurse Exams (SANE). The auditor interviewed one Sexual Assault Nurse Examiner and provided confirmation regarding specialized training specific for conducting SANE evaluations, and the interview confirmed the attempts to enter a Memorandum of Understanding between the two agencies. The facility agreed to provide the MOU upon completion to the auditor.</p> <p>Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum and signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all of the provisions required within this standard with compliance. No further action is required.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.41 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <p>1. PWMRADC Pre-Audit Questionnaire Responses</p>

2. Agency Policy 2119 Prison Rape Elimination Act Procedures Manual (PREA Manual)
3. PWMRADC PREA Risk Assessment Tool
4. Policy 2138 Inmate Admission and Release Procedures
5. Policy 4100 Inmate Classification Process

Interviews:

1. One Staff Responsible for Risk Screening
2. 15 Random Confined Person Interviews
3. Three Informal Confined Person Interviews
4. 12 Random Staff Interviews
5. Three Informal Staff Interviews
6. PREA Coordinator
7. PREA Compliance Manager

Site Review Observations:

1. Confined Person Risk Screening Process
2. Confined Person Risk Screening Reassessment Process
3. Intake and Classification Housing Assignment Review
4. 11 Confined Person File Reviews
5. PWMRADC Pre-Audit Questionnaire Responses
6. 11 PWMRADC PREA Risk Assessment Tools

Findings (By Provision):

115.41 (a-I) Agency policy 2119 Prison Rape Elimination Act, 2003, section A-1, page 6 explains the screening procedures for risk of victimization and abusiveness. This policy explains that all confined persons are assessed during an intake screening for their risk of being sexually abused by other confined persons or sexually abusive toward other confined persons. Confined persons will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other confined persons. The PWMRADC utilizes the PREA Risk Assessment Tool to

accomplish the risk screening process. This tool is utilized during the following procedures: the intake screening process, 20-30 days after receipt into the facility, or whenever a confined person participates in an incident of sexual abuse, new information is provided within the history, and during the annual review.

The auditor observed the screening procedures during the on-site review within the initial receipt of the confined person population during the first two hours of arrival. The review was performed by the intake officer in a private office space with a secure workstation. The auditor also observed a reassessment being conducted by a facility staff member in a private office space with a secure workstation. The auditor confirmed the reassessment was conducted within 20 days of the initial receipt of the confined person. Agency policy 2119 PREA 2003, section A-1, page 6 indicates this tool must be completed within the first 72 hours of reception to the facility. The auditor reviewed 11 confined person files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This follows the 72-hour mandate required by the standard. The files reviewed consisted of 11 confined person assessments upon arrival within the first 72 hours, and 11 confined person reassessment files for allegations of sexual abuse. A total of three of the 11 files reviewed required a mental health referral and the auditor confirmed the meetings with the mental health staff occurred within two days. However, the files indicated a required reassessment was due and not completed within the 30-day required timeframe. This was addressed by the PREA Compliance Manager and the Classification Manager during the on-site review. The auditor received written notification that the reassessments were completed, and further monitoring efforts will continue in the future. The facility PREA policy was also updated to include the required language to ensure that the reassessments are conducted within the specified 30-day period. The auditor monitored the activity during the post audit phase to ensure that the compliance continued after the onsite review.

The facility utilizes an objective classification screening instrument that includes yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a booking risks and needs assessment, and a PREA initial intake screening tool. The objective classification screening includes the following criteria for the risk of sexual victimization: confined person mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, previous sexual victimization, vulnerability perceptions, or if the confined person is detained solely for civil immigration purposes. The auditor observed the staff performing the risk screening to document the responses of the confined person. Staff indicated the scores also reflected the person's personal perceptions of themselves. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted.

The objective classification system questionnaire also assesses confined persons for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff

performing the screening and was advised, each confined person must be carefully screened, and every evaluation should be unbiased. The results of the screening should be based on the communication between the staff conducting the review and the confined person's own perceptions and responses to the questions. Agency policy 4100 Inmate Classification Process, section III-IV, page 1 indicates within 20-30 days of intake an inmate's risk level will be reassessed 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. Interviews conducted with 15 random confined persons indicated this process was being applied as the confined persons could explain the questions being asked by the facility staff. The confined persons identified the security staff as conducting the initial assessment and the reassessment. This information is consistent with the agency policy previously discussed.

Agency policy 2119 PREA 2003, section A-1, page 6 indicates confined persons will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard as once the staff uploaded the responses within the system, he was not able to make revisions. The staff interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Coordinator interview indicated limited access to review these documents once they have been uploaded within the system. Access must be approved by the PREA Compliance manager, and a password provided by the information technology department. The PREA Compliance Manager advised medical staff, intake, and classification staff, PREA Compliance Manager, and the PREA Coordinator are the current staff designated to have access to the risk assessment scores.

Conclusion: Based on the review and analysis of all available evidence to include agency policy governing the screening of confined persons upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is fully compliant with this standard regarding confined person risk of victimization and abusiveness. No further corrective action is required.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.42 Analysis
	Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents :

1. PWMRADC Pre-Audit Questionnaire responses
2. Agency policy 4100 Inmate Classification Process
3. PREA Inmate Risk of Sexual Victimization Questions
4. PWMRADC PREA Risk Assessment Tool
5. RJ-4014 Inmate Move List
6. RJ-4015 Intra ADC Transfer Record
7. Policy 4135 Gender Identification, Classification, and Housing

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager
3. One Staff Responsible for Risk Screening
4. Facility Superintendent

Site Review Observations:

1. Reviewed the PREA Risk Screening Process
2. Reviewed the PREA Risk Screening Reassessment Process
3. 11 Confined Person Files
4. Reviewed the housing unit cell, shower, restroom, and bunk accommodations

Findings (By Provision):

115.42 (a-b) Agency policy 4100 Inmate Classification Process, section III, A-E, page 2 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those

at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Coordinator as the PREA Coordinator advised that all facility risk screenings are objective, case-by-case evaluations of the confined person with their own perceptions and views being considered. The views of the confined person are recognized along with the tally provided by the staff on the risk assessment document. The intake screening staff interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The facility electronic housing program (OMS) will also indicate a warning and the name of the confined person will flash red. The system will not allow the user to house potential victims and potential abusers together. The auditor reviewed this process during the on-site review.

Agency policy 4135 Gender Identification, Classification, and Housing, section C, page 3 indicates the facility will make individualized determinations on a case-by-case basis to ensure the residents health, safety, and personal views are considered. Reassessments shall be conducted by the intake staff between calendar day 20 and 30 of every confined person's arrival in the facility. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Compliance Manager confirmed the intake staff will review and recognize an imbalance of power within the cell assignment. This is performed during individualized meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the confined person's personal views. The software will also indicate a warning within the system, the confined person's name will flash in red, and the system will not authorize the two confined persons to be housed together. This was confirmed during the intake screening staff interview, and all assessments will be documented on the PREA Risk Assessment Tool.

The facility site review provided the opportunity to confirm that all confined person showers are conducted separately, a shower curtain is provided for privacy, and the 15 random confined person interviews and three informal confined person interviews concluded no issues reported due to other staff or confined persons viewing them while changing clothes, showering, or using the restrooms. The 12 random staff interviews advised no concerns with this type of issue reported.

115.42 (c-g) - N/A Due to Recent Federal Regulations

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding confined person risk of victimization and abusiveness.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.43 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADDC Pre-Audit Questionnaire responses
2. Policy 4135 Gender Identification, Classification, and Housing
3. Policy 4114 Administrative Segregation
4. RJ-4320 Administrative Segregation Form

Interviews:

1. Facility Superintendent
2. One Staff Supervising Confined Persons in Segregated Housing
3. Reviewed for Confined Persons in Segregated Housing for Risk of Suffering Sexual Abuse

Site Review Observations:

1. Confined Person Case Files
2. Segregation Housing Records

Findings (By Provision):

115.43 (a-e) Agency policy 4135 Gender Identification, Classification, and Housing, section C, 1-5, page 3 clearly defines the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment. This policy was confirmed during the interview

with the facility Superintendent. This policy allows for programming, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility must document on the Involuntary RJ-4320 Administrative Segregation Form. This auditor reviewed the segregated housing records and spoke with one staff that supervises confined persons in segregated housing. No confined persons in the past 12 months were identified to be housed in segregated housing involuntarily. The auditor reviewed the segregated housing records and determined there were no confined persons currently in special housing for high risk of sexual victimization. Facility policy 4114 Administrative Segregation, section D-1, page 3 indicated all reviews for confined persons in segregation are conducted within 14-days. The facility reported no confined persons have been housed in segregation for high risk of sexual victimization in the past 12 months.

Conclusion: Based on the review and analysis of all available evidence, the auditor has determined that the agency has a policy governing involuntary segregated housing for confined persons at high risk for sexual victimization. The facility conducts 30-day reviews and documents accordingly. The auditor reviewed facility records of housing assignments, segregation logs, and verified out of cell activities were not interrupted throughout this review. The auditor has determined the facility is fully compliant with the provisions of this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.51 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Agency Policy 2119 Prison Rape Elimination Act Procedures Manual (PREA Manual) 3. 2023 Confined Person Handbook 4. Facility Issued Confined Person PREA Pamphlet

5. PREA Intake Handout
6. Employee Handbook
7. Policy 3144 Inmate Access to Telephones and the Inmate Phone System
8. Policy 2125 Program for Civil Immigration Purposes, 287 (g)
9. Policy 2108 Prohibition Against Harassment

Interviews:

1. 12 Randomly Selected Staff
2. 15 Randomly Selected Confined Persons
3. Three Informal Staff Interviews
4. Three Informal Confined Person Interviews
5. PREA Compliance Manager
6. Facility Superintendent

Site Review Observations:

1. Reviewed the Action in the Community Through Service (ACTS) information posted in the confined person handbook.
2. Reviewed the Third-Party mailing address postings.
3. Reviewed the facility training records and lesson plan.

Findings (By Provision):

115.51 (a-d) PWMRADDC provides multiple methods for confined persons to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, neglect, and contributing factors to these incidents. These factors are described in policy 2119 PREA, section C-3, page 7 and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, report directly to a family member or friend, write a letter to the staff, call the PREA hotline number, and submit a request for assistance to the staff they trust. The Action in the Community Through Service (ACTS) Hotline will submit an email to the PREA Compliance Manager informing there is an issue reported. These reports are documented in writing immediately and forwarded to the facility PREA investigator for prompt review. This information was documented in the facility policy, confined person handbook, staff handbook, and the PREA intake pamphlet.

The facility has a documented Memorandum of Understanding with the Prince William County Police Department to provide one method of anonymously confined person reporting to a public entity that is not part of the agency. This information is posted in all confined person living units, documented in the handbook, and available upon the intake PREA pamphlet. The auditor interviewed 15 randomly selected confined persons and conducted three informal confined person interviews that concluded knowledge of this process. One confined person volunteered to show the auditor the third-party poster located near the phone in the dayroom during the on-site review. The auditor identified the ACT's information required an update due to the name change of the previous agency. All posted materials, handbooks, and references to the previous agency was updated during the on-site review. The facility provided written notification to the auditor during the post audit phase.

The PWMRADC does not detain confined persons solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager and the facility Superintendent interviews. However, steps are in place to conduct calls for immigration purposes and these calls are authorized at no cost to the confined person population. The auditor confirmed this statement was written in agency policy 2119 Prison Rape Elimination Act, 2003 regarding Civil Immigration. All facility mail related to PREA is considered privileged correspondence and is treated in the same manner as legal materials. These items must be opened in front of the confined person and outgoing mail is not searched.

Agency policy 2119, Prison Rape Elimination Act, 2003 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against confined persons or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also advises the Superintendent or designee will monitor the conduct and treatment of confined persons or staff who reported sexual abuse or sexual harassment for at least 90 days. The Superintendent confirmed this monitoring period during the interview process. The Superintendent also confirmed any allegations reported by another facility or to another facility will be performed from the agency head designee to the other facilities agency head designee in writing. This information will then be passed on to the facility PREA investigator promptly.

Conclusion: The auditor has reviewed all available information provided by the facility during the preaudit, on-site review, and during the post audit phase. The auditor has determined the facility has several internal methods for confined persons to privately report all allegations of sexual abuse and sexual harassment. This includes internal methods as well as external bodies. The facility accepts reports verbally, in writing, anonymously, and from a third party. Confined persons at PWMRADC are not detained solely for civil immigration services but there is a system in place for free calls for civil immigration purposes. Therefore, the facility has met the requirements of this standard and no further action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.52 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Policy 4104 Inmate Grievances
3. Policy 2119 Prison Rape Elimination Act, 2003
4. Confined Person Handbook
5. Confined Person Grievance Forms, RJ-4080
6. Intake PREA Pamphlet

Interviews:

1. PREA Compliance Manager
2. 15 Randomly Selected Confined Persons
3. 12 Randomly Selected Staff

Site Review Observations:

1. Grievance forms are readily available to the population in all housing units.
2. Reviewed the Grievance Log

Findings (By Provision):

115.52 (a-g) Facility policy 4104 Inmate Grievances describes the grievance procedure for dealing with confined person grievances regarding sexual abuse.

Agency policy 4104 section 6-A, page 2 advises, "Inmates shall utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as defined in the Glossary of Terms for this procedures manual". However, if a confined person files a grievance related to staff on confined person sexual abuse/sexual harassment or confined person sexual abuse, the Facility Grievance Coordinator shall reject the grievance and forward it to the facility Security Office and PREA Compliance Manager (PCM)/designee for tracking and investigation. The confined person shall be notified of this action. The Institution PREA Compliance Manager reports that the Security Office/PCM/designee shall be responsible for notifying the Shift Commander for any allegations requiring the implementation of checklist procedures as outlined in section 6 of this procedure's manual.

There have been no allegations of sexual abuse and one allegation of sexual harassment submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the Investigations PREA Lieutenant and the Security Office for immediate investigation. Agency policy 4104, section 6-A, page 2 states, the Confined Person Grievance System is intended to deal with a wide range of issues, procedures, or events that may be of concern to a confined person. It is meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment) against a staff member or confined person for sexual abuse must be addressed through Department policy 2119 "Prison Rape Elimination Act (PREA)." When faced with an incident of an urgent or emergency nature, the confined person shall contact the nearest staff member for immediate assistance. The auditor reviewed the grievance alleging sexual harassment and verified the allegation was investigated in a timely manner.

The auditor reviewed the confined person handbook, and the confined person grievance system is listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews with randomly selected staff, and these interviews indicated knowledge of the confined persons being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 15 randomly selected confined persons and several of the interviews indicated they could submit a grievance to notify the staff of an allegation of sexual abuse. The auditor reviewed for rejected grievances indicating allegations of sexual abuse, but the facility reported no grievances received for allegations of sexual abuse within the past 12 months. However, facility policy 4104, section 6-A, page 2 explains that the response to all grievances related to sexual abuse is immediate and a final decision will be made within 24 hours. All facility grievances are returned with a response to the confined person within three days and the confined person has an opportunity to appeal the decision to the facility Superintendent. The final decision must be returned within five days. The auditor verified this process was adhered to in review of the grievance submitted for sexual harassment.

	<p>Conclusion: The Prince William – Manassas Regional Adult Detention Center recognizes the grievance system as a primary method of reporting for the confined persons. All grievances received relative to sexual abuse will be accepted and forwarded to the facility Investigative PREA Lieutenant for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Confined persons are informed the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and confined person handbook. The auditor determined the facility meets the requirements of this standard as its policy is to forward all grievances alleging sexual abuse and sexual harassment immediately to the shift commander and the security office for investigation.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Standard 115.53 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Policy 2119 Prison Rape Elimination Act, 2003, section T, page 19 3. PREA Intake Pamphlet (Spanish/English) 4. Facility PREA Posters (Spanish/English) 5. 2023 Inmate Handbook, page one 6. Policy 3144 Inmate Access to Telephones and the Inmate Phone System, section C-1, page 2 7. Memorandum of Understanding with Action in the Community Through Service Sexual Assault Services (ACTS)

Interviews:

1. 15 Random Confined Persons
2. Six Confined Persons Who Reported Sexual Abuse
3. Facility Superintendent
4. PREA Compliance Manager
5. One Victim Advocate Provider (ACTS)

Site Review Observations:

1. Verified all third-party reporting materials and ACTS Sexual Assault Services (ACTS) materials are posted in the confined persons living units in both English and Spanish.
2. Verified telephone and mail monitoring notices are posted in the confined person living units in both English and Spanish.
3. Tested the hotline numbers for adequacy and received confirmation.

Findings (By Provision):

115.53 (a-c) Agency policy 2119 PREA, section T, page 19 advises the PREA Compliance Manager shall ensure that confined persons are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. During non-working hours, the Shift Commander shall be responsible to ensure the support services in PWMRADC are available. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Compliance Manager shall inform confined persons, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall ensure that if facility phones or public pay phones within the facility are monitored, the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and if the facility monitors re-entrant mail, the level of monitoring must be clearly posted in the facility handbook and re-entrant bulletin boards.

Policy 3144 Inmate Access to Telephones and the Inmate Phone System, section C-1, page 2 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. PWMRADC utilizes the services of the Action in the Community Through Service (ACTS), a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. PWMRADC also enlists the services of the ACTS Sexual Assault Services to provide an outside reporting mechanism for

confined persons. This is accomplished by calling a hotline number to access the services and provide notifications. The ACTS is a community-based volunteer program designed to enhance the quality of life for victims of sexual violence and provide survivors of sexual abuse with emotional support. PWMRADC established a Memorandum of Understanding with ACTS, and the auditor reviewed both documents for clarity, and all signatures are current and binding. The MOU may be revised at any time by either party, or the terms of the Letter of Agreement do not expire without written notice by both parties. The ACTS information is posted in all living units, near the phones, listed on the website, provided in the handbook, and listed on the initial intake PREA pamphlet provided upon arrival to the facility. The auditor confirmed the facility provides the name and address, at no cost to the confined person and these services are confidential. The auditor identified a concern regarding the posted victim advocate provider information and the MOU. The ACTS provider was previously known as SAVAS and all information throughout the facility, handbooks, pamphlets, and policy required an update during the post audit phase to remove the SAVAS information and post the ACTS information. The facility provided all updated materials to the auditor during the post audit phase. The auditor contacted and verified the services during the pre-audit phase and onsite review. A confined person assisted the auditor to demonstrate how to contact the number and the auditor confirmed the process with the staff during the call.

The PWMRADC does not detain persons solely for civil immigration services as the previous written agreement between the two agencies is no longer in service. The auditor confirmed in the past the facility provided persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies. In the event a new agreement will be established, this information would be provided, and this was confirmed during the facility Superintendent interview. The 12 random staff interviewed were able to identify the ACTS as an option for confidential support services. A total of 15 random confined person interviews, and six confined person interviews that has reported sexual abuse allegations, indicated knowledge of the ACTS services, identified the phone number, and the poster. The confined persons reported feeling confident these services would be useful, but no confined persons advised attempts to contact the phone number. The PREA Compliance Manager was aware of current confined persons that have utilized the service as they report to the facility when requested. The ACTS volunteer interview confirmed that confined persons at PWMRADC have received the services at the facility in the past. Interviews with the six confined persons that has reported an allegation in the past advised they were offered the PREA pamphlet in the past and have not chosen to use the services.

Conclusion: Based on the review of all evidence supplied by the facility to include: agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for confined persons to report anonymously, a policy regarding confined persons being detained solely for civil immigration purposes, a policy for staff to privately report, accepting reports from those in writing, an MOU with the ACTS services, confined persons handbook, and staff handbooks, the auditor has determined the facility meets the requirements of this standard. No further action is currently required.

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.54 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Policy 2119 Prison Rape Elimination Act, 2003, section 7, page 8
3. Zero-tolerance and third-party reporting poster (English/Spanish)
4. Prince William County Policy Department Correspondence and MOU
5. 2023 Confined Person Handbook, page 1

Interviews:

1. PREA Compliance Manager
2. 15 Random Confined Persons
3. Three Informal Confined Person Interviews

Site Review Observations:

1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address.
2. Reviewed the facility website for the third-party reporting information.

Findings (By Provision):

115.54 (a) The facility has established a procedure to receive third-party reports of

sexual abuse and sexual harassment. This is described in facility policy 2119 PREA, section 7, page 8. This information is also published on the facility's website and the notification process is to notify the Action in the Community Through Service (ACTS). There are posters throughout the facility such as: living units, medical, programs, intake, visitation, and reception regarding third-party reporting and the address required to file the complaint. The confined persons are provided an address to contact the Prince William County Police Department, and they can call the PREA hotline number to ACTS Sexual Assault Services. The auditor reviewed an MOU with ACTS during the on-site review. This information is posted on the PREA intake pamphlet, confined person handbook, and signs posted near the phones in the living Units. The 15 random and three informal confined person interviews indicated knowledge of the third-party reporting methods and most interviews advised they felt comfortable reporting all allegations of sexual misconduct. The auditor discovered a minor issue regarding the ACTS material not listing the correct name on the literature. The previous reporting agency was known as SAVAS and they changed their name to ACTS. The facility updated all postings, pamphlets, and handbook to identify the correct ACTS agency on the documents. The auditor received written evidence to support this revision during the post audit phase.

Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report confined person sexual abuse or sexual harassment on behalf of the confined persons. No further corrective action is currently required.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.61 Analysis</p> <p>Prince William - Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Policy 3111 Inmate Sexual Assault and Sexual Harassment section D, page 3

3. Seven Incident Report Forms
4. Seven Investigative Files
5. One Incident Report Relating to Sexual Abuse
6. Six Incident Reports Relating to Sexual Harassment
7. Policy 4100 Inmate Classification Process

Interviews:

1. 12 Randomly Selected Staff
2. Three Informal Staff
3. Facility Superintendent
4. PREA Compliance Manager
5. One Medical Staff
6. One Mental Health Staff

Site Review Observations:

1. Reviewed Seven Investigative Files
2. Reviewed Seven Incident Reports
3. Reviewed Seven Allegations of PREA Reports Referred to the PREA Investigator
4. Compared the dates received to the date the investigation began

Findings (By Provision):

115.61 (a-e) Agency policy 3111 Inmate Sexual Assault and Harassment, section D, page 3 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against confined persons or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Superintendent and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and three informal staff interviews as staff conveyed the directive to notify a supervisor immediately.

The staff also identified the PREA Lieutenant as the primary source for conducting

PREA investigations. Policy 2119 PREA 2003, section C-1, page 6 indicates that apart from reporting to a designated supervisor or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements.

The PWMRADDC does house youthful offenders as confirmed during the census report review. Agency policy 4100 Inmate Classification Process states, If the alleged victim is under the age of 18, the facility shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws as outlined by the policy 2100 PREA 2003. The auditor interviewed one medical staff and one mental health worker, and both interviews indicated knowledge regarding mandatory requirements as one medical staff member advised she will always report an allegation to her supervisor and the Shift Commander. Agency policy 3111 section D, page 3 advises, all reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment are reported to the PREA Compliance Manager immediately. The process shall be handled as follows: when the ACTS receives Prison Rape Elimination Act (PREA)-related complaint correspondence at this address, the letter shall be scanned and emailed to the professional standards office for tracking purposes and dissemination to the appropriate facility, and the PREA Compliance Division (PCD) staff are responsible for monitoring the email box for follow-up and referral purposes. The auditor reviewed seven incident report forms indicating PREA allegations were referred immediately by the ACTS support services. During the on-site review, the auditor reviewed seven investigative files, one incident report relating to a sexual abuse allegation, and six incident reports relating to a sexual harassment allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day.

Conclusion: Based on the evidence provided by the facility, the auditor determined the agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the Shift Commander immediately. The facility does house youthful offenders but the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard, and no further action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.62 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADDC Pre-Audit Questionnaire Responses
2. Policy 3111 Inmate Sexual Assault and Harassment
3. Policy 2119 Prison Rape Elimination Act, 2003 section V, page 8
4. PREA Allegations and Bed Moves Reports

Interviews:

1. Facility Superintendent
2. 12 Random Staff
3. No Confined Persons in Segregation for High Risk of Sexual Abuse

Site Review Observations:

1. File reviews indicated confined person behavior concerns as opposed to high risk for sexual victimization
2. Reviewed PREA Allegations and Bed Moves Reports

Findings (By Provision):

115.62 (a) Agency policy 2119 PREA 2003, section V, page 8 ensures that when Department staff learn that a confined person is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the confined person. Alleged victims of sexual abuse shall receive timely, unimpeded

access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim.

The facility Superintendent indicated segregation may be ordered immediately to protect the confined person or others, but the action must be reviewed within 24 hours by the housing committee. The Superintendent interview determined the agency takes all allegations serious and any confined person subject to imminent sexual abuse will receive immediate action. The facility reported no incidents in the past 12 months that determined a confined person was subject to a substantial risk of imminent sexual abuse. The auditor reviewed for PREA Allegation and Bed Move reports indicating the housing unit change would be performed immediately upon notification. The auditor interviewed two confined persons identified as being housed in segregation, however, the interviews determined the housing to be due to behavior concerns and not for high risk of sexual victimization. No confined persons were available for interview due to transfer.

Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when confined persons are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of confined persons substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence provided, the facility meets the provision of this standard. No further action is required.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.63 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p>

1. PWMRADDC Pre-Audit Questionnaire Responses
2. Policy 2119 Prison Rape Elimination Act, 2003
3. Notification of Sexual Abuse Allegation to Another Facility Form
4. Reviewed for case files for notification to another facility
5. Reviewed for case files for notification received from another facility
6. Policy 3111 Inmate Sexual Assault and Harassment

Interviews:

1. Agency Head
2. Facility Superintendent
3. PREA Compliance Manager

Site Review Observations:

1. Reviewed for case files including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation reports from another facility.
2. Reviewed for case files including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation reports to another facility.

Findings (By Provision):

115.63 (a-d) Facility policy 2119 PREA 2003, page 8 indicates upon receiving an allegation that a confined person was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Superintendent indicated he would personally contact the Superintendent at the facility where the abuse occurred, and he would expect the other agency to return the same courtesy. The Superintendent explained, "All allegations are taken seriously and treated with an immediate response". The agency policy 3111 Inmate Sexual Assault and Harassment indicates the documented notification will occur within 72 hours and must be documented in the PREA Tracking System (PTS). PWMRADDC has reported no allegations of sexual abuse to other facilities in the past 12 months.

PWMRADDC has not received any allegations of sexual abuse from other facilities in the past 12 months. The auditor reviewed the process of recording the PTS number and

confirmed the investigative actions. The auditor reviewed email notifications for compliance regarding previously reported incidents and the notification would be provided within the mandated 72-hour timeframe to the facility head and documented in an incident report. The Superintendent advised all notifications are received by the agency PREA Coordinator and the Superintendent. The file reviews included the following documents: the case history, email notifications from facility heads, Notification of Abuse Allegations Form, and the unfounded investigative report. The PREA Compliance Manager states, "We send the confined person to medical, they are offered medical and mental health referrals, they are offered rape crisis counseling, they are followed for retaliation monitoring, Psychology meets with them and completes paperwork and then follows them for 90 days. All of this is then forwarded to the facility where the allegation occurred".

Conclusion: The facility has a policy to ensure reporting of allegations of sexual abuse of confined persons while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. The auditor reviewed the documentation of allegations that a confined person was abused while in confinement, documentation that the notifications occurred within 72 hours, and the documentation of the notification from each agency head or appropriate staff person. Based on the evidence provided, the facility meets the provisions required within this standard and no further action is required.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.64 Analysis
	Prince William - Manassas Regional Adult Detention Center
	The following evidence was analyzed in making compliance determinations:
	Documents:
	1. PWMRADC Pre-Audit Questionnaire Responses
	2. Emergency Response Cards

3. Policy 2119 Prison Rape Elimination Act, 2003, section D, page 9 First Responder Duties

4. Initial Response Checklist - Alleged Victim

5. Initial Response Checklist - Alleged Abuser

Interviews:

1. One Non-Security Staff First Responder

2. One Security Staff First Responder

3. Six Confined Persons Who Reported Sexual Abuse

4. 12 Random Staff

Site Review Observations:

1. Reviewed the Initial Response Checklist for the victim and the abuser

2. Reviewed the Emergency Response Card being utilized by the staff

Findings (By Provision):

115.64 (a-b) Agency policy 2119 PREA 2003, section D, page 9 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed six confined persons who reported an allegation of sexual abuse, and the confined person indicated a feeling that the staff respected the incident and kept them safe from their abuser. The facility reported four allegations of sexual abuse within the past 12 months, three cases that involved the separation of the victim and the abuser, no cases where physical evidence was collected, and the staff informed the confined person not to make any attempts to destroy the physical evidence.

The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed one security staff designated as a first responder, and one non-security staff. The common response was to notify a supervisor immediately and

	<p>follow the four-step action plan. The action plan was also noted in the employee handbook, staff training curriculum, and verified during the Superintendent interview. The auditor interviewed 12 random staff members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed one Initial Response Checklist for the alleged victim and one Initial Response Checklist for the alleged abuser that included the 4-step action plan.</p> <p>Conclusion: The agency has a policy governing the staff first responder duties to include a security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met the requirements of this standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.65 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Policy 2119 Prison Rape Elimination Act, 2003, page 10 3. First Responder Action Cards 4. PWMRADC Coordinated Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent

	<p>2. PREA Coordinator</p> <p>3. 12 Random Staff</p> <p>4. Three Informal Staff Interviews</p> <p>Site Review Observations:</p> <p>1. Reviewed the First Responder Duty Cards</p> <p>2. Reviewed the Coordinated Response Plan</p> <p>Findings (By Provision):</p> <p>115.65 (a) PWMRADDC has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, security staff, shift commanders, shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan documented provides detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and three informal staff interviews. The facility Superintendent and the PREA Coordinator interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.</p> <p>Conclusion: The PWMRADDC has a facility institutional response 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. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, compliance was indicated, and no further action is required.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.66 Analysis
	Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Policy 2119 Prison Rape Elimination Act, 2003, page 13

Interviews:

1. Facility Superintendent

Findings (By Provision):

115.66 (a) The PWMRADC has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the "nature of the allegations" is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full work week for violations of written workplace policies applicable to all employees. This provision applies to applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with policy 2119 PREA 2003, page 13 of this procedure's manual.

Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. These documents do not limit the agency's ability to remove alleged staff sexual abusers from the contact with any confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Superintendent interview confirmed this process and indicated disciplinary action will be followed by notification to the Prince William County Police Department for criminal acts and certifying bodies for certification review.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.67 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Retaliation Monitoring Form
3. Policy 2119 Prison Rape Elimination Act, 2003, page 8

Interviews:

1. Agency Head
2. Facility Superintendent
3. One Staff Member Assigned to Monitor Retaliation
4. Six Confined Persons who Reported Sexual Abuse
5. No High Risk of Sexual Victimization Confined Person
6. 12 Random Staff
7. 15 Random Confined Persons
8. PREA Compliance Manager

Site Review Observations:

1. Reviewed investigative report templates and retaliation monitoring forms

Findings (By Provision):

115.67 (a-e) The agency has established a policy to protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation, and this is described in agency policy 2119 PREA 2003, page 8. The Department shall 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.

1. Any individual, who seeks to deter a confined person or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline.

2. Staff that require retaliation monitoring due to report of sexual abuse or sexual harassment, or because of an expressed fear of retaliation due to cooperation with an investigation of sexual abuse or sexual harassment shall meet with: a. Classification Counselor b. Office of Professional Standards c. Facility Leadership. The facility Classification Counselors and Office of Professional Standards are the designated staff members charged with monitoring retaliation. These positions are provided the necessary support by the Superintendent, and the interview process indicated an active role toward retaliation monitoring advising this is an ongoing process.

The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for victims and abusers, removal of staff through termination, emotional support services, monitoring the performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the confined persons are provided with materials to assist the communication process. Literature is posted in the handbook, posters, and methods of reporting retaliation described in the daily education. The Superintendent indicated additional reviews may be considered once the 90-day review has concluded.

Random interviews with 12 staff members and 15 randomly confined persons indicated no cause for concern with retaliation. As one interview indicated they are keeping us safe and watching us all the time. The auditor interviewed the PREA Compliance Manager, six confined persons that previously reported sexual abuse, and no confined persons were identified as high risk for sexual victimization and no interviews indicated retaliation concerns. The facility reported no allegations of retaliation in the past 12 months, and the classification files documented the 90-day review. The auditor reviewed the Retaliation Monitoring Form and determined an evaluation is conducted each week for a total of 13 weeks (90 days). All reviews indicated no concerns regarding retaliation.

Conclusion: The PWMRADDC has an agency policy protecting all confined persons and staff who report abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from confined persons or staff and includes the monitoring of confined persons and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings, and the auditor finds the facility has met the provisions of this standard with compliance. No further action is required.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.68 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none">1. PWMRADC Pre-Audit Questionnaire Responses2. Policy 2119 Prison Rape Elimination Act, 2003, section J, 1-3, page 123. Policy 4114 Administrative Segregation, section D-1, page 34. Administrative Segregation Form, RJ-4320 <p>Interviews:</p> <ol style="list-style-type: none">1. Facility Superintendent2. One Staff Supervising Segregated Housing3. Two Confined Persons in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none">1. Reviewed records and documentation of housing assignments of confined persons who are alleged to have suffered sexual abuse. Documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for those in segregated housing.2. Reviewed if the facility restricts access to programs, privileges, education, or work opportunities.3. Reviewed records for length of placement in segregated housing for those who alleged to have suffered sexual abuse.4. Reviewed records indicating confined persons are placed in involuntary segregated

housing for a period that does not ordinarily exceed 30 days.

5. Reviewed Case files of confined persons who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 months.

Findings (By Provision):

115.68 (a) Policy 2119 PREA, 2003, section J 1-3, page 12 clearly defines the information within this standard. Confined persons at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The confined person will not be held for more than 24 hours to complete the assessment. Adherence to the guidelines set forth in policy 4114, section D-1, page 3 of this procedure's manual shall occur when confined persons at a high risk for sexual victimization or those who have alleged sexual abuse are involuntarily placed into Protective Custody (PC) after a determination has been made that no other available alternative means of separation exist from likely abusers. An administrative hearing shall be conducted as outlined below.

1. The hearing shall be conducted by the classification staff. When a confined person is placed into involuntary Administrative Custody (AC) due to high risk for sexual victimization or after allegedly suffering sexual abuse, the hearing shall take place within 24 hours of placement or the next business day.

2. The reason(s) for the AC confinement must be explained to the confined person in writing, and the person must be provided with the Administrative Segregation Form - RJ4230. When a confined person is placed into involuntary AC due to high risk for sexual victimization or after allegedly suffering sexual abuse, the RJ-4320 must articulate:

- a. the basis for the staff member's concern for the confined person's safety.
- b. the other alternative means of separation that were explored, and
- c. the reason is that no alternative means of separation can be arranged.

This policy was confirmed during the interview with the facility Superintendent. This policy allows for programming, privileges, education, and work opportunities to the extent possible. This auditor reviewed the segregated housing records and spoke with the staff that supervise confined persons in segregated housing. No confined persons in the past 12 months were identified to be housed in segregated housing involuntary. The initial review would be conducted within 24 hours. The confined persons would be reassigned to general population. The facility would document the privileges such as recreation, education, and programming. The confined person may not be authorized work opportunities due to behavior concerns and this would be documented on the segregation forms. The auditor interviewed the confined persons in the restricted housing unit, and they were able to utilize all authorized activities during confinement. The auditor determined no confined persons were housed in

	<p>segregation due to concerns regarding their sexual safety.</p> <p>Conclusion: The agency has a policy governing the use of segregated housing to protect a confined person who is alleged to have suffered sexual abuse. The auditor reviewed the facility evidence provided, interviews, and on-site compliance determinations. Based on the evidence provided, the facility demonstrates compliance to all provisions within this standard. No further action is required.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.71 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Confined Persons who Reported Sexual Abuse 3. Facility Superintendent 4. PREA Coordinator 5. PREA Compliance Manager

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports

Findings (By Provision):

115.71 (a-l) The Prince William County Police Department conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Prince William – Manassas Regional Adult Detention Center as required in facility policy 2119 PREA, 2003, section K, page 12. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment. The auditor reviewed seven investigative files to include reports from the third-party allegations, and no cases are still pending.

The auditor received the allegations and investigations overview document as requested along with the following data: PWMRADC listed a total of one staff-on-confined person allegation of sexual abuse within the last 12 months, three confined person allegations of sexual abuse on other confined persons within the last 12 months, seven staff-on-confined person allegations of sexual harassment in the past 12 months, and 13 confined person allegations of sexual harassment in the past 12 months on another confined person. In the past 12 months, PWMRADC has received four incident reports regarding sexual abuse and 20 incident reports involving sexual harassment incidents.

Agency policy requires the use of investigators who have received the specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Prince William County Police Department will prepare compelled interviews and communicate all activities with the County Prosecutor. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation. The Prince William County Police Department authorizes investigators to support the PWMRADC. The auditor verified investigators have received the specialized PREA investigator training. All seven investigative records reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the PREA First Sergeant from the Office of Professional Standards as the investigator in administrative investigations. The auditor confirmed the investigator has received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator

conducted all investigations, and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties.

All cases are reviewed by the command staff, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. Agency policy explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and Superintendent interviews.

Conclusion: The PWMRADC has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations. This auditor reviewed seven investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews. The evidence provided demonstrated full compliance with this practice. The auditor finds PWMRADC meets the provisions of this standard and no further action is required.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.72 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Investigative Reports

3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution

Interviews:

1. Investigative Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports

Findings (By Provision):

115.72 (a) Agency policy 2119 requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the facility PREA investigator revealed the facility standard is preponderance of the evidence. This evidence was verified through monitoring the results of 24 total investigations conducted.

The auditor received the allegations and investigations overview document as requested along with the following data: PWMRADC listed a total of one staff-on-confined person allegation of sexual abuse within the last 12 months, three confined person allegations of sexual abuse on other confined persons within the last 12 months, seven staff-on-confined person allegations of sexual harassment in the past 12 months, and 13 confined person allegations of sexual harassment in the past 12 months on another confined person. In the past 12 months, PWMRADC has received four incident reports regarding sexual abuse and 20 incident reports involving sexual harassment incidents.

Facility policy 2119 indicates, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment is substantiated.

Conclusion: The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined substantial compliance with the provisions of this standard. No further action is required.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.73 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Confined Person Notification

Interviews:

1. Investigative Staff
2. Facility Superintendent
3. Confined Persons who Reported Sexual Abuse

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Confined Person Notifications

	<p>Findings (By Provision):</p> <p>115.73 (a-e) Agency policy 2119 requires, following an investigation into a confined person’s allegation of sexual abuse, the agency must inform the confined person as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the confined person was provided as an unfounded complaint. The PREA Compliance Manager reported 24 investigations completed in the last 12 months and 24 notifications were documented as issued to the confined person. Agency policy requires if the allegation is that a staff member has committed sexual abuse against the confined person, the agency shall subsequently inform the confined person whenever the staff member is no longer posted in the unit, no longer employed at the facility, indicted on a charge, or have been convicted on a charge related to sexual abuse. The policy reflects that these steps are not required if the results of the allegation are unfounded.</p> <p>The auditor received the allegations and investigations overview document as requested along with the following data: PWMRADDC listed a total of one staff-on-confined person allegation of sexual abuse within the last 12 months, three confined person allegations of sexual abuse on other confined persons within the last 12 months, seven staff-on-confined person allegations of sexual harassment in the past 12 months, and 13 confined person allegations of sexual harassment in the past 12 months on another confined person. In the past 12 months, PWMRADDC has received four incident reports regarding sexual abuse and 20 incident reports involving sexual harassment incidents.</p> <p>Agency policy requires that when the allegation is the result of sexual abuse by another confined person, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the result of the allegation is unfounded. The facility Superintendent and the PREA investigator confirmed this communication process during the on-site review. The PREA Coordinator indicated knowledge of this occurring throughout the investigative process. This auditor reviewed documentation of this notification process occurring during the on-site review.</p> <p>Conclusion: The agency has a policy requiring that any confined person who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided the PWMRADDC meets the provisions of this standard with substantial compliance. No further action is required.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.76 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Confined Person Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. Policy 2119 Prison Rape Elimination Act, 2003

Interviews:

1. Facility Superintendent

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Confined Person Notifications
4. Reviewed the MOU between the PWMRADC and the Prince William County Police Department

	<p>Findings (By Provision):</p> <p>115.76 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the PWMRADC is termination and this is explained in agency policy 2119. This policy was confirmed by the facility Superintendent during the interview process and reviewed by the auditor in the employee handbook. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a confined person. No findings of this nature were reported within the seven investigative reports reviewed. The facility reported no incidents in the past 12 months for staff who have been terminated or disciplined for violation of the agency sexual abuse or sexual harassment policies.</p> <p>The auditor reviewed the disciplinary action of staff with the facility Superintendent and the sanctions imposed for violation of this policy is termination. The facility Superintendent confirmed past incidents being referred to law enforcement for prosecution and notifying the applicable licensing board such as the Criminal Justice Services, Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required by agency policy 2119 PREA, 2003. The Prince William County Police Department conducts all criminal investigations, and the auditor reviewed the Memorandum of Understanding provided by the facility.</p> <p>Conclusion: The PWMRADC has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. The auditor attempted to determine if the facility could demonstrate evidence to support any forms of disciplinary action such as sample records of terminations, resignations, other sanctions, and law enforcement referral. The facility reported no incidents of sexual abuse or sexual harassment that rose to this level of reporting. The auditor determined the PWMRADC meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary actions is termination.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.77 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Confined Person Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. Policy 4117 Citizen Involvement and Volunteers
10. Policy 2119 Prison Rape Elimination Act, 2003

Interviews:

1. Facility Superintendent

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Confined Person Notifications
4. Reviewed the MOU between the PWMRADC and the Prince William County Police Department

	<p>Findings (By Provision):</p> <p>115.77 (a-b) Agency policy requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with confined persons and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal, or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with confined persons in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Superintendent interview and informal interviews with the command staff. The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a confined person. No findings of this nature were reported within the seven investigative reports reviewed.</p> <p>Conclusion: The PWMRADC has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as sample records of terminations, resignations, other sanctions, and law enforcement referral, the auditor determined the PWMRADC meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary action is termination.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.78 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p>

1. PWMRADC Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Confined Person Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. Policy 2119 Prison Rape Elimination Act, 2003
10. Confined Person Classification Files
11. Confined Person Disciplinary Files
12. Confined Person Medical Files
13. Policy 4119 Adjustment Committee Disciplinary Procedures

Interviews:

1. Facility Superintendent
2. One Medical Staff
3. One Mental Health Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Confined Person Notifications
4. Reviewed the MOU between the PWMRADC and the Prince William County Police Department
5. Reviewed Confined Person Medical Files

	<p>Findings (By Provision):</p> <p>115.78 (a-g) Agency policy informs confined persons shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confined person engaged in sexual abuse or following a criminal finding of guilt for sexual abuse. The facility reported one administrative finding of substantiated sexual abuse and no criminal findings in the past 12 months. There was one substantiated confined person on confined person allegation of sexual abuse. There are no pending allegations for review. This was confirmed by the facility Superintendent, one Mental Health staff, one medical staff member, and seven confined person medical files were reviewed. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and the Action in the Community Through Service for counseling services. PWMRADDC also provides counseling services for stabilization, transitional theory, weekend activities, recreation, group activities, therapeutic community group, and mentoring classes.</p> <p>Agency policy advises the facility may discipline a confined person for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between confined persons and may discipline confined persons for such activity.</p> <p>Conclusion: The agency has a policy which states confined persons are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the confined person engaged in confined person sexual abuse. The auditor reviewed all records and findings associated with the provisions of this standard and no further action is required. The PWMRADDC meets the compliance required with this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.81 Analysis
	Prince William – Manassas Regional Adult Detention Center
	The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADDC Pre-Audit Questionnaire Responses
2. Seven Confined Person Medical Files
3. Policy - 2119 Prison Rape Elimination Act, 2003
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records
7. Policy 4134 Mental Health Evaluation, section D-F, page 2

Interviews:

1. Facility Superintendent
2. One Medical Staff
3. One Mental Health Staff
4. 4 Confined Persons Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.81 (a-e) The auditor reviewed seven randomly selected electronic medical files and reviewed the facility policy regarding confined persons experiencing prior victimization and abusiveness. Agency policy provides this information and verifies staff shall ensure that the confined person is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process. This was also confirmed during the interview with the Mental Health staff. Agency policy 4134 Mental Health Evaluation, section D-F, page 2 explains, If the screening pursuant to PREA standard 115.41 indicates that a prison or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated. This information is documented in the medical incident injury report. Interviews with one confined person who disclosed sexual victimization

during a risk screening interview, and review of corresponding documentation is consistent with the policy requirement and adhere to this standard. The auditor interviewed a confined person that reported prior sexual victimization during the risk screening and the confined person confirmed being offered a follow up referral with mental health. The confined person reported this was conducted within a few days and the inspection of the medical file indicated 2 days.

The auditor did not identify any concerns with the tracking mechanism presented by the medical staff regarding the 14-day reviews. The staff member from intake will generate the referral request based on the information received during the risk screening interview. The referral will be noted in the medical files and this begins an internal time clock to track the number of days until the 14-day review is completed. The medical staff and authorized staff are provided a username and password to access the medical records. This information is strictly for treatment plans, housing decisions, bed assignments, work details, educational programming, or as otherwise required by federal, state, and local law. The medical screening form is signed by confined persons to provide consent for professional health care services and receive instructions regarding access to medical, dental, and mental health care. Interviews with medical and mental health staff revealed that a consent form is signed by the confined persons regarding the limits to confidentiality. The auditor reviewed seven sample consent forms and no discrepancies were noted in association with the mental health follow-up reviews.

Conclusion: The PWMRADDC has a policy governing the facility response to medical and mental health services in correlation with the review of the confined person risk assessment screenings. The policy stresses confidentiality within the medical environment and manages the immediate health needs, security risks, and the determination for further treatment. A review of all evidence provided by the facility indicates full compliance with the provisions of this standard. No further action is required.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.82 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p>

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Seven Confined Person Medical Files
3. Policy - 2119 Prison Rape Elimination Act, Section E pg. 4
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Superintendent
2. One Medical Staff
3. One Mental Health Staff
4. Nine Confined Persons Reporting Prior Sexual Victimization
5. One Sexual Assault Nurse Examiner

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.82 (a-d) Agency policy requires victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers 24-hour medical care and 24-hour crisis intervention services. The facility provides off site emergency room care and utilizes the Sentara of Northern Virginia hospital for the SAFE/SANE exams.

The ACTS Sexual Assault Services (ACTS) provides 24-hour counseling and crisis intervention services, and the facility supports its own crisis stabilization and transitional care units. The Sentara of Northern Virginia hospital performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Action in the Community Through Service (ACTS) for onsite advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy.

	<p>The level of care at the PWMRADC is consistent with the level of care demonstrated within the community. The auditor spoke with the SANE staff and confirmed onsite exams are conducted with the presence of a volunteer advocate. The auditor reviewed the MOU for the ACTS Sexual Assault Services (ACTS) and the emails between the facility and the Sentara of Northern Virginia hospital. This auditor reviewed the confined person handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present during the informal confined person interviews. The auditor interviewed nine confined persons who reported sexual victimization during risk screening, and they did not indicate any concerns within this standard. All the confined persons interviewed indicated knowledge of the ACTS program and the offsite emergency room care.</p> <p>Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, PWMRADC is fully compliant with this standard. No further action is required.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Standard 115.83 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Seven Confined Person Medical Files 3. Policy – 2119 Prison Rape Elimination Act, 2003 4. Classification Records

5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records
7. Policy 4134 Mental Health Evaluation
8. Policy 4154 Co-Payment Program for Inmate Medical Services, section C-15, page 3

Interviews:

1. Facility Superintendent
2. One Medical Staff
3. One Mental Health Staff
4. Nine Confined Persons Reporting Prior Sexual Victimization
5. One SANE Nurse
6. 15 Random Confined Person Interviews

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.83 (a-h) The facility Mental Health Director indicated the facility offers medical and mental health evaluation and treatment to all confined persons who have been victimized by sexual abuse. The Mental Health Director advised that the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the confined person may qualify for additional services due to their status. The treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.

PWMRADC houses female offenders as confirmed during the population analysis. There have been no reported incidents involving vaginal penetration that resulted in the need to perform a pregnancy test. This was confirmed during review of the PAQ and during the interviews with the medical and mental health staff.

Agency policy advises victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. This information is supported in the confined person handbook. The ACTS Sexual Assault Services will also provide outside emotional support services, and their volunteers are also on-site conducting programs. This information was confirmed during the Health Services

	<p>interview and the informal staff interviews. The informal confined person interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The ACTS information was posted near every phone in the confined person living units. This was confirmed during the post audit phase as the auditor identified that the SAVAS materials were still posted and ACTS recently changed their name from SAVAS to ACTS. All 15 random confined person interviews confirmed knowledge of this service. The auditor reviewed the financial statements with medical staff indicating the testing would be conducted at no cost to the victim.</p> <p>Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical records indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard and the level of care is consistent with the level of care within the community. No further action is required.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.86 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Agency Policy 2119 Prison Rape Elimination Act (PREA) Procedures Manual 2003, section N-1, page 15 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent

	<p>2. PREA Coordinator</p> <p>3. Incident Review Team Member</p> <p>Site Review Observations:</p> <p>1. Discussed the Incident Review Team Process</p> <p>Findings (By Provision):</p> <p>115.86 (a-e) Agency policy 2119 mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the Superintendent and PREA Compliance Manager interviews. The incident review team consists of the following: Director of Security, Director of Classification and Treatment, Director of Nursing and Mental Health, and the team receives input from line supervisors, investigators, and medical and mental health staff.</p> <p>The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment, or lack of, mandated training by staff and confined persons, appropriate supervision, notifications, and operational considerations. The auditor reviewed seven investigative files and noted three post incident reviews were completed for substantiated allegations of sexual harassment. The facility provided the review documents and noted the information was provided within the form.</p> <p>Conclusion: The auditor determined the facility met this standard with compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings. No further action is required.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.87 Analysis

Prince William – Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWMRADC Pre-Audit Questionnaire Responses
2. Agency Policy

Interviews:

1. Facility Superintendent
2. PREA Coordinator
3. Incident Review Team Member

Site Review Observations:

1. Discussed the Incident Review Team Process

Findings (By Provision):

115.87 (a-f) The auditor reviewed the facility uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence. The auditor reviewed the data collected in 2020, 2021, 2022, 2023, 2024, and 2025 as the data is compiled for a one-year (calendar) period after December. The PWMRADC does not operate another facility or contract with other facilities for the confinement of its confined persons. The PREA Compliance Manager securely maintains all documentation used to compile the information and the PWMRADC maintains the investigative data and records. Approved data is posted on the agency website and available upon request by the Department of Justice. The facility Superintendent confirmed the use of all facility data relative to this standard.

Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the facility website, and a sample of the historical data used to determine

	the facility is fully compliant with the provisions of this standard. No further action is required.
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.88 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Policy 2119 Prison Rape Elimination Act, 2003, section O, page 17 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. Incident Review Team Member <p>Findings (By Provision):</p> <p>115.88 (a-d) Agency policy requires the facility to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the facility website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by confined persons to other confined persons and staff-to-confined person reports in 2020, 2021, 2022, 2024, and 2025.</p> <p>This information is approved by the facility Superintendent and posted on the agency</p>

	<p>website for review. The agency PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Superintendent confirmed the use and data associated with this report during the interview. No facility data was redacted from the annual report for publication, and this was verified by the PREA Compliance Manager. The facility video monitoring equipment upgrades have contributed significantly to the reduction of allegations and required reviews.</p> <p>Conclusion: The auditor reviewed evidence provided by the facility such as corrective action plans, an annual report of findings, website materials, and found the facility is fully compliant with the provisions of this standard. No further action is required.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.89 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Policy 2119 Prison Rape Elimination Act, 2003, section 0, page 18 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. Incident Review Team Member <p>Findings (By Provision):</p>

	<p>115.89 (a-d) The PREA Coordinator indicated all documentation utilized for data collection is maintained by the PREA Compliance Manager. The PREA Compliance Manager collects the data and maintains electronic files on a secure server. The data report is approved by the Facility Superintendent and posted on the agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>Conclusion: Based on the auditor's review of the agency policy, facility website, interviews, and historical data, PWMRADC is fully compliant with the provisions of this standard. No further action is required.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Standard 115.401 Analysis</p> <p>Prince William – Manassas Regional Adult Detention Center</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PWMRADC Pre-Audit Questionnaire Responses 2. Policy 2119 Prison Rape Elimination Act, 2003 3. PREA Audit Notice Verification 4. No Postal Communications from Confined Persons or Staff <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. No Confined Persons Receiving Correspondence

Site Review Observations:

1. Reviewed the Agency Website and Facility Data

Findings (By Provision):

115.401(a-n) The PWMRADC conducted its fourth cycle PREA audit on March 6, 2023, to March 8, 2023, and the facility was found in compliance with 45 standards, one standard (115.17) exceeded expectation, 44 met the standards, and no standards were documented as not applicable. The auditor reviewed the report on the facility website during the preaudit phase.

The PWMRADC conducted its third cycle PREA audit on June 10, 2020, and the facility was found in compliance with 45 standards, one standard (115.16) exceeded expectation, 44 met the standards, and no standards were documented as not applicable. The auditor reviewed the report on the facility website during the preaudit phase.

The PWMRADC conducted its second cycle PREA audit on December 12, 2016, and the facility was found in compliance with 43 standards, one standard (115.31) exceeded expectations, 42 met the standards, and no standards were documented as not applicable. The auditor reviewed the report on the facility website during the preaudit phase.

The facility did not complete a first cycle PREA audit as the 2016 PREA audit was the first PREA audit conducted.

The auditor was authorized complete access to the entire facility and provided this access during the on-site review. No restrictions were placed on the auditor during the preaudit, onsite review, and post audit phases. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor with the opportunity to conduct private interviews with confined persons, staff, volunteers, and contractors without limitations. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all living units on January 1, 2026. This posting provided the confined persons and staff with a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and confined person interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received no postal communication from confined persons at PWMRADC and no correspondence from staff. The auditor noted during the onsite review that the audit notice was not posted in all areas consistently and the facility reposted the audit notice during the onsite review. The auditor received photographs and written confirmation regarding the concern.

Conclusion: The auditor has determined based on the evidence provided by the facility and review of the facility website; PWMRADC meets compliance with the

provisions of this standard. No additional action is required.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.403 Analysis

Prince William - Manassas Regional Adult Detention Center

The following evidence was analyzed in making compliance determinations:

Documents:

1. PWRADC Pre-Audit Questionnaire Responses
2. Policy 2119 Prison Rape Elimination Act, 2003
3. PREA Audit Notice Verification
4. No Postal Communications from Confined Persons and Staff

Interviews:

1. Facility Superintendent
2. PREA Coordinator

Site Review Observations:

1. Reviewed the Agency Website and Facility Data

Findings (By Provision):

115.403 (a-f) The PWRADC conducted its fourth cycle PREA audit on March 6, 2023, to March 8, 2023, and the facility was found in compliance with 45 standards, one standard (115.17) exceeded expectation, 44 met the standards, and no

standards were documented as not applicable. The auditor reviewed the report on the facility website during the preaudit phase.

The auditor verified the final audit reports were published on the facility website, and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations were completed from the previous audit.

The PWMRADC conducted its third cycle PREA audit on June 10, 2020, and the facility was found in compliance with 45 standards, one standard (115.16) exceeded expectation, 44 met the standards, and no standards were documented as not applicable. The auditor reviewed the report on the facility website during the preaudit phase.

The PWMRADC conducted its second cycle PREA audit on December 12, 2016, and the facility was found in compliance with 43 standards, one standard (115.31) exceeded expectations, 42 met the standards, and no standards were documented as not applicable. The auditor reviewed the report on the facility website during the preaudit phase.

The facility did not complete a first cycle PREA audit as the 2016 PREA audit was the first PREA audit conducted.

Conclusion: Based on the evidence provided by the facility, the PWMRADC meets compliance with the provisions of this standard, and no further action is required.

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

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

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: 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 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
	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	yes

	consent or refuse?	
	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	yes

	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?	
	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.)	yes
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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na

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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
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 Garrity warnings? (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 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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
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 screening instrument?	yes
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	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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) Whether the inmate is detained solely for civil immigration purposes?	yes
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 information is not exploited to the inmate's detriment by staff or other inmates?	yes
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	yes

	being sexually abusive, to inform: Education Assignments?	
	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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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	yes

	can be arranged?	
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 anonymous upon request?	yes
	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.)	na
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.	no
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 this standard.)	yes
	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,	yes

	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.)	
	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?	yes

	(N/A if agency is exempt from this standard.)	
	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, 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.)	na
	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	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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 abuse or sexual harassment or retaliation?	yes
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	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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 response to an incident of sexual abuse?	yes
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	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	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 of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	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?	
	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 abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
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	yes

	have engaged in sexual abuse?	
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 evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	yes

	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.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
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	yes

	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?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	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.)	
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 (f)	Audit contents and findings	
	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