

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 08-25-2021

Auditor Information

Name: Lori Fadorick

Email: lfadorick@gmail.com

Company Name: Click or tap here to enter text.

Mailing Address: P.O. Box 2634

City, State, Zip: Salem, Virginia 24153

Telephone: 540-206-9389

Date of Facility Visit: June 21-23, 2021

Agency Information

Name of Agency:

Loudoun County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

County of Loudoun, VA

Physical Address: 803 Sycolin Road SE

City, State, Zip: Leesburg, Virginia 20175

Mailing Address: P. O. Box 7200

City, State, Zip: Leesburg, Virginia 20177-7200

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency Website with PREA Information: <https://www.loudoun.gov/4529/adult-detention-center>

Agency Chief Executive Officer

Name: Michael L. Chapman

Email: mike.chapman@loudoun.gov

Telephone: 703-777-0636

Agency-Wide PREA Coordinator

Name: Lt. Joshua Heddings

Email: joshua.heddings@Loudoun.gov

Telephone: 703-737-8259

PREA Coordinator Reports to:

Major Charles Richardson

Number of Compliance Managers who report to the PREA Coordinator
0

Facility Information

Name of Facility: Loudoun County Adult Detention Center

Physical Address: 42035 Loudoun Center Place

City, State, Zip: Leesburg, VA 20175

Mailing Address (if different from above):
P. O. Box 7700

City, State, Zip: Leesburg VA 20175

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Facility Type:

☐ Prison

☒ Jail

Facility Website with PREA Information: <https://www.loudoun.gov/4529/adult-detention-center>

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: DOC

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Major Charles Richardson

Email: charles.richardson@loudoun.gov

Telephone: 571-258-3336

Facility PREA Compliance Manager

Name: Lt. Josh Heddings

Email: Joshua.Heddings@loudoun.gov

Telephone: 703-737-8259

Facility Health Service Administrator ☐ N/A

Name: Diane Anthony

Email: danthony@wellpath.us

Telephone: 571-258-3274

Facility Characteristics	
Designated Facility Capacity:	460
Current Population of Facility:	209
Average daily population for the past 12 months:	220.21
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-69
Average length of stay or time under supervision:	22.81
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Number of inmates admitted to facility during the past 12 months:	2563
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1205
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	377
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	Sworn Staff - 148. Civilian Staff - 16

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	16
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	Medical - 20. Mental Health - 8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0 currently due to Covid
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	8
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	32
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	31	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

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

The Loudoun County Sheriff's Office originally contracted with Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor, on March 3, 2020 to conduct a Prison Rape Elimination Act (PREA) Audit of the Loudoun County Adult Detention Center. The purpose of this audit was to determine the Loudoun County Sheriff's Office level of compliance with the standards required by the Prison Rape Elimination Act of 2003. This is the second Prison Rape Elimination Act Audit for the Loudoun County Adult Detention Center. They were previously audited in June 2016.

On January 28, 2020, I spoke with Lt. Rob Hesson, PREA Coordinator, and informed him that upon execution of the contract documents I would be sending a document request which would include a request for the pre-audit questionnaire.

On February 3, 2020, the auditor emailed Lt. Hesson a number of documents, which included, the PREA Audit notices in both English and Spanish, which is the prevalent non-English language spoken in their area. The Auditor also sent her the contract documents, the PREA Audit Process Map, the PREA Audit Checklist of Documentation, the fillable PREA Compliance Tool, the PREA Standards for Prisons and Jails, the fillable version of the most recent iteration of the Pre-Audit Questionnaire, a document outlining my expectation for identifying prisoners and staff who, if available, should be available for targeted interviews. The auditor also included an introductory letter that outlined the agenda for the on-site portion of the audit. During the week of February 3, the Auditor spoke with the PREA Coordinator several times email. We discussed the documents that will be required for review and outlined the agenda for the on-site audit. The auditor answered questions regarding the documents that needed to be provided along with the PAQ.

The Auditor requested for the PREA Coordinator to identify and, if possible, make the following available for targeted staff and inmate interviews during the on-site portion of the audit:

INMATES:

- Youthful inmates/detainees confined in adult prisons, jails, and lockups, if any
- Youthful inmates held in segregated housing to provide sight and sound separation, if any
- Inmates with a physical or cognitive disability
- Inmates who are Limited English Proficient
- Transgender and intersex inmates
- Lesbian, gay, and bisexual inmates
- Inmates placed in segregated housing for their own protection from sexual victimization
- Inmates who reported sexual abuse that occurred in the facility
- Inmates who reported prior sexual victimization during risk screening

STAFF:

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds
- Line staff who supervise youthful inmates, if any
- Education and program staff who work with youthful inmates, if any
- Medical and mental health staff

- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
- Volunteers and contractors who have contact with inmates
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- 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
- Sheriff or designee
- PREA Coordinator

The Auditor requested that all documents be provided electronically, if at all possible, and that the PAQ and associated documents be provided on a removable storage device, that the device be password protected and sent as soon as possible via certified mail.

The Auditor sent an Audit Notice via email to the facility's Accreditation Manager on February 3, 2020. The Audit Notices contained contact information for the Auditor and information on how offenders could confidentially contact the Auditor prior to the onsite portion of the audit, as well as limits of confidentiality of the auditors in accordance with the law.

On March 16, 2020, due to the Covid-19 Pandemic, the facility contacted the Auditor and postponed the onsite audit, which had been scheduled for April 28, 2020. The Auditor communicated several times with the facility in January 2021 and the on-site audit was subsequently rescheduled for June 21-23, 2021. Lt. Hesson had been promoted and was no longer the PREA Coordinator. The Auditor communicated with Lt. Franck, Accreditation Manager for the remainder of the pre-audit period.

Audit notices were posted on May 27, 2021 in all inmate living areas, as well as public areas, including the lobby and visitation areas announcing the upcoming audit and containing the Auditor's contact information. Photographic evidence was submitted to the Auditor demonstrating the timely posting of the audit notices. Audit notices were present and observed at the time of the on-site audit. The facility was requested and agreed to keep all notices posted for four weeks following the on-site audit. As of the date of this report, this Auditor has not received any letter or written communication from an offender at the PREA Audit Post Office Box.

On June 1, 2021, the Auditor received a removable storage device from Lt. Franck containing the Pre-Audit Questionnaire (PAQ), as well as supporting documentation and policies, including forms, staffing plan, annual reports, audit reports, floor plans, training outlines, and assessments. In the weeks leading up to the on-site evaluation, the Auditor performed a comprehensive review of the agency policies, operational procedures, forms, training materials and other related supporting documentation submitted by the agency to demonstrate compliance with the standards. During and after this review, the Auditor had several follow-up conversations with the agency. All requests for additional documentation and clarification were provided promptly and reviewed by the Auditor prior to and during the on-site portion of the audit.

The Auditor reviewed the Loudoun County Sheriff's Office website. The website includes a link to access information on PREA, including the facility's zero tolerance policy, resources for counseling, reporting information and the annual report.

During the Pre-Audit phase, the Auditor did not identify any current pending litigation or federal consent decrees related to sexual misconduct.

Onsite Audit Phase:

The Prison Rape Elimination Act (PREA) on-site audit of the Loudoun County Adult Detention Facility in Leesburg, Virginia was conducted on June 21-23, 2021 by Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor for Adult Facilities from Salem, Virginia.

An entrance conference was conducted with facility administration on the morning of June 21, 2021. Present were Auditor Lori Fadorick, Major Charles Richardson, Facility Administrator, Administrative Captain Dave Wozniak, Confinement Captain Duy Nguyen 1st Lieutenant Joshua Heddings, PREA Coordinator and 2nd Lieutenant Kathy Franck, Accreditation Manager. After a brief overview and opening remarks by both the Auditor and Administrators, the discussion focused on the schedule for the audit and a review of the audit process. The Auditor asked if there were any questions regarding the on-site portion before proceeding.

The Auditor was given a secure conference room in the administrative area of the jail in which to work and perform confidential staff interviews. The population on the morning of the first day of the audit was 231. The auditor briefed the PREA Coordinator on the audit methodology, the proposed audit schedule and provided him with a list of documents that would be reviewed during the audit. In addition, the auditor informed the PREA Coordinator that there may be additional documents requested depending on any findings during the on-site portion of the audit.

The PREA Coordinator provided the auditor with a roster of all inmates currently housed in the facility alphabetically and by housing unit, as well as staff rosters by shift for the two days of the onsite portion of the audit. The auditor was informed that there had been 8 total PREA related investigations conducted during the audit period.

Following the entrance conference, the Auditor toured the facility escorted by Major Charles Richardson and 1st Lieutenant Joshua Heddings. The Auditor toured all areas of the facility, including the offender housing areas, kitchen, laundry, medical, intake, records and the program area. Due to COVID related precautions, housing units on lockdown due to COVID related safety precautions were not toured. All inmates received at the facility are quarantined upon arrival. In addition, inmates from these housing units were not selected to be interviewed due to the inability to remove them from the housing unit.

The Auditor had full, unimpeded access to all areas of the Loudoun County Adult Detention Center. Throughout the facility tour, the Auditor spoke informally with both offenders and staff. Some of the informal questions asked of the offenders included their perception of the safety of the facility, information they had received at intake, if they knew the various reporting methods, and whether or not they had seen the PREA orientation video. Some of the informal questions asked of staff included their perception of the safety of the facility, their awareness of the first responder duties and their awareness of the various reporting methods. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information on bulletin boards located adjacent to and in the inmate housing areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. The Auditor noted that the offender housing areas have shower areas that allow offenders to shower separately and privately and all showers have shower curtains. Throughout the tour, the Auditor was observing for blind spots in the facility and the overall level of offender supervision. Due to COVID related restrictions, most programs were not being conducted in order to minimize movement and help minimize the spread of the virus.

After the completion of the physical plant review and tour, the Auditor began interviewing random and specialized staff, as well as reviewing additional documentation on site. The Auditor observed and spoke with staff on the evening shift on the second day of the onsite portion of the audit. On day two, the Auditor

conducted additional specialized staff interviews and completed the random and specialized inmate interviews. Final document and file review were also conducted on day two, including training, personnel and offender files. The investigative files were reviewed on day three and a brief exit conference was conducted with Major Richardson, Captain Wozniak, 1st Lt. Heddings, and 2nd Lt. Franck to discuss the audit results, questions and any needed follow-up.

Staff Interviews:

The Auditor began conducting random and specialized staff interviews on day one of the onsite audit. The Auditor was provided private space to conduct the confidential interviews. All staff were made available in a timely manner. No staff refused to be interviewed when requested by the Auditor. Overall, a total of 29 staff were interviewed during the on-site review. Included in the interviews was 12 random staff representing four shifts over three days, 0600 to 1800 and 1800 to 0600. The Auditor was provided a roster for each shift working the days the interviews were conducted, as well as a roster for daylight staff not included on the shifts. Specialty staff interviewed included medical, mental health, investigator, intermediate level supervisors, staff who perform risk assessments, classification, intake staff, and staff on the incident review team. Also interviewed were the Agency Head, the Facility Administrator, Human Resources and The PREA Coordinator. Due to Covid related protocols, most programming was not being held at the time of time on-site audit and some staff, including volunteers were not available to interview. All interviews were conducted using appropriate social distancing and masks by both the auditor and interviewee. All staff interviews were conducted using the established DOJ interview protocols.

Category of Staff	Interviews Conducted
Random Staff (Total)	12
Targeted Staff (Total)	17
Total Staff Interviewed	29
Breakdown of Targeted Staff Interviews	
• Supervisors	2
• Medical and Mental Health Staff	2
• Non-Medical Staff involved with cross-gender searches	1
• Human Resources Director	1
• SANE contract personnel	0
• Volunteer Personnel	0* Due to Covid - none
• Investigator	1
• Staff who perform screening for risk of victimization	1
• Staff who supervise inmates in restrictive housing	1
• Member of Incident Review Team	1
• Staff who Monitor Retaliation	1
• First Responders	1
• First Responders (non-Security)	1
• Intake Staff	1
• Food Service Staff	1
• Staff Responsible for supervising youthful offenders	0
• Training Staff	2

Inmate Interviews:

The Auditor began conducting inmate interviews on day two of the on-site portion of the audit. Based upon the prisoner population on day one of the audit (231), the PREA Auditor Handbook required that the auditor

interview a minimum of 20 prisoners, 10 random and 10 targeted. All interviews with inmates occurred in a conference room away from the inmate housing units to ensure privacy. All interviews were conducted using appropriate social distancing and masks by both the auditor and interviewee.

There were 231 offenders housed in the facility (26 Females and 205 Males) during the on-site review. The Auditor was provided an offender roster and randomly selected offenders from each housing area to be interviewed. A total of 20 offenders was interviewed, representing roughly ten percent of the offender population. On the morning of day two of the on-site portion of the audit, the staff provided the Auditor a list of inmates arranged by housing unit as well as a list of inmates who were identified as the targeted populations. The following targeted inmates were identified: one inmate was identified with a cognitive disability, one who was Limited English Proficient, one who identified as gay, one with a physical disability and one who is deaf or hard of hearing. All five of the targeted inmates were invited to meet with the auditor and volunteered to be interviewed. The facility did not identify any other offenders that fell into the categories for specialized interviews. Facility staff reviewed the records of all 231 inmates to ensure there were no inmates identified in the specialized categories. The facility will hold Youthful Offenders only if they are adjudicated as adults, and only on a short-term basis if there are no other holding options. The facility did not have any Youthful Offenders at the time of the on-site review and have not had any during the audit period.

If a randomly selected inmate refused to be interviewed, an additional inmate from the same housing area would be selected in an attempt to get a cross section from the entire general population. Three of the selected inmates refused. Due to COVID related precautions and protocols, inmates from the intake housing areas were not selected to be interviewed. These inmates were not able to be moved out of the housing units at the time.

Offender interviews were conducted using the established DOJ interview protocols. Offenders were also asked about their perceptions of the sexual safety of the facility and whether they felt the staff would take reported allegations seriously. The offenders felt that the facility staff took their sexual safety seriously and made PREA compliance a priority. The staff, including administrators, is well-respected by the offenders and most all offenders interviewed indicated that the staff genuinely care about their safety and well-being.

Category of Inmates	Interviews Conducted
Random Inmates (Total)	15
Targeted Inmates (Total)	5
Total Inmates Interviewed	20
Breakdown of Targeted Inmate Interviews	
• Youthful Inmates	0
• Inmates With Physical Disability	1
• Inmates Who Are Blind, Deaf, Hard of Hearing	1
• Inmates Who Are LEP	1
• Inmates With a Cognitive Disability	1
• Inmates Who Identify as Lesbian, Gay or Bisexual	1
• Inmates Who Identify as Transgender or Intersex	0
• Inmates in Segregated Housing for High Risk of Sexual Victimization	0
• Inmates Who Reported Sexual Abuse	0
• Inmates Who Reported Sexual Victimization During Risk Screening	
Total Number of Targeted Inmate Interviews	5

On-Site Document Review:

On both days of the on-site portion of the audit, the Auditor conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the auditor along with the PAQ. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for deputies and contract staff.

The Auditor reviewed a random sampling of staff training files to determine compliance with training standards. The training staff explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and booking procedures were observed and intake screenings are conducted in private.

The Auditor requested additional supporting documentation to include: training records for randomly chosen staff, randomly chosen inmate medical records, randomly chosen inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions if applicable.

Employee Files: The Auditor randomly selected 10 employee files by using the employee roster. The files were separated into two types, personnel and training.

Inmate Files: The Auditor selected 10 inmate classification files without regard or notice of housing type, housing location, conviction status or time of incarceration. Inmate files are kept in a central location inside locked cabinets and behind a locked door. There are a limited number of staff including classification staff, records personnel, and jail administration that have access to the records. In addition, all medical records are maintained electronically, and only medical personnel and certain jail administration have access.

Training Rosters: The auditors reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified.

Investigative Files: The Auditor reviewed the investigative file for the 8 allegations of PREA related misconduct during the previous 12 months.

The Auditor reviewed the investigative files, which included interview notes, medical as well as mental health records and findings. None of the investigations resulted in a finding of criminal activity.

The Auditor verified the availability of SANE/SAFE services at both Fairfax and Loudoun County Emergency Departments.

Exit Interview:

The Auditor was treated with great hospitality during the entirety of the visit and was given unimpeded access to all areas of the facility during the review. The Auditor conducted the exit conference on the morning of the third day, June 23, 2021. Present were Auditor Lori Fadorick, Major Charles Richardson (by phone), Administrative Captain Dave Wozniak, 1st Lieutenant Joshua Heddings, PREA Coordinator and 2nd Lieutenant Kathy Franck, Accreditation Manager. The facility administration was open in the discussion of the PREA program at the facility and receptive to the feedback received from the Auditor. The Auditor highlighted the success of the audit and outlined a plan to move forward with the suggestions noted by the auditor.

Post On-site Phase:

The Interim report has been completed and the Auditor continues to collaborate with the LCADC for finalizing the compliance efforts.

Documentation related to corrective action measures has been received by the Auditor.

Facility Characteristics

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

The Loudoun County Adult Detention Center (LCADC) is located at 42035 Loudoun Center Place, Leesburg, Virginia. The Detention Center encompasses approximately 24 acres and is situated on the outskirts of the town of Leesburg. Phase One of the Loudoun County Adult Detention Center opened in 2007 with a rated bed capacity of 220. In 2010, a Phase Two expansion opened which allowed for housing an additional 256 inmates, bringing the total rated capacity to 476. The facility is the largest building owned by Loudoun County at over 200,000 square feet. The facility contains 20 inmate housing units utilizing direct, podular remote, and indirect supervision models. The facility houses both pretrial detainees and inmates who have received local sentences or are pending transfer to the Virginia Department of Corrections. The facility uses an Objective Jail Classification System to determine an inmate's custody level and housing. This system ensures that violent inmates are separated from non-violent inmates. Video monitoring systems are strategically placed throughout the facility to enhance security and surveillance. Security rounds are conducted at a minimum twice hourly, in compliance with Virginia Department of Corrections Standards.

The LCADC houses inmates arrested by the Loudoun County Sheriff's Office, Leesburg Police Department, Purcellville Police Department, Middleburg Police Department, Northern Virginia Community College Police Department, Virginia State Police, Mount Weather Police Department, and the Metropolitan Washington Airport Authority PD. The LCADC houses inmates of all classification levels, both male and female, pre-trial and sentenced inmates waiting to be transferred to the Virginia Department of Corrections. The LCADC does not house youthful offenders but has housing for emergency situations that meets PREA standards.

The facility currently employs 148 sworn and 16 civilian staff members. The staffing plan is within accepted guidelines. Overtime is used to fill mandatory posts if needed and a preferred staffing level is mandated and monitored by the Administrative Captain of Operations. There are 20 housing areas that hold inmates with a ratio of staff to inmates, depending on the population, of 1-2 staff per 48 inmates.

The LCADC offers various types of programs and religious services for inmates and promotes a re-entry program that prepares inmates leaving with knowledge, skills, and abilities that aid in a productive life. The ADC provides for onsite mental health and medical services, which includes 24/7 medical personnel on site. The intake section also has medical on site 24/7.

The facility's chief executive is Sheriff Michael Chapman. The LCADC contracts with LAWS to provide 3rd party reporting and advocacy and support services for victims of sexual assault. In addition, the LCADC has an MOU with Inova Ewing Forensic Assessment and Consultation Teams (FACT) through Fairfax Hospital for the provision of SANE services if required. The Auditor has verified the agreements with both the Hospital and LAWS.

All staff, contractors and volunteers undergo a criminal records check and background investigation and orientation which includes PREA training prior to assuming any duties requiring contact with inmates. The

jail, as it is currently configured, holds minimum, medium, and maximum-security general population male and female inmates. Loudoun County Sheriff's Office, Leesburg Police Department, Purcellville Police Department, Middleburg Police Department, Northern Virginia Community College Police Department, Virginia State Police, Mount Weather Police Department, and the Metropolitan Washington Airport Authority PD. The ADC houses inmates of all classification levels, both male and female, pre-trial and sentenced inmates waiting to be transferred to the Virginia Department of Corrections. The ADC does not house youthful offenders but has housing for emergency situations that meet PREA standards.

The Loudoun County Sheriff's Office has approximately 366 cameras monitoring all areas of the facility. All recordings are stored for a minimum of 30 days. The control room is monitored 24 hours a day, seven days a week by trained personnel. In the past year the facility has not upgraded the camera system, but has plans in the near future to both add and replace cameras in the facility to provide more and better angles and clarity.

Food services is provided by jail staff and inmates are fed inside their respective housing areas. There is no common dining area for congregation of inmates. The jail has both inside and fresh air recreation areas for inmates and other multipurpose areas for use as classrooms and other programming. There are inmate work programs such as laundry services, food service, maintenance, housekeeping and community workforce. The working conditions consist of detention deputy supervision and monitoring by recording CCTV devices. All inmate movement is controlled by staff and observed by CCTV. Inmates in work programs are supervised by detention deputies of the same gender and pat searches are conducted by officers of the same gender. There are private areas provided for conducting strip searches. The auditor conducted an inspection of the physical plant and observed that there is a large number of recording CCTV cameras in place throughout the facility. However, their presence provided adequate privacy for inmates to perform bodily functions and change clothes. The shower areas were appropriately private, but not so secluded as to create an area for potential abuse. All showers were single unit, equipped with modesty curtains and would allow any inmate the opportunity to shower in private. The common toilet areas are also appropriately private. The lighting around the facility was bright and there were no obvious blind spots. There was a cooperative atmosphere between staff and inmates and their appeared to be an attitude of mutual respect. There were very few areas where staff and inmates would be isolated, and in those areas, there was recorded CCTV coverage. Overall, the administration has taken steps to assure that the sexual safety of both staff and inmates is a priority.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

PREA Standards Compliance Overview – Interim Audit Report

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 44

List of Standards Met:

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18

115.21, 115.22

115.31, 115.32, 115.33, 115.34, 115.35

115.42, 115.43
115.51, 115.52, 115.53, 115.54
115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68
115.71, 115.72, 115.73,
115.76, 115.77, 115.78
115.81, 115.82, 115.83
115.86, 115.87, 115.88, 115.89
115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 1

115.17 – The Auditor found that promotional candidates are not being screened in accordance with the standard.

JULY 2021 UPDATE SINCE ONSITE AUDIT: CORRECTIVE ACTION TAKEN TO ACHIEVE FULL COMPLIANCE

The Sheriff's Office shall ensure that all promotional candidates are screened in accordance with the applicable standard. The LCSO shall maintain written proof of all inquiries and the results in the candidate's personnel file. The Department shall ensure that all personnel that are responsible for conducting such inquiries are trained in accordance with the standards. The Department shall provide documentation of any instance of promotional interviews during the corrective action period as proof of their compliance with the standard.

The Auditor was provided supplemental documentation onsite in the form of a memo to demonstrate corrective actions taken by the LCSO administration regarding this standard.

The LCSO uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. This form will be used during the promotional process. The auditor requested that any documentation completed for promotional processes prior to the completion of the interim report be forwarded to the auditor. However, there have been none as of the date of this report. As it cannot be anticipated when the Sheriff's Office will have another promotional process, a longer corrective action period was not instituted and no further corrective action or additional documentation was required. The LCSO is now fully compliant with this standard.

As a result of successful corrective action, the Auditor determined that the LCADC has achieved full compliance with the PREA standards as of the date of this final report. The summary of compliance based upon this final report is found below.

PREA Standards Compliance Overview – Final Audit Report

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

List of Standards Met:

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18
115.21, 115.22
115.31, 115.32, 115.33, 115.34, 115.35
115.41, 115.42, 115.43
115.51, 115.52, 115.53, 115.54
115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68
115.71, 115.72, 115.73,
115.76, 115.77, 115.78
115.81, 115.82, 115.83
115.86, 115.87, 115.88, 115.89
115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LCADC Completed PAQ**
- 2. LCADC GO 503.9 PREA**
- 3. LCADC Organizational Chart**
- 4. Interviews with Staff including the following:**
 - a. PREA Coordinator**
 - b. Facility Administrator**
- 5. Interviews with Inmates**
- 6. Observations during on-site review**

The Auditor reviewed the Loudoun County Sheriff's Office Policy. The LCADC has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the facility's overall approach to preventing, detecting and responding to sexual abuse and harassment. The culture of "zero tolerance" is apparent throughout the facility as evidenced by informational posters and interactions and interviews with both offenders and staff. The zero-tolerance mandate is clearly taken seriously by the staff at the facility and this is reflected in the offender interviews.

The LCADC has designated Lt. Joshua Heddings as the PREA Coordinator as of September 24, 2020 per memo from the Jail Administrator. Lt. Heddings is the 1st Lieutenant on B squad and as the PREA Coordinator reports to Major Richardson. A review of the organizational chart reflects this position in organizational structure. Lt. Heddings reports that he has sufficient time and by virtue of his position, the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the facility and Lt. Heddings stated he is involved in the implementation efforts, as well as handling and reviewing individual offender issues.

Interviews with inmates indicated that they felt safe in the facility and feel that the staff take sexual assault and sexual harassment seriously. The majority of the inmates felt comfortable reporting to any of the staff at the facility and were confident any allegation would be handled appropriately and promptly.

Interviews with staff indicated that they were trained in and understood the zero-tolerance policy established by the LCADC. They understand their role with regard to prevention, detection and response procedures.

The LCADC has only one facility, and therefore is not required to designate a PREA Compliance Manager.

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

Corrective Action: None

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Interviews with Staff including the following:
 - a. Accreditation Manager
 - b. Facility Administrator

The Loudoun County Sheriff's Office has not entered into any agreement or contract for the confinement of inmates housed at the LCADC. This was verified by information on the PAQ, as well as interviews with staff.

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

Corrective Action: None

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or

standards? ☒ Yes ☐ No

- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- 1. LCADC Completed PAQ**
- 2. LCADC GO 503.9 PREA**
- 3. Staffing Plan Methodology**
- 4. Staffing Plan Review 2020 and 2021**
- 5. Interviews with Staff**
- 6. Interviews with Inmates**
- 7. Supervisory Walk-thru Inspection Reports**
- 8. Observations during on-site review**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Sheriff)**
- **Random Staff**
- **Supervisors Responsible for Conducting Unannounced Rounds**

Observation of the following:

- **Observation of unannounced rounds by supervisors as well as auditors during the site review**
- **Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review**

The LCADC has a comprehensive staffing plan that addresses all required elements of the standard. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. The most recent review of the staffing analysis was completed on January 4, 2021 by Lt. R. Hesson. The facility staffing is based upon the formula dictated by the Virginia Compensation Board to determine the number of staff needed for essential positions. The formula is based upon the number of beds the facility is rated for and provides for administrative, civilian and sworn staff in all areas of the jail, and on all shifts.

The jail's staffing plan has not required revision since the last PREA Audit. The average daily population since the last PREA Audit is 322 and has been consistently around that number for the last several years, except for recently due to numbers dropping because of Covid. The auditor reviewed the facility's current staffing plan as well as the most recent staffing plan review. In that review, they have documented that they have considered all of the elements from standard 115.13 (a) (1-15) as part of the review. During the interview with the Jail Administrator, the auditor verified that he reviews and approves the annual staffing plan. In addition, the Major does consider the use of CCTV and told the auditor that there was a significant upgrade to the cameras in process, as well as the addition of several monitoring technologies within the facility. The Major told the auditor during the targeted interview that if there were an instance where the facility did not comply with their staffing plan, that instance would be reported to him and it would be reviewed. However, according to the PREA Coordinator, the Major, and the PAQ, there were no instances where they were out of compliance with

the staffing plan. During the on-site portion of the audit and review of the on-duty personnel, the auditor found them to be following the staffing plan.

The auditor reviewed the most recent annual review, and the jail's review was in compliance with the elements of 115.13(a). In addition, during the on-site review, the auditor reviewed the deployment of CCTV monitoring. The facility has a camera surveillance system comprised of multiple monitors located in the control room. These screens are monitored by staff at all times. The most recent review of the staffing plan indicted the video monitoring system and placement of cameras were reviewed. They have recently secured funding and are in the process of upgrading the system. The Major, as well as other staff indicated that while PREA was not the main reason, it was definitely a consideration with regard to the upgrade. They are updating cameras, moving some cameras around and adding zoom capability to some cameras. There are approximately 366 cameras covering the facility.

The staffing plan requires any deviations be documented and justified. Notations and daily deviations from the regular staffing plan are notated on the shift roster by the shift supervisor. The shift supervisor ensures that staffing does not fall below the minimum required. According to the PAQ and verified through staff interviews, there have been no instances of non-compliance with the staffing plan.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. The Auditor observed cameras in all areas of the facility. There appeared to be open communication between staff and inmates. Inmates seemed to comfortable approaching staff with questions and Auditor observed formal and informal interactions between staff and inmates.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the LCADC policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff altering other staff of the rounds. During the pre-audit phase, the jail provided the auditor a sample of log books with record of unannounced rounds. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditor reviewed logbooks that verified that unannounced rounds were recorded on the officer's duty posts. It is clear through observation that supervisors and administrators are conducting unannounced rounds and that the offenders are comfortable approaching and speaking with them. Interviews with shift supervisors, facility administrators, as well as line staff and inmates indicate that the rounds are unannounced and random and that there's no way for the staff to alert each other when the supervisors are coming through because there is no pattern or routine to the rounds. During the site review, the auditor informally spoke with staff and asked about unannounced rounds. All of the staff informally interviewed told the auditor that supervisors came on the duty post frequently during their shifts and reviewed their logs and they really never knew when they were going to show up.

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

Corrective Action: None

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Review of population report on the day of the audit as well as population reports from the previous 12 months

4. Interviews with Staff

Interviews with the following:

- PREA Coordinator
- Staff responsible for supervising youthful offenders

Observation of the following:

- Site Review

The LCADC does not house youthful offenders but the facility has housing for short-term, emergency situations for that meet PREA standards.

The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the LCADC within the audit period.

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

Corrective Action: None

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (d)

- 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 ☐ No
- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LCADC Completed PAQ**
- 2. LCADC GO 503.9 PREA**
- 3. LCADC GO 502.5 Searches**
- 4. Lesson Plan for Searches**
- 5. Academy Schedule**
- 6. Search Handout**
- 7. Interviews with Staff**
- 8. Interviews with Inmates**

Interviews with the following:

- **PREA Coordinator**
- **Random Staff**
- **Medical Staff**
- **Random Inmates**

Observation of the following:

- **Observation of inmate housing area with individual showers with modesty curtains**
- **Observation of CCTV coverage of housing areas and individual protective cells**
- **Observation of staff announcing the presence of opposite gender staff during site review**

The LCADC does not conduct cross-gender strip searches or cross-gender visual body cavity searches except when performed by medical practitioners. There is no exigent circumstance exception in the policy. Interviews with staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred.

LCADC policy prohibits the pat down search of female inmates by male staff members absent exigent circumstances and any such search shall be documented. The LCADC does not conduct cross-gender pat down searches. There is not a prohibition against female deputies patting down male offenders, however, this does not occur absent exigent circumstances. The facility holds both male and female inmates, but predominately male offenders. Female inmates are typically held for shorter periods of time for pre-trial detention, while awaiting transfer for long term pre- and post-trial detention, or they are held for short non-consecutive terms of confinement, such as weekends (generally no more than two days). In the case where female inmates are detained in the jail, they are searched and supervised by female correctional deputies. The facility administrator ensures there is always at least once female deputy assigned and on duty for each shift. During the regular, daytime hours, there are also daylight female deputies and supervisory staff available if needed. During the evening and nighttime hours, female patrol officers could be utilized if needed be for searching. Female offenders' access to programming and out of cell opportunities are not limited due to a lack of female staff. Interviews with staff and offenders confirm that cross-gender pat down searches do not occur. During the on-site portion of the audit, logs maintained verified that during the audit period, there were no instances where female inmates were pat searched by male staff. In addition, there were not recorded instances of male inmates being searched by female staff members absent exigent circumstances.

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

LCADC policy states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The auditor, during the site review, documented that each housing unit had individual shower stalls with modesty curtains. The toilet areas also had modesty curtains or other modesty shielding. The auditor also reviewed a sample of CCTV placements in housing area and verified that there was not CCTV coverage of the interior of general population cells where prisoners would be changing clothes. A review of CCTV coverage in common areas and individual protective cells revealed that the cameras were pointed away from toilet areas or covered.

The policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. Female deputies can supervise the male housing units. Informal and formal random inmate interviews indicated that there is not an issue with them being able to change clothes, shower or perform bodily functions without the female deputies seeing them and that there is a mutually respectful relationship between the staff and offenders. Most offenders indicated that announcements are being made when opposite gender staff enter the housing units. However, despite not all inmates reporting that announcements were made, all of the inmates interviewed stated they always know when a female deputy is working their floor and enters the housing unit. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Shower curtains and partitions afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in view.

LCADC policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to targeted interviews with medical staff and review of logs during the on-site portion of the audit, no inmate has been examined for the purpose of determining gender status. During staff interviews, when asked what they would do if they were unable determine an offender's gender or genital status, all the staff were very clear in their understanding and were able to articulate that they could determine this information other ways, including asking the offender. The LCADC had no transgender or intersex inmates during the past 12 months or during the on-site portion of the audit, therefore none were interviewed.

During the pre-audit portion of the audit, the auditor reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The Training staff also provided a sample of training verification files, which the auditor could match to the training roster provided. During the on-site document review of employee files, the auditor verified the documents in the employee files provided during the pre-audit phase. LCADC policies require all deputies to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches at the academy and were generally able to articulate to the Auditor how they would accomplish a search of a transgender inmate. Interviews with training staff indicate they instruct the deputies on how to do searches of transgender and intersex offenders. The Auditor reviewed the training outline, as well as reviewed random training files. During the random staff interviews, all employees interviewed recalled being provided training on how to perform cross-gender pat down searches as well as how to search transgendered or intersex inmates. While interviews indicate that the deputies have a basic understanding of how to conduct cross-gender

searches and searches of transgender and intersex offenders, the staff could benefit from refresher training in this area.

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

Corrective Action: None

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- 1. LCADC Completed PAQ**
- 2. LCADC GO 503.9 PREA**
- 3. Forms and pamphlets in English and Spanish**
- 4. LEP Guide**
- 5. Review of PREA training curriculum with section on effective communications**
- 6. Employee training rosters for the past 12 months**
- 7. PREA Training Video in English and Spanish and with subtitles**
- 8. Written Agreement with commercial interpreter service as well as utilization documentation**
- 9. Interviews with Staff**
- 10. Interviews with Inmates**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator**
- **Random Staff**
- **Targeted Classification Staff**
- **Intake Staff**
- **Inmates who have limited English proficiency and cognitive disabilities**

Observation of the following:

- **Observation of Interpretive Service access posters in classification as well as booking area**

The LCADC takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. LCADC policy is written in accordance with the standard and indicates that during intake, offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with the PREA Coordinator and Accreditation Manager indicate that the LCADC has not received any offenders with significant disabilities that required any special accommodations in the past year. They stated that if the Sheriff's Office were to receive an offender with a disability that required any accommodations in order ensure they were able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment, Intake would make all necessary accommodations and notification to the other staff.

Interviews with staff, including supervisory staff and intake deputies confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. Staff, including the Facility Administrator, the PREA Coordinator, the Accreditation Manager and various deputies during random and informal interviews indicated that they did not currently have any offenders with disabilities or special needs that would require accommodations to have access to the PREA information and protections. Auditors observed PREA informational posters throughout the facility in both English and Spanish. Spanish is the prevalent non-English language in the area. During both formal and informal interviews with staff responsible for intake and classification, when asked how they ensured that inmates with disabilities were provided access to the PREA program, staff indicated that they have options on a case-by-case basis. Staff mentioned reading material to those with low vision, or were illiterate. Some staff suggested using their telephone based interpretive service for LEP inmates. When asked how they would respond to the needs of an individual with a cognitive disorder or severe mental illness, staff told the auditor that it would depend on the level of impairment and the specific communication needs of the prisoner.

LCADC policy indicates that offenders who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditor determined through staff interviews that the LCADC has interpreters available for

limited English proficient offenders through the use of a telephone-based interpreter service. The LCADC has secured the services of Voiance Language Services, Inc. to provide interpreter services to the inmates at the Loudoun County Adult Detention Center. Interviews with multiple staff indicate that on the rare occasion they have an offender that doesn't speak English, they also have several staff members that can speak Spanish.

During the on-site portion of the audit, the Auditor was able to speak with one inmate who had been identified as having a cognitive disability. During the targeted interview, the inmate was able to answer the auditor's questions and was aware of PREA. The Auditor also interviewed an inmate that was Spanish speaking. The facility advised that the inmate could speak some English and should be able to answer the questions during the interview. An interpreter was not used or needed for this interview as the inmate was able to speak English well enough to understand and answer all the questions.

The staff also identified an inmate that was hearing impaired. The auditor attempted to interview the inmate, however the inmate minimally responded to the PREA questions and wanted to talk about his medical situation. The auditor spoke with the staff regarding this inmate and they are well aware of his issues and concerns. They indicated he has a cochlear implant, which enables him to hear, but he intentionally refuses to wear it. The auditor was satisfied that the staff and facility were addressing the inmate's needs.

No other inmates with disabilities or with limited English proficient were identified by the facility. It should be noted that the auditor did not come into contact with any inmates who did not speak English during the site review. According to the submitted PAQ, the agency used an interpretive service zero times during the last 12 months. While several staff indicated they were not aware of the interpreter service, all staff interviewed stated there was Spanish speaking staff available or they could get someone from the courts.

The LCADC policy prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender's safety. Interviews with staff indicate that offenders are not and would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of prisoner sexual abuse. According to the targeted interview with the PREA Coordinator, there were no instances of the use of an inmate interpreter even in exigent circumstances.

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

Corrective Action: None

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. LCADC Hiring Background Packet
4. Criminal History Record Check on All Employees
5. Review of recently promoted employee files from the past 12 months
6. Reviews of randomly selected employee files

7. Review of randomly selected volunteer files

8. Background Information on Contract Employees hired within the last 12 months

9. Background Information on Medical Employees

10. Interviews with PREA Coordinator, Investigator and Human Resources

The LCADC does not hire any sworn staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. The Auditor reviewed the background packet and interview questions used by the LCADC and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Interviews with staff confirm that they are asking these questions during the interview process for applicants for sworn positions. Staff indicated that the background investigator thoroughly vets any prospective employee and asks directly about previous misconduct as required by the standard. The document review on-site and interviews with the PREA Coordinator, Accreditation Manager and Human Resources confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period.

The policy indicates that the LCADC will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion, however there had been no incidents. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered.

There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with facility policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. All of the employees' files contained background checks and pre-employment questionnaires where employees were asked the questions regarding past conduct and their answers were verified by a background investigation. The auditor also reviewed files of employees who were promoted in the last 12 months. The acknowledgement was not completed for employees who had participated in the promotional process. This was discussed with the PREA Coordinator and Accreditation Manager as a corrective action that was immediately addressed.

LCADC policy requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with LCADC policy, all employees and contractors must have a criminal background records check prior to employment. Staff at the LCADC complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Staff verified this information in interviews discussing the background process. In addition, the LCADC uses a checklist for the background process, which verifies all steps have been completed, including the criminal history check. Staff stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. Staff stated that most of the surrounding agencies were good about sharing information with each other.

LCADC policy requires background checks be conducted on facility staff and contract staff a minimum of every five years. Documentation of background checks was provided by the facility and reviewed by the auditor. The Facility Administrator was very clear about the fact that an employee engaging in any type of misconduct such as listed in the standard would not be retained.

The LCADC asks applicants for sworn positions and contractors directly about misconduct as described in the standard using a Self-Declaration form during the application process. These forms are maintained in their respective personnel file. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard

and LCADC policy. LCADC policy stipulates a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor.

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

LCADC policy indicates that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer and a signed release of information. As noted above, Staff stated that most surrounding agencies would share information out of professional courtesy. Staff indicated they would share information upon request from another facility regarding a former employee.

The LCADC uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. This form is also used for contract staff and although not required by the standard, will begin to be used for volunteers as well. The hiring process includes requiring the investigator to make his/her best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

After a review, the Auditor determined the facility does not fully meet the requirements of the standard and will require corrective action.

Corrective Action:

The Sheriff's Office shall ensure that all promotional candidates are screened in accordance with the applicable standard. The LCSO shall maintain written proof of all inquiries and the results in the candidate's personnel file. The Department shall ensure that all personnel that are responsible for conducting such inquiries are trained in accordance with the standards. The Department shall provide documentation of any instance of promotional interviews during the corrective action period as proof of their compliance with the standard.

Verification of Corrective Action:

The Auditor was provided supplemental documentation onsite in the form of a memo to demonstrate corrective actions taken by the LCSO administration regarding this standard.

Additional Documentation Reviewed:

- Completed PREA Acknowledgement for promotional process

The LCSO uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. This form will be used during the promotional process. As it cannot be anticipated when the Sheriff's Office will have another promotional process, a longer corrective action period was not instituted and no further corrective action or additional documentation was required. The LCSO is now fully compliant with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Schematic of facility
4. Interviews with PREA Coordinator and Facility Administrator
5. Observation of camera placement and footage
6. Staffing Plan Review 2021

According to the LCADC PAQ and targeted interviews with the PREA Coordinator and Facility Administrator, the LCADC has not made any upgrades to the camera system since their last PREA audit. The staffing plan review dated January 2021 indicates that the upgrade to the camera system was scheduled to begin April 2021. The upgrade includes updating the cameras, repositioning some cameras and adding zoom capability to some of the cameras. Funding has been secured and this project is scheduled to begin in the near future.

In addition, the facility was part of a pilot study program to test body cameras in a corrections setting. They have 64 cameras that are strategically placed and reassigned every month. The supervisors review the

footage. The facility is also awaiting approval for The Guardian, which is RFID technology that is designed to digitally track inmate movement, delivery of services and document cell and security checks in real time.

A targeted interview with the Facility Administrator revealed that in the course of the upgrade, the facility considered how such technology may enhance the agency's ability to protect inmates from sexual abuse in accordance with the standard. He stated that while the camera enhancement allowed for more angles which enabled them to see more area. The system was also higher quality and provided more clarity and a better ability to identify inmates.

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

Corrective Action: None

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. LCADC GO 411.10 Investigations
4. MOU with LAWS 3-2-21
5. MOU with INOVA FACT
6. Review of incident logs

Interviews with the following:

- PREA Coordinator
- Agency Administrator
- Medical personnel

Findings:

The LCADC is responsible for both administrative and criminal investigations. The facility follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. The evidence protocol is specified in policy and described and confirmed by the Investigator, who is experienced and able to fully articulate investigative procedures for a sexual assault in a jail setting. Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

The LCADC does not hold youthful offenders.

LCADC policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs, and pregnancy testing as applicable. There is an on-call Clinical Forensic Nurse through the Inova Ewing Forensic Assessment and Consultation Teams (FACT) Department that is notified in such instances. These exams would be performed off-site at Inova Fairfax Hospital. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the The National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. Pursuant to the MOU, persons performing these exams will be Registered Nurses licensed by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination or a Physician with training specific to the sexual assault medical forensic examination. The availability of these services was confirmed by the Auditor with the HSA. She indicated they always had a SANE/SAFE nurse available 24 hours per day and 7 days per week

and there would be no charge to the victim for this exam. The LCADC reported on the PAQ there had been no have been no incidents of sexual abuse and no forensic exams conducted. This was confirmed by jail staff and the HSA.

LCADC policy indicates they will make a victim advocate from a rape crisis center available to an abused inmate. A local rape crisis center, Loudoun Citizens for Social Justice/LAWS is available to serve as a victim advocate to victims of sexual assault at the LCADC. The LCADC has an MOU with the agency, and communication with the agency director, which was provided to the Auditor for review. As stipulated in the MOU, Loudoun Citizens for Social Justice/LAWS is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. LCADC policy stipulates these services are available. There have been no instances of sexual abuse that have required services in the past 12 months. Targeted interview with the PREA Coordinator also confirmed that the MOU was in place, but no advocacy services had been utilized during the audit period.

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

Corrective Action: None

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. PREA Investigative Checklist
4. Review all investigative files for allegations of sexual abuse or harassment for the past 12 months
5. Website

Interviews with the following:

- PREA Coordinator
- Agency Administrator
- Investigative Staff
- Random Inmates

Findings:

The LCADC policy is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation if warranted. The PREA Coordinator, supervisors and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to one of the investigators for further action if substantiated. The Investigator coordinates with the PREA coordinator and Jail supervisors to determine the course of action. The Loudoun County Sheriff's Office Criminal Investigative Division (CID) conducts all criminal investigations for the Sheriff's Office. The LCADC policy is posted on the website under the PREA section.

Targeted interviews with the Investigator, PREA Coordinator and Jail Administrator verified that all allegations of sexual abuse or harassment are investigated. They described the process for investigations, which is a collaborative approach. According to the interviews, once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. The on-duty supervisor would brief the PREA Coordinator and depending on the situation initiate a call to CID to begin a criminal investigation. Essentially, all reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PREA Coordinator, who is a qualified investigator and a determination is made whether to initiate a criminal investigation. Essentially, all reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PREA Coordinator, who is a qualified investigator and a determination is made whether to initiate a criminal investigation. If there is no exigency and no evidence that a crime has occurred, the agency initiates an administrative investigation. The incident is investigated and if during the investigation, it is determined that there is evidence to support a crime was committed, the investigators will consult with the Commonwealth Attorney as necessary. If there is no evidence that a crime was committed, then the investigation is completed as an administrative investigation.

Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Coordinator of all allegations.

Interviews with random inmates indicate that they feel that the staff at the facility take PREA and their sexual safety seriously and that any allegation would be promptly and thoroughly investigated.

The LCADC reports there have been eight allegations of sexual abuse or harassment in the past 12 months. A review of the investigative files indicate that the allegations were promptly and thoroughly investigated. All 8 allegations at the LCSO in the past 12 months were sexual harassment allegations. There were no allegations that warranted referral for criminal investigation.

LCADC policy requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution.

The auditor reviewed the LCADC website and the agency policy is posted and publicly available. During an interview with the investigator, he verified that investigations that revealed criminal behavior would be referred to the Commonwealth Attorney for prosecution. The Jail Administrator confirmed this information.

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

Corrective Action: None

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. 2020 and 2021 Annual Training
4. New Hire PREA Training
5. PREA Lesson Plan
6. Review of Training Files
7. Interviews with Random Staff, PREA Coordinator, Accreditation Manager and Training Coordinator

Findings:

The LCADC policy is written in accordance with the standard and includes all required topics and elements of the standard. Policy requires that all employees, contractors, volunteers and civilian staff member who have contact with inmates receive training. According to the policy, mental health and medical personnel receive specialized training. The training is tailored to both male and female inmates, as the facility holds both. The facility provides PREA training annually to each employee to ensure they remain up to date on the LCADC policies and procedures regarding sexual abuse and harassment. Each employee completes this training electronically with a unique login and completion is verified by electronic signature.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all employees are receiving the training. During the pre-audit period the Auditor reviewed the training documentation submitted by the facility. In addition, during the on-site portion of the audit, the auditor verified the training of staff by making spot checks of deputy training files to match the training rosters with the files for verification of training attendance. Furthermore, the auditor reviewed the entire training logs for all employees who had received training for the current year. New staff are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have

received the information. During interviews with the PREA Coordinator and Training staff, they confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training during orientation.

The Auditor conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all the random employees recalled having annual PREA training. During the random staff interviews, the auditor asked the employees if they recalled being trained on each required element of the PREA training. None of the employees interviewed remembered all elements of the training, but staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly.

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

Corrective Action: None

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- 1. LCADC Completed PAQ**
- 2. LCADC GO 503.9 PREA**
- 3. Annual Training**
- 4. New Contractor PREA Training**
- 5. Review of Training Files**
- 6. Volunteer orientation**

Interviews with the following:

- **PREA Coordinator**
- **Contract Staff**
- **Training Coordinator**

Findings:

The LCADC policy is written in accordance with the standard and includes all required topics and elements of the standard. LCADC policy requires that all staff receive training regarding PREA. This training is required to be completed in person prior to contact with any inmates. The training is tailored to both male and female inmates, as the facility holds both. The facility provides PREA training annually to each contract employee to ensure they remain up to date on the LCADC policies and procedures regarding sexual abuse and harassment. The training staff briefly reviewed with the Auditor a typical training session.

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

The Auditor conducted formal and informal interviews with contracted staff. During targeted interviews with contract staff members, each of the interviewees told the auditor that they recalled having the PREA training and knew of the LCADC's zero-tolerance policy against sexual abuse and harassment. In addition, while they could not remember all the aspects of the training, they could articulate what to do is an inmate reported to them. When asked what would be the consequence if they violated the PREA policy, they stated they would be terminated and removed from the facility. The contract staff were knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities regarding the standards. The LCADC is providing training in accordance with the standard. The documentation is maintained accordingly.

Due to Covid related restrictions, no programs were being operated at the time of the onsite audit. The auditor was not able to interview any volunteers. Facility staff were in the process of updating the volunteer PREA training, with plans to resume programming soon.

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

Corrective Action: None

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Review of inmate training materials
4. Review of inmate training documentation
5. Inmate Handbook
6. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening
7. Sampling of Completed Sexual Misconduct Orientation Forms from inmate Files with inmate signatures
8. Logs of Completion of inmates provided Comprehensive Education

Interviews with the following:

- PREA Coordinator
- Random Inmates

- **Intake Staff**

Observations of the Following:

- **PREA informational Posters throughout the facility in inmate housing and common areas**
- **Inmate Intake Process**

Findings:

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

The LCADC PAQ reported that during the last year 2558 persons were committed to jail and 2558 inmates were given the initial PREA information in accordance with the standard. Offenders will receive a PREA brochure at intake. The inmate handbook is available in paper format, as well as on the tablets located in the offender housing areas.

The auditor reviewed the intake process during the site review. This was completed at the intake counter away from any other inmates. In addition, the auditor observed PREA signage with a reporting number and notification of the agency's zero tolerance policy. In both informal discussions with intake staff as well as formal specialized interviews with intake staff, deputies told the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explained to the newly committed inmates that they could report any instances of abuse or harassment to staff and use the inmate telephone system to report abuse to the listed hotline.

Interviews with intake staff, both informally and formally, verified that inmates, including any transferred from another facility, are given the same PREA orientation. Further questioning during the informal and formal staff interviews revealed that inmates who were LEP would be provided the orientation using a language line or a Spanish speaking deputy would be utilized, if available. For offenders that are visually impaired, a staff member would read the information to the offender. The video also has printed subtitles for the hearing impaired. Staff would assist any other disabled or impaired inmates that needed assistance, including intellectually limited inmates. Information in multiple formats was available throughout the facility. A targeted interview with the PREA Coordinator indicates that the facility has not received any inmates that needed accommodations within this audit period. The Auditor observed PREA informational posters in all offender housing areas, intake, and public areas.

Random inmate interviews revealed that most inmates remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. The majority of the inmates said that they would just tell the staff and some also referenced the use of a sexual abuse hotline. The few who responded that they did not remember receiving the initial orientation did state that they are aware of PREA.

The comprehensive education is accomplished through the use of the PREA orientation video on the PREA Resource Center website. The video is shown via video during the booking process within three days of arrival. This is documented on the Intake Checklist, which is kept in the inmate record to verify receipt of the training. Offender interviews indicated that they were receiving the training. The video is also on the tablets located in the offender housing areas.

The auditor reviewed a sampling of random inmate files. In each case, the file contained documentation of the initial inmate PREA orientation at the time of admission, as well as the comprehensive education. This verified what the auditor personally observed, what the interviews revealed, what was required by policy and what was reported in the submitted PAQ. Interviews with staff and offenders both formally and informally verified that offenders are receiving the initial and comprehensive training.

All current offenders have received PREA training. Offender interviews indicate that the majority remember receiving information upon arrival and viewing the orientation video. They have an awareness of PREA information and how to report.

As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials. For offenders that are visually impaired, a staff member would read the information to the offender. As indicated in the policy, all other special needs would be handled in coordination with the PREA Coordinator on a case-by-case basis. There have been no instances of the need to accommodate special needs prisoners during this audit period.

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

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

Corrective Action: None

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 ☐ No ☐ NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Review of Training Materials
4. Review of Training Documentation
5. Review Training Curriculum for Specialized Training
6. Review of Training Certificates for Investigators
7. Interviews with PREA Coordinator & Investigative Staff

Findings:

LCADC policy is written in accordance with the standard. LCADC investigators conduct both administrative and criminal investigations. The Auditor verified the training for the investigators. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. During a targeted interview with one of designated investigators for the department, as well as the PREA Coordinator, they were able to articulate all aspects of the training received. They appeared knowledgeable in the training they had received, as well as conducting sexual assault investigations. They both indicated that, if in the course of the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, they would consult with the Commonwealth Attorney regarding any potential charges.

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

Corrective Action: None

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- 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 ☐ No ☐ NA
- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Review of Training Materials
4. Review of Training Documentation
5. Interviews with PREA Coordinator and Medical Staff

LCADC General Order requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. The policy requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment. The LCADC employs contract medical and mental health providers. All of the medical and mental health staff received the specialized training. During the on-site portion of the audit, the auditor reviewed the training logs provided by the staff and cross-referenced the roster of mental health and medical personnel and verified that all of the current employees had received the required training. During a targeted interview with the HSA, she remembered receiving PREA training upon her orientation. In addition, she remembered having to complete additional training related to healthcare and PREA, which is one annually through Wellpath, the contract medical provider.

A targeted interview with the training staff verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented.

The staff of the LCADC does not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at Fairfax Hospital.

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

Corrective Action: None

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes
☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes
☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- 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 ☐ No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Review of Screenings
4. 30 Day Reassessment Logs
5. Sampling of Random Inmate Files

Interviews with the following:

- PREA Coordinator
- Random Inmates
- Intake Staff
- Classification Staff
- Medical

Observations of the Following:

- Inmate Intake Process

Findings:

According to LCADC Policy all inmates shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. During the site review, the auditor was not able to follow an inmate through the admission and classification process. But during the site review, the auditor observed an inmate being admitted to the jail during initial booking, and during that process, they were informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with the medical staff verified that upon admission within 72 hours, all inmates are screened for risk sexual abuse victimization and the potential for predatory behavior. In fact, this usually happens within a few hours. During interviews with random inmates, a couple of the inmates do not remember their initial screening however, the remainder remember being asked PREA related questions during their admission; although none of the inmates remembered all of the PREA risk assessment questions. The Auditor asked the inmates if they were asked the risk screening questions. Most inmates remembered at least something about the risk screening or some of the questions.

The screenings are completed by medical staff at the time of the Health Assessment. The Auditor interviewed a medical staff member who completes the screenings. The staff member indicated that the risk screening is completed within 72 hours, but usually within a few hours of intake. The screenings are completed in CorEMR, which is the medical system. Only the medical staff have access to this system. This screening is used by medical staff to assist in recommendation for housing decisions and referrals. The Medical staff do a PREA screening as this is part of is intake process and protocol for medical through Wellpath. The auditor reviewed this information and verified it is maintained electronically with limited access. The auditor was provided a copy of and reviewed the screening form completed by medical.

In addition, the booking/intake officers also do a PREA screening upon arrival. This screening is used by staff to assist in making housing and program decisions. The auditor reviewed this information and verified it is maintained electronically with limited access. The auditor was provided a copy of and reviewed the screening form completed by the officers.

The auditor reviewed random inmate files and reviewed their booking reports and risk screenings in order to compare the admission date and the date of admission screening. All randomly selected files had received risk screening within 72 hours of booking. Targeted interviews with staff, as well as the PREA Coordinator and Accreditation Manager verified that risk assessments are performed within 72 hours of booking. Targeted interviews with random inmates revealed that most inmates recalled at least a portion of the initial screening and some of the risk assessment screening questions. The auditor reviewed the PREA risk assessment instrument and it is objective as required by the standard. The questions are asked and the answers are recorded by the medical staff on the risk assessment form in CorEMR and in the Offender Management System by the Intake/Booking officers. There are

areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.

According to the PAQ and LCADC Policy, the PREA screening instrument shall include 10 individual elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all of the required elements.

According to LCADC Policy the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the risk of inmates being potential abusers. The auditor reviewed the objective screening instrument and verified that the questions are present on the screening instrument and during the inmate file review, the same completed forms were in the inmate files. During targeted interviews with staff who conduct risk assessments, the auditor verified that they ask inmates if they have a history of violence and ask them to self-report their history of institutional violence. However, the staff also said that classification will review the inmate's criminal history, current offenses, as well as institutional history, if they have been in the LCADC previously.

The Accreditation Manager and PREA Coordinator confirmed that 30-day reassessments are being completed on all inmates. The facility is completing reassessments every 30 days for all inmates, not just newly received inmates. This is being done by the housing officers and documented on the "Housing Unit Victimization and Abusiveness Risk Re-assessment" form. The auditor reviewed logs of 30-day reassessments. The auditor also reviewed random inmate files to determine if 30-day assessments had been completed. Classification staff also indicated that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault. The LCADC only operates one facility, therefore they are not required to reassess upon transfer.

LCADC Policy stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the staff as well as the PREA Coordinator, there have been no instances of inmates being disciplined for refusing to answer screening questions

The Auditor randomly reviewed inmate files and determined that the screenings are being completed. The Auditor spoke with staff and administration regarding corrective action, including ensuring that all inmates are asked the screening questions.

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

Corrective Action: None

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Review of Screenings

Interviews with the following:

- PREA Coordinator
- Supervisors Responsible for Conducting Unannounced Rounds

Observation of the following:

- Site review of inmate housing units

Findings:

The LCADC policy requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. Both medical staff and the intake/booking officers complete a risk assessment screening upon the inmate's arrival to the facility. Medical staff use this information to make recommendations on housing, programs and referrals. The officer working the Intake housing area (currently quarantine area) reviews the screening to assist in making housing and program decisions. Targeted interviews with Classification staff indicate that the results of the risk assessment and the interview with the inmate is used to determine classification decisions and make individualized determinations for each inmate.

LCADC policy requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other prisoners. During the site tour, the auditor reviewed all inmate housing units. All inmate housing units permit inmates to shower separately from one another. The LCADC has not housed any transgender inmates during this reporting period. No targeted interviews with transgender or intersex were able to be completed by the auditors. Based upon the fact that no transgender or intersex inmates have been confined in the past 12 months, the auditor could not review any documents related to sections (b-f) of the standards.

The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely on the basis of such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff are aware of their responsibilities should they receive a transgender inmate with regard to this standard. Interviews with facility staff indicate that placement of any transgender or intersex offenders would be made on a case-by-case basis. LCADC policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration. LCADC policy allows for transgender inmates to shower separately. Interviews with facility administration corroborate these practices would be enforced if a transgender offender were received.

LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. The auditor conducted informal discussions with inmates during the site review and no inmate mentioned being housed according to their sexual preference or identity. The auditor conducted a targeted interview with the PREA Coordinator and asked if there were any dedicated housing units for LGBTI prisoners. The auditor was informed that inmates' housing was based upon objective finding and LGBTI inmates were not placed in dedicated units. Targeted interviews with LGBTI inmates verified that the LCADC does not place inmates in dedicated housing units. A review of the roster indicated that identified LGBTI inmates are located in different housing areas.

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

Corrective Action: None

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts 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 ☐ No ☐ NA
- If the facility restricts any 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 ☐ No ☐ NA
- If the facility restricts any 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 ☐ No ☐ NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Memo from PREA Coordinator

Interviews with the following:

- PREA Coordinator
- Agency Administrator
- Supervisors and Staff Responsible for Supervising Inmates in Restrictive Housing

Findings:

According to LCADC Policy they do not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. LCADC policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there

have not been any instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. According to targeted interviews with staff who supervise inmates in restrictive housing, they are not aware of a case where an inmate was placed in restrictive housing as a result of being a high risk for sexual victimization. All staff interviewed, both formally and informally, indicate an inmate identified as high risk would be moved to another housing location and not placed in segregation unless the inmate requested it. A targeted interview with the PREA Coordinator also verified that no inmates during the audit period have been placed in restrictive housing involuntarily in order to separate them from potential abusers. He indicated that there was sufficient space and numbers of housing units to find a suitable place for an otherwise orderly prisoner.

The LCADC Policy states that if inmates were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges, work and educational programs and any restrictions would be limited. Further, the policy stipulates that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need at least every 30 days.

Staff are aware of their responsibilities with regard to this standard, including the need for a review every 30 day. There have been no instances that required action with regard to this standard.

During the on-site portion of the audit, the auditor reviewed all of the restrictive housing area and had informal discussions with both prisoners and staff. As verified by targeted interviews with the PREA Coordinator and staff supervising prisoners in restrictive housing, the auditor did not identify any inmates who were involuntarily housed in restrictive solely for protective purposes.

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

Corrective Action: None

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Memo re PREA Coordinator

- 4. Inmate Handbook**
- 5. Inmate Orientation**
- 6. Site Review**
- 7. LAWS MOU**
- 8. LCADC Website**

Interviews with the following:

- **PREA Coordinator**
- **Random Staff**
- **Random Inmates**

Observation of the following:

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

Findings:

The LCADC Policy requires multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. LCADC policy is written in accordance with the standard. The auditor reviewed the inmate handbook and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the inmate telephone system to make a report to the PREA hotline. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports, and third-party reports. They also have the ability to report through the tablets available in all offender housing areas. This information is received by offenders at intake, contained in the inmate handbook and on informational posters outside all offender housing areas, intake and various other locations throughout the jail. During random staff interviews, all staff mentioned that inmates could make a PREA report to staff, volunteers or contractors as well as making a report using a note. In addition, several staff members mentioned writing an anonymous letter to the PREA Coordinator and several staff members also mentioned the PREA Hotline that could be called from the inmate telephone. During the site review, the auditor observed posters adjacent to the inmate telephones. Random offender interviews revealed that the offenders would feel comfortable approaching and reporting to staff. They feel that that the staff at LCADC care about their well-being and would take any report seriously and act immediately. Offenders felt that staff would ensure their safety.

At the time of the on-site audit, there were no inmates detained solely for civil immigration purposes. The facility reports they have not had any such inmates in the last three years. If the LCADC received an inmate detained solely for civil immigration, staff would provide information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The facility has consular contact information posted in the intake area.

Staff interviews revealed that they are aware of their responsibilities with regard to reporting and would accept and act on any information received immediately. Information on how to report on behalf of an inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate.

LCADC policy provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Offenders also have the ability to report outside the LCADC, in writing or by phone, to the Department of Corrections, or the Loudoun Abused Women's Shelter (LAWS). This information is in the inmate handbook. During the site review, the auditor observed PREA informational posters adjacent to the inmate telephones that have a Hotline where reports can be taken and referred immediately for investigation by the PREA Coordinator. Most offenders mentioned this as a potential reporting method, indicating the offenders are aware of this information.

LCADC policy and the inmate handbook stipulates that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports. There has been one third party report in the last 12 months. The auditor reviewed the investigative file and found that the allegation (sexual harassment) was handled in accordance with LCSO policy and the standard.

A targeted interview with the PREA Coordinator verified that there are multiple ways to make PREA complaints by both staff and inmates. He mentioned the use of the inmate phone system, anonymous letters, as well as third party reporting by family and friends. In addition, inmates can report using the tablets available in the inmate housing areas. The auditor reviewed investigative files for 8 allegations of sexual misconduct within the last year. Most of the allegations were reported directly to facility staff, indicating the offenders feel comfortable reporting to the staff.

LCADC policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During targeted interviews with staff, the majority of the random staff interviewed told the auditors that if an inmate reported an allegation of sexual abuse or harassment, they would immediately intervene by separating the victim and alleged perpetrator. A few of the staff members told the auditor that they would notify their supervisor of such an allegation when they received the report before taking action with the inmates. However, in all random staff interviews, each staff member stated that they would take action without delay and would accept a verbal complaint and would be required to make a written report of the incident. During random inmate interviews, the inmates were asked if they knew that they could make a verbal report of an incident of sexual harassment. All the inmates stated that they knew that they could just tell a staff member or deputy if something happened.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or facility administrators directly. Staff members are informed of this provision during PREA training. Staff interviews revealed that they are aware they can go directly to facility administration to report sexual abuse and harassment of inmates and all staff that were randomly interviewed answered that they would report any such incident to their supervisor.

After a review, the Auditor determined that the facility meets the minimum requirements of the standard since they have at least one method for inmates to report outside the agency.

Corrective Action: None

Standard 15.152: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 15.152(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Inmate Grievance Worksheet
4. Inmate Handbook
5. Staff Interviews

Findings:

Administrative procedures are in place to address LCADC grievances regarding sexual abuse and harassment, therefore the LCADC is not exempt from this standard. The policies are written in accordance with all provisions of the standard, addressing all required aspects. LCADC reports in the PAQ there have been no grievances filed within the past 12 months alleging sexual abuse. Interviews with the PREA Coordinator and Accreditation Manager confirm the information on the PAQ. Interviews with staff indicate they are aware of their responsibilities with respect to the standard and indicate an inmate would be allowed to file a grievance regarding sexual abuse or harassment without regard to time limit. There have been no instances that required action with regard to this standard. The auditor reviewed the inmate handbook and it contains the general provisions for filing a grievance.

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

Corrective Action: None

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Inmate Handbook and Website
4. Hotline Information
5. Sexual Assault brochure

6. MOU with LAWS

Interviews with the following:

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

Observations of the Following:

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

Findings:

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

The auditor reviewed the LCADC handbook, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed posters that notifies inmates of the availability of a third-party reporting hotline. LCADC policy requires that inmates and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the inmates of the limits of confidentiality.

Inmates are informed of the services available at intake. Inmate interviews indicated that not all of the inmates are aware of the services that are available to them. Most inmates interviewed indicated they knew they could ask to speak to mental health if they needed to, but were unsure of other services that are available.

The information is listed in the brochure that is provided to the inmates, as well as the inmate handbook.

The LCADC has an MOU with the local rape crisis center, Loudoun Citizens for Social Justice/LAWS. The Auditor was provided a copy of the MOU and verified the agreement for services.

There have been no inmates detained solely for civil or immigration purposes.

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

Corrective Action: None

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Inmate Handbook
4. LCADC Website
5. Staff Interviews
6. Inmate Interviews

Findings:

The LCADC policy is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The LCADC publicly provides a method for the receipt of third party reports of sexual abuse or harassment. The Auditor reviewed the LCADC website. The LCADC website has a document on its PREA page that contains information about PREA and their responsibilities for criminal and administrative investigations. It also contains contact and reporting information for jail officials should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate

Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff indicate they will accept a third-party report from a family member, friend or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly.

Offenders are provided this information at intake and offender interviews indicate that they are aware that family or friends can call or write and report an incident of sexual abuse on their behalf. The offenders felt as if the staff would act on any reports received and take all reports seriously and investigate them to the fullest extent. The offenders feel that the staff take PREA and their safety seriously.

The LCADC has not received any third-party reports of sexual assault or harassment during this reporting period.

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

Corrective Action: None

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.3
3. Review of investigative files

Interviews with the following:

- PREA Coordinator
- Agency Administrator
- Random Staff

Findings:

LCADC policy is written in accordance with the standard and requires all staff, contractors and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. During the site review, several staff members were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All of the staff members responded that they were required to report any such instances. The auditors also informally asked the same question of two contractor staff, and they stated that they would report any instance of sexual abuse or harassment. Interviews with staff indicate they are very clear with regard to their duties and responsibilities with regard to reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all of the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were randomly interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated

their understanding that they are required to report any information immediately and document such in a written report.

LCADC policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All of the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential. When asked who they report or discuss details of a sexual abuse or sexual harassment allegation with, staff informed the Auditor they only discuss details with supervisors and investigators. When asked if they ever discuss it amongst other co-workers, the answer was no. A targeted interview with the PREA Coordinator and Accreditation Manager verified that all investigative files are kept in locked cabinets with limited access.

LCADC policy requires that all medical and mental health personnel report the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Interviews with medical staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical staff are aware of their responsibilities to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident.

Targeted interviews with the PREA Coordinator, as well as random staff interviews verified that the agency reports all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon.

All allegations of sexual abuse and harassment are reported to the on-duty supervisor, who initiates an investigation. The reporting deputy and supervisor create a report, and this report is forwarded to the PREA Coordinator for review and further action. In addition, the PREA Coordinator is notified verbally through the chain of command.

The Auditor conducted a formal interview with one of the facility investigators, who indicated that all allegations are immediately reported and investigated. There were 6 allegations reported on the PAQ, with an additional 2 since the submission of the PAQ, making the total 8 for the previous 12 months. The Auditor reviewed the investigative files for all 8 allegations and determined that they were promptly investigated.

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

Corrective Action: None

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

Evidence Reviewed:

1. LCADC Completed PAQ
2. LCADC GO 503.3
3. LCADC GO 503.9

Interviews with the following:

- PREA Coordinator
- Agency Administrator
- Random Staff
- Random Inmates

Findings:

LCADC policy is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. Random interviews with staff indicate they are very clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff indicated they would immediately remove the inmate from the situation, keep them separate and find alternate housing. Staff stated they would ensure the inmate was kept safe, away from the potential threat and an investigation was completed by the supervisor. Classification staff would also be notified. Targeted interviews with the Jail Administrator and the PREA Coordinator confirmed that it is the policy of the agency to respond without delay when inmates are potentially at risk for sexual abuse or any other types of serious risk.

Offender interviews consistently revealed that they felt the staff would ensure their safety. All inmates interviewed stated that they felt safe in the facility and that the staff care about their well-being. For the most part, the inmates stated they felt comfortable going to any staff member and felt confident that the staff would ensure their protection.

LCADC reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. The Auditor randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard.

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

Corrective Action: None

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9

Interviews with the following:

- PREA Coordinator
- Agency Administrator

Findings:

The agency's policy is written in accordance with the standard and requires that if the Sheriff or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he must make notification within 72 hours. During this review period, the facility reported receiving no notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported. According to targeted interviews with the Sheriff and PREA Coordinator, if they received such a notice, they would immediately report such an allegation to the facility administrator and document such a notice. They confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard.

LCADC requires that if the Sheriff or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred in the LCADC, it would be investigated in accordance with the standards. The LCADC reported receiving no notifications in the past 12 months from another facility that one of their former inmates alleged being sexually abused while incarcerated at the LCADC. Interviews with the Jail Administrator and PREA Coordinator confirm the staff are aware of their obligation to fully investigate allegations received from other facilities. There were no instances of notice by another facility that an inmate alleged abuse at the LCADC in the last 12 months.

Further, interviews with the staff, both formal and informal, revealed that staff is aware of their obligations with regard to reporting, and there is a universal understanding and commitment to immediately report any allegations of sexual abuse or harassment, which increases the probability that abuse will be detected, reported and investigated.

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

Corrective Action: None

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. LCADC GO 503.3 Inmate Sexual Assault
4. PREA Checklist
5. Review of investigative files
6. Interviews with Random Staff, PREA Coordinator, Investigator

Findings:

The LCADC policy is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. Policy requires that when an inmate reports an incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser, Preserve and protect and evidence, if the abuse allegedly occurred within a time period that would allow the collection of evidence the first responded advise the victim not take any actions that would destroy any evidence, and take action to prevent the alleged abuser from destroying evidence.

There have been zero instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence. All allegations for the previous 12 months were sexual harassment allegations and did not require evidence collection or medical treatment. The alleged victims and perpetrators were immediately separated upon staff learning of the incident.

There were no inmates present during the on-site portion of the audit who had reported sexual abuse.

The Auditor conducted formal and informal interviews with staff first responders. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. Most all staff interviewed said that they would notify their supervisor after separating the inmates and wait for further instructions. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the Investigator arrived to process the scene. A targeted interview with the PREA Coordinator and an Investigator indicated that once the initial steps were done and the scene was secure, the Agency Investigator (CID) would be notified, depending on the nature of the investigation.

The Auditor conducted interviews with supervisory staff and investigators. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment and transported to the ER for a forensic exam if needed. The PREA Coordinator would also be informed. The supervisor stated the Investigators would be the only ones allowed in the crime scene to process the evidence.

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

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

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

Corrective Action: None

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9
3. PREA Checklist
4. Interview with PREA Coordinator and Jail Administrator

Findings:

LCADC has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and facility administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The LCADC has a PREA Checklist to ensure that all aspects of the response are covered and nothing is missed. Many of the facility staff involved in responding to incidents of sexual abuse are a part of the incident review team.

There have been zero instances of reported sexual assault on the PAQ. All allegations for the previous 12 months were sexual harassment allegations and did not require evidence collection or medical treatment. The alleged victims and perpetrators were immediately separated upon staff learning of the incident. A review of the investigative files reveal that all appropriate steps were taken with regard to the standard. Supervisory staff were notified by the staff that became aware of the incident, as well as the PREA Coordinator.

The auditor interviewed the Jail Administrator, as well as the PREA Coordinator who both described the jail's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the facility investigators. Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided forensic exams and ancillary services, as well as advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.

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

Corrective Action: None

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- LCADC Completed PAQ
- LCADC GO 503.9 PREA

Interviews with the following:

- PREA Coordinator
- Agency Administrator

Findings:

The LCADC has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The LCADC policy prohibits entering into a collective bargaining agreement. Virginia Code §40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service.

Interviews with both the Jail Administrator and the PREA Coordinator verified that there is not a collective bargaining agreement in place.

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

Corrective Action: None

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- 1. LCADC Completed PAQ**
- 2. LCADC Policy 503.9 PREA**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator**

Findings:

The agency's policy is written in accordance with the standard and requires staff and inmates who report substantiated allegations of sexual abuse or harassment are protected from retaliation for making such reports. Policy indicates that the PREA Coordinator is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days.

The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation. The Auditor asked the staff member how he goes about monitoring retaliation. The staff member stated he reviews disciplinary charges and Incident Reports and any other actions related to the inmate including documents maintained in an inmate's file and his/her electronic record.

The Auditor asked the staff member the amount of time he will monitor for acts of retaliation. He stated the monitoring period would be a minimum of 90 days. In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.

The Auditor asked how staff ensures the protection of an inmate who is being retaliated against by a staff member. The Auditor was informed the administration will discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The retaliation would be reported through the chain of command to ensure the staff member who is retaliating against an inmate is appropriately disciplined, if need be.

The PREA Coordinator and the Classification Supervisor both have the authority to move inmates around the facility or to other facilities or take other protective measures to assure inmates were not retaliated against. In addition, the Jail Administrator has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment. He told the auditor that he monitors the progress of PREA investigations and requires regular briefings by the PREA Coordinator until the investigation is complete.

There have been no reported incidents of sexual abuse/harassment that would require the staff to invoke any protections from retaliation. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. All staff members interviewed affirmed that they had an affirmative requirement to report any incident of retaliation and also reported that they know that they could report such incidents anonymously. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard.

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

Corrective Action: None

Standard 115.68: Post-allegation protective custody

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Review of all Investigative Files from the past 12 Months

Interviews with the following:

- PREA Coordinator
- Agency Administrator

Observation of the following:

- Observation of Inmates in restrictive housing

Findings:

The agency's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Both formal and informal interviews with staff state they would not place an inmate in segregation for reporting sexual abuse or assault. Staff indicated they would not ordinarily place a sexual assault victim in segregation unless he or she had requested it. Staff explained that other alternatives are explored and segregation is utilized as a last resort. The Auditor was informed of and observed several areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregated housing.

The auditor reviewed all of the LCADC restrictive housing areas and through informal discussions with supervising deputies, no staff indicated that inmates were assigned to restrictive housing as a result of their sexual vulnerability.

The agency has had no incidents that have required restrictive protective custody. Interviews with the supervisory staff as well as the agency administrator, PREA coordinator and Classification Supervisor

confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse.

In addition, during targeted interviews with the Classification Supervisor and the PREA Coordinator, they both verified that there have been no instances of inmates being placed in restrictive housing as a result of the sexual victimization or vulnerability. There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect and inmate who was alleged to have suffered sexual abuse.

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

Corrective Action: None

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA, General Orders 411.9, 411.10, 411.12
3. Review of Investigative files
4. Interviews with Staff
5. Documentation of Investigator Training
6. Certificates of Completion for Departmental Investigators
7. Training Curricula for Investigative Training specific to Corrections

Findings:

The LCADC policy is written in accordance with the standard. Policy requires that the agency conduct administrative and criminal investigations of sexual abuse and harassment. The LCADC policy stipulates that they will respond to complaints that are received internally and externally by a third party. The policy requires that investigations are responded to promptly. The LCADC conducts an investigation on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. The auditor reviewed investigative reports for the 8 allegations of sexual misconduct during the past 12 months. All reports contained the required elements as dictated by the standard.

If at any time during the investigation, it appears the charges are criminal in nature, the investigation will be referred to the agency CID investigators. The PREA Coordinator is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the LCADC, plus an additional 5 years. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

LCADC investigators are required by policy to cooperate with outside investigators and attempt to communicate to remain informed about the progress of a sexual abuse investigation. According to targeted interviews with the PREA Coordinator, if an outside agency were to conduct an investigation of sexual abuse, the departmental investigator serves as a liaison and would keep jail administrators informed of the progress of the investigation. There have been no investigations conducted by an outside agency during the audit period.

At the time of the on-site audit, the facility employed and provided training records for 10 staff members who have received specialized training to conduct sexual abuse investigations in confinement facilities. The auditor was provided training curricula and training certificates of designated investigators. The auditor reviewed and verified that each of the facility investigators had proof of receiving the specialized training required by the standard. Each investigator had received specialized training to conduct sexual abuse investigations in confinement settings. Targeted interviews with a facility investigator verified they are available to respond immediately if necessary.

The Auditor conducted a formal interview with one of the facility's designated PREA Investigators. The Auditor asked the Investigator to describe his process when he is conducting an investigation. He stated he interviews the victim, alleged perpetrator, inmate witnesses, and staff witnesses if applicable. He stated he reviews the scene, preserves any evidence if necessary and then begins looking at other documents. He reviews criminal histories on all inmates involved, disciplinary history, incident reports, and classification actions. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. He will notify the facility administration of the allegation. If at any point during the investigation he determines there could be potential criminal charges involved, the investigation would be reviewed and discussed and the Commonwealth Attorney would be consulted. The Investigator stated he begins his investigation immediately after receiving an allegation.

All investigative files are maintained in the Accreditation Manager's office in a locked cabinet with limited access. Investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed. The LCADC does not require inmates to submit to a polygraph examination during sexual abuse investigations.

If an allegation is reported anonymously, the PREA Coordinator and Investigator both stated the investigation would be handled the same as any other investigation. Staff indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation.

The LCADC has had 8 incidents that required investigation during the review period. The auditor reviewed investigative reports for all 8 allegations of sexual misconduct during the past 12 months. A review of the investigative files indicate that the investigators are conducting the investigations in accordance with the standard. The reports show evidence that the investigator is gathering evidence, interviewing witnesses, victims, perpetrators, and conducting the investigation promptly. The investigation appears to be conducted promptly, thoroughly and objectively.

There have been no criminal investigations during the previous 12 months and one substantiated allegation of sexual harassment during this audit period.

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

Corrective Action: None

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Review of Investigative files for the past 12 months

Interviews with the following:

- PREA Coordinator
- Agency Administrator
- Investigative Staff

Findings:

The agency's policy is in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

A formal interview with both the PREA Coordinator and Investigator confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. He was able to articulate what preponderance meant and how he arrives at the basis for his determinations. There have been 8 allegations of sexual abuse or harassment within the last 12 months for which the auditor reviewed the investigative files. There has been one substantiated allegation of sexual harassment during this audit period. A review of the files indicates that the investigations are being conducted in accordance with the standard.

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

Corrective Action: None

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC 503.9 PREA
3. Review of investigative files and notification to inmate

Interviews with the following:

- PREA Coordinator
- Investigator

Findings:

The LCADC policy is written in accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The auditor conducted targeted interviews with the PREA Coordinator and the Investigator. The targeted interviews verified that there have been no external investigations in the past 12 months. The agency is responsible for both administrative and criminal investigations.

The Auditor conducted an interview with the PREA Coordinator and Investigator. Both indicated that inmates are informed of the results of an investigation at the conclusion of the investigation. The PREA Coordinator or Investigator will notify the inmate and document the notification.

During the past 12 months, there have been 8 allegations of sexual abuse or harassment. No inmates who reported sexual abuse or harassment were in custody during the on-site portion of the audit for targeted interviews.

The Auditor reviewed the investigative files for all 8 reported allegations of sexual assault or harassment. The LCADC made notification to the inmates at the conclusion of the investigation as required. Interviews with a facility investigator and PREA Coordinator confirmed their knowledge of their affirmative requirement to report investigative finding to inmates in custody.

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

Corrective Action: None

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Interviews with Staff

Findings:

The LCADC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated jail policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances of the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories.

According to the submitted PAQ, in the past 12 months, there were no staff terminations or disciplinary actions related to the sexual abuse or harassment of inmates. Discussions with the PREA Coordinator and Jail Administrator verified that there were no terminations or disciplinary actions related to sexual abuse or harassment of inmates in the past 12 months.

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

The Auditor interviewed facility administration regarding the facility's staff disciplinary policy. Facility administration indicated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it will be referred to the Commonwealth Attorney's office for possible prosecution. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case to the Commonwealth Attorney's office when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

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

Corrective Action: None

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Interviews with Staff

Findings:

The LCADC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the LCADC revoked. In the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. The Jail Administrator and the PREA Coordinator both verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months.

A targeted interview with 2 contract staff members verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility, and possible prosecution in accordance with the law. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed facility administration regarding the disciplinary policy regarding contract staff and volunteers. Facility administration indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred to agency investigators and the Commonwealth Attorney's office for possible prosecution.

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

Corrective Action: None

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Inmate Handbook
4. Review of Investigative Files
5. Review of Classification Records
6. Interviews with Staff

Findings:

The LCADC policy directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. LCADC prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse.

LCADC policy states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse. According to the submitted PAQ, there have been no instances of inmate-on-inmate sexual abuse or substantiated allegations of staff on inmate sexual abuse or harassment or criminal findings of guilt for inmate-on-inmate sexual abuse. The auditor reviewed the investigative files for all 8 allegations of sexual misconduct within the last 12 months. The allegations were as follows:

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Hotline	0	0	0	0
Reports to Staff	0	0	4	3
Third Party Report	0	0	0	1
Total:	0	0	4	4

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

LCADC policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions.

The LCADC does not have mental health staff available at all times, but has mental health staff on call for emergent needs and can transfer inmates if they need more in-depth mental health treatment. Any decision to offer counseling or therapy to offenders and the initiation of any such counseling or therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the offender.

LCADC policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no unsubstantiated or substantiated instances of inmate on staff sexual abuse or harassment during the audit period.

LCADC policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. There were no instances, in the past 12 months, where inmates were disciplined for filing a report or making unsubstantiated or unfounded allegations of sexual abuse or harassment. The Auditor reviewed investigative files, classification files, inmate records and interviewed staff. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment.

Interviews with staff and inmates confirmed their knowledge of the policy regarding inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other inmates and knew that they could be disciplined for sexual abuse.

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

Corrective Action: None

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. PREA Screening and Follow-up
4. Random Review of Files
5. Follow up mental health referral within 14 days
6. Interviews with Staff, including the following:
 - a. PREA Coordinator
 - b. Medical Staff
7. Interviews with Inmates

Findings:

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

A random review of inmate files validated that the screenings were being conducted in accordance with the standards and the policy. In addition, there were several documented instances provided by the facility where inmates who were identified as needing follow up care, were offered and received the follow-up care within the 14-day period prescribed by the standards. An interview with medical staff confirms that if an inmate answers yes on the screening question that they have experienced previous victimization, it automatically triggers an alert for a referral and the inmate is offered a follow-up meeting, which is scheduled at that time.

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

The Auditor conducted a formal interview with medical staff. The medical staff member indicated that inmates identified as needing follow-up care are scheduled to be seen within 14 days. When asked

who this information would be shared with, the medical staff member was clear about confidentiality and that this information would be only be shared with those who needed to know. This information is recorded in the medical system (CorEMR) and each medical staff member has an individual login and password. Only medical personnel have access to this system. An interview with the PREA Coordinator confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited access and only used to make housing, bed, work, education, and other program assignments.

LCADC policy states that medical and mental health personnel will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Interviews with medical staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting.

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

Corrective Action: None

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Intake Checklist
4. Interviews with Staff, including the following:
 - a. PREA Coordinator
 - b. Accreditation Manager
 - c. Medical Staff
 - d. Random Security Staff
5. Interviews with Inmates

Findings:

The LCADC policy is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Interviews with medical staff, as well as the PREA Coordinator confirm that victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Contract medical staff provide coverage 24 hours per day, seven days a week. While there have been no documented incidents of sexual abuse requiring emergency medical or mental health services during the review period, the staff are aware of their responsibilities with regard to protection of the victim and evidence in the case of a report of sexual assault. In addition, the contracted medical and mental health staff are available 24 hours per day in the case of emergency and/or crisis intervention services. This was confirmed by the PREA Coordinator and medical staff. For services that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at the local emergency department by qualified forensic nurse examiners. An advocate from the rape crisis center, Loudoun Citizens for Social Justice/LAWS is available at the request of the victim.

LCADC policy states that all inmate victims of sexual abuse will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical staff was interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to

make a provision for pregnancy related medical care and/or STD prophylaxis if required. They confirm that victims of sexual abuse would be offered these services. There have been no incidents of sexual assault at the LCADC in the last 12 months requiring these services.

LCADC policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. The facility has an MOU with Inova Ewing Forensic Assessment & Consultation Teams Department (FACT) through Fairfax Hospital to perform this service. Interviews with medical staff, as well as the PREA Coordinator confirm that victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. There have been no incidents of sexual assault at the LCADC in the last 12 months.

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

Corrective Action: None

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC Policy, GO 503.9 PREA
3. Interviews with Staff, including the following:
 - a. PREA Coordinator
 - b. Accreditation Manager

c. Medical Staff

4. Interviews with Inmates

Findings:

The LCADC policy is written in compliance with the standard and states that the Jail will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. There have been no instances of sexual abuse during the review period, therefore the Auditor was unable to review any related documentation with regard to follow-up and on-going medical and mental health care.

LCADC policy requires that inmate victims of sexual abusive vaginal penetration while in the Jail will be offered pregnancy tests. Inmate victims who become pregnant while in the Jail will receive comprehensive information about all lawful pregnancy-related medical services. Inmate victims of sexual abuse while in the Jail will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that female inmates who were victims of abusiveness vaginal penetration would be offered pregnancy tests. Inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. There have been no incidents of sexual assault at the LCADC in the last 12 months requiring these services.

LCADC policy states that all treatment services for sexual abuse will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with medical staff confirm that these services would be provided to the inmate at no cost. There have been no incidents of sexual assault at the LCADC in the last 12 months requiring these services.

Staff interviews confirmed the presence of policies and procedures consistent with the standard and also confirmed the medical and mental health staffs' knowledge of the policy and standard. Interviews with inmates confirm they are generally aware of the availability of services should they request or require them, however additional information to the inmates regarding the available services in the form of education or pamphlets would be helpful to increase overall knowledge. The rape crisis center, Loudoun Citizens for Social Justice/LAWS is available for crisis counseling services and inmates can request to speak with mental health.

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

Corrective Action: None

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Interviews with Staff

Findings:

The LCADC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. LCADC policy states that a sexual abuse incident review will be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The review team will consist of upper-level management officials, supervisors, investigators, and medical/mental health personnel. During the review period the LCADC reports there have been no administrative investigations of alleged sexual abuse at the facility. This was confirmed by the PREA Coordinator and the Accreditation Manager. There were 8 total allegations of sexual misconduct in the previous 12 months. Of these allegations, four were unsubstantiated, four were unfounded and one was substantiated. The substantiated allegation was not an allegation of sexual abuse.

LCADC policy states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the Jail where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. An interview with a member of the incident review team confirms if there was an incident that required a review, all these factors would be considered. An interview with the PREA Coordinator confirms that a report of the findings, including recommendations for improvement, would be completed and submitted for inclusion in the file. The Division Commander will review the recommendations. The PREA Coordinator also stated any recommendations would be implemented, or the reasons for not doing so would be documented.

The LCADC has appointed a team that conducts incident reviews at the conclusion of sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the facility administrator and PREA coordinator. A written report of the findings is prepared and maintained by the PREA Coordinator. The PREA Coordinator indicated that the reviews ordinarily take place within 30 days of the conclusion of the investigation.

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

Corrective Action: None

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- 1. LCADC Completed PAQ**
- 2. LCADC GO 503.9 PREA**
- 3. Annual Report**
- 4. Interviews with Staff**

Findings:

The LCADC policy is consistent with the requirements of the standard and states that the Jail will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data for calendar year 2020.

An interview with the PREA Coordinator confirms the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.

The facility is collecting and aggregating sexual abuse data on an annual basis as required by the standard. The report uses a standardized set of definitions, which are available on the facility website and in the LCADC policy.

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

Corrective Action: None

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ with ADP
2. LCADC GO 503.9 PREA
3. Annual Report
4. Website with sexual abuse data
5. Interviews with Staff

Findings:

The LCADC policy is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 will be made readily available to the public through the Jail's website, excluding all personal identifiers after final approval by the Jail Administrator. The Auditor reviewed the Annual Reports available on the facility website, including data for calendar year 2020. The reports indicate that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report, entitled "Annual PREA Report" includes an overview of the facility's plan for addressing sexual abuse and aggregated data. The annual report indicates the agency's efforts to address sexual abuse include continually providing inmate education and staff training. Interviews with the PREA Coordinator and the Agency Administrator confirm these efforts.

The report is signed by the Facility Administrator and there is no personally identifying information in the report.

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

Corrective Action: None

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. LCADC Completed PAQ
2. LCADC GO 503.9 PREA
3. Annual Report
4. LCADC Website containing sexual abuse data
5. Interviews with Staff

Findings:

The LCADC policy is consistent with the requirements of the standard, which mandates that sexual abuse data be securely maintained and indicates that data collected pursuant to 115.87 will be made readily available to the public through the Jail's website, excluding all personal identifiers after final approval by the Jail Administrator. Policy states the Jail will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The Accreditation Manager maintains all sexual abuse data and files in a locked cabinet in her office, with limited access, including the PREA Coordinator and Jail Administrator. Aggregated sexual abuse data is gathered from the investigative reports. The Auditor reviewed the facility's website, which included an annual report with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection.

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

Corrective Action: None

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the 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 ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ 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 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.) ☐ Yes ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- 1. Previous Audit Report**
- 2. PAQ**
- 3. On-Site Review**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator**
- **Random and Targeted Inmates**

Observation of the following:

- **Observation of, and access to all areas of the LCADC during the site review**

The LCADC had its last PREA Audit June 1-3, 2016. The Loudoun County Sheriff's Office only operates one facility. The originally scheduled date of the on-site review had to be postponed due to Covid.

The Auditor reviewed the facility's previous PREA report. The Auditor was given full access to the facility. The facility administration was open to feedback and all recommendations and any corrective action was implemented immediately. The facility provided the Auditor with a detailed tour of the facility. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner.

All staff cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. The auditor was permitted to conduct unimpeded private interviews with inmates at the LCADC, both informally and formally. Auditor was given private interview rooms to interview inmates, which were convenient to inmate housing areas. The LCADC staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner. Auditor did not receive any confidential communication from any inmate at the LCADC, however informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditors.

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

Prior to the on-site review, the Auditor sent a letter to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit that the Auditor emailed to the PREA Coordinator prior to the Audit. The Auditor received photographic evidence that the notices to inmates were posted four weeks in advance of the first day of the audit.

While the facility did not have an onsite review and audit within the three year period of the last audit, corrective action has already been done since the facility has completed the onsite review and audit process. After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. Previous Audit Report
2. LCADC Website

Interviews with the following:

- PREA Coordinator
- Agency Administrator

The Auditor reviewed the LCADC website which contains a link for the June 2016 PREA Audit Report.

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

Corrective Action: None

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Lori M. Fadorick

8-25-2021

Auditor Signature

Date

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

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