PREA Facility Audit Report: Final

Name of Facility: Fluvanna Correctional Center for Women
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 10/13/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Darla P OConnor	**Date of Signature:** 10/13/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	09/15/2026
End Date of On-Site Audit:	09/17/2026

FACILITY INFORMATION	
Facility name:	Fluvanna Correctional Center for Women
Facility physical address:	144 Prison Lane, Troy, Virginia - 22974
Facility mailing address:	

Primary Contact

Name:	Joseph Allotey
Email Address:	joseph.allotey@vadoc.virgininia.gov
Telephone Number:	(804) 625-3372

Warden/Jail Administrator/Sheriff/Director	
Name:	Eva Moore
Email Address:	Eva.Moore@vadoc.virginia.gov
Telephone Number:	(434) 422-3705

Facility PREA Compliance Manager	
Name:	Amanda Opie
Email Address:	amanda.opie@vadoc.virginia.gov
Telephone Number:	(434) 422-3740

Facility Health Service Administrator On-site	
Name:	Pedro Sanchez
Email Address:	pedro.sanchez@vadoc.virginia.gov
Telephone Number:	434-422-3765

Facility Characteristics	
Designed facility capacity:	1315
Current population of facility:	951
Average daily population for the past 12 months:	956
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls

Age range of population:	19
Facility security levels/inmate custody levels:	3-6 years 6 months 5 days
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	426
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	36
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	310

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

Agency Chief Executive Officer Information:	
Name:	Joseph Walters
Email Address:	Joseph.Walters@vadoc.virginia.gov
Telephone Number:	804-887-8080

Agency-Wide PREA Coordinator Information			
Name:	Tammy Barbetto	**Email Address:**	tammy.barbetto@vadoc.virginia.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
3	• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.16 - Inmates with disabilities and inmates who are limited English proficient • 115.31 - Employee training
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-09-15
2. End date of the onsite portion of the audit:	2026-09-17

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:	As part of the PREA audit process, the Auditor contacted community-based victim advocacy organizations and an external medical provider to independently verify the availability of confidential victim advocacy and forensic medical services accessible to inmates at Fluvanna Women's Prison (FCCW). The contacts also provided an opportunity to determine whether the organizations had received communications from inmates or employees associated with FCCW regarding sexual abuse or sexual harassment. **Just Detention International** The Auditor contacted Just Detention International (JDI), a national organization providing advocacy, education, and support related to sexual abuse in detention settings. JDI was asked whether the organization had received correspondence, complaints, or requests for assistance from inmates or employees associated with FCCW during the preceding 12 months. JDI reported that it had not received communications from inmates or employees associated with FCCW during the audit period. **Virginia Sexual and Domestic Violence Action Alliance** The Auditor contacted the Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) to verify the availability of victim advocacy services and its relationship with VADOC. The Action Alliance confirmed that it maintains an active Memorandum of Understanding with the Virginia Department of Corrections and provides victim advocacy services to inmates when requested. Trained advocates are available to accompany inmates during forensic medical examinations and provide emotional support and information throughout the process. The Action Alliance also confirmed that it operates a confidential crisis hotline staffed by trained advocates 24 hours a day, seven days a week. Inmates may access the hotline for support related to sexual abuse, including abuse that occurred in the past, and may use

	the service to report sexual abuse experienced while incarcerated. The Action Alliance reported that available services include confidential emotional support, crisis intervention, safety planning, referrals to community resources, assistance in understanding the reporting and investigative process, and accompaniment during forensic medical examinations. Advocacy services may also include support for family members when requested. The organization reported that services are available regardless of when the sexual abuse occurred. **University of Virginia Medical Center** The Auditor contacted the University of Virginia Medical Center (UVA) to verify the availability of forensic medical examinations for inmates reporting sexual abuse. UVA representatives reported that forensic medical services are provided by a specialized team that includes Sexual Assault Nurse Examiners (SANE). Forensic examinations are conducted in a designated area of the emergency department using trauma-informed practices. UVA representatives advised that forensic examinations include obtaining informed consent, conducting a comprehensive forensic examination, collecting and documenting evidence, and maintaining the chain of custody. When clinically indicated, services may include pregnancy testing and testing and prophylaxis for sexually transmitted infections, including HIV. Representatives also advised that inmates are not charged for forensic examinations or related medical services. UVA further reported that information obtained during a forensic examination is not released to law enforcement without the patient's permission unless disclosure is otherwise required by law.
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	1315

15. Average daily population for the past 12 months:	951
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	1004
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	8
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	8

28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	18
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	91
31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	36
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	63
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	As part of the PREA audit, the Auditor reviewed the facility's processes for identifying and managing inmates who may be at increased risk for sexual abuse or sexual victimization. The Auditor reviewed institutional records, classification and population information, housing assignments, and related documentation and interviewed staff responsible for intake screening, classification, housing, and the management of inmates with identified risk factors. The Auditor considered the populations identified in the PREA standards, including inmates who are transgender, intersex, gay, or bisexual; inmates with physical, intellectual, or developmental disabilities; inmates who are deaf, hard of hearing, blind, or have low vision; inmates with limited English proficiency; inmates detained for civil immigration purposes; and inmates who have experienced prior sexual victimization. The Auditor assessed the facility's processes for identifying applicable characteristics and considering identified risks in housing, supervision, programming, and access to services. During the on-site audit, the Auditor confirmed the presence of inmates from nearly all of the identified populations. The exceptions were youthful inmates, inmates placed in involuntary segregated housing specifically because of a heightened risk of sexual victimization, those with cognitive impairment and those held solely for civil immigration purposes. The Auditor conducted private interviews with 21 inmates identified as members of applicable vulnerable populations. Interviewed inmates reported feeling safe at the facility and indicated that staff were responsive to their individual needs. Inmates reported that their identified needs were being addressed by facility staff and contracted service providers. None of the interviewed inmates reported being targeted, disadvantaged, or denied services because of a personal characteristic or identified

	vulnerability. Inmates also reported receiving PREA education in a manner they could understand and, when applicable, receiving accommodations or assistance. Interviewees indicated that they had opportunities to ask questions and obtain information regarding PREA and available reporting mechanisms. The Auditor reviewed intake screening instruments, classification records, housing assignments, and population-tracking information to assess the identification and management of relevant risk factors. The records reviewed documented the identification of applicable characteristics and risk factors and provided information regarding subsequent housing and classification decisions. Interviews with intake and classification staff corroborated the documented processes. Staff described procedures for completing PREA risk assessments, documenting identified vulnerabilities, and communicating relevant information to personnel responsible for housing and supervision. Staff indicated that screening information is considered when making individualized housing and supervision decisions and is not used solely to make decisions based on an inmate’s personal characteristics. Facility policies and procedures address PREA risk screening, individualized housing and supervision considerations, and access to appropriate medical and mental health services. The policies also address staff responsibilities related to recognizing and responding to inmates who may be particularly vulnerable to sexual abuse or sexual victimization. During the site review, the Auditor observed facility operations relevant to the management of inmates with identified vulnerabilities. The observations were consistent with the processes described in facility documentation and staff interviews. Staff demonstrated familiarity with the need to consider identified risk factors when making decisions affecting inmate safety,

	housing, supervision, and access to services. Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor found that the facility has established processes for identifying and managing inmates who may be at increased risk for sexual abuse or sexual victimization. The information reviewed demonstrated that identified risk factors are documented and considered in applicable classification, housing, supervision, and service-delivery decisions. No significant deficiencies were identified in the facility's processes for identifying or managing the vulnerable inmate populations present during the audit.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	426
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	310
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	38

39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	As of the first day of the on-site portion of the audit, the facility's staff population included employees assigned to security, administration, medical, mental health, education, programs, food service, maintenance, and other operational functions. The facility also had volunteers and contractors providing professional, programmatic, medical, educational, and support services. Staff, volunteers, and contractors represented a range of job functions and responsibilities requiring varying levels of contact with inmates.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	30
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	RANDOM INMATE INTERVIEW SAMPLING (20) To promote geographic diversity within the random inmate interview sample, the Auditor reviewed the facility population roster and considered housing assignments when selecting inmates for interview. The sample included inmates housed in multiple housing units, wings, dormitories, pods, and other geographically separated areas of the facility. The Auditor cross-referenced selected inmates' housing assignments with the population roster to verify coverage across multiple areas of the institution. Housing location was considered with other relevant sampling factors to provide a representative cross-section of the inmate population.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor considered housing assignments when selecting random inmates to promote representation across multiple housing areas. No specific inmate population was intentionally oversampled. No significant barriers were encountered in selecting or interviewing the random inmate sample, and the Auditor was able to complete the planned random inmate interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	21

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	4
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported their were no inmates who fell into this category assigned to the facility at the time of the on-site audit. During the facility tour and interviews mental health staff confirmed no inmates in this category were present in the facility at the time of the on-site audit.

49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported their were no inmates who fell into this category assigned to the facility at the time of the on-site audit. During the facility tour staff in segregation unit were questioned informally and they confirmed that no inmates in this category were present in the segregation unit.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	On the first day of the on-site portion of the PREA audit, the facility housed 1,004 inmates. Based on the facility population, the PREA Auditor Handbook called for a minimum of 40 inmate interviews, consisting of 20 random inmate interviews and 20 targeted inmate interviews. The Auditor reviewed facility documentation and consulted with facility staff to identify inmates who met the targeted interview criteria. Inmates currently housed at the facility met the criteria for all targeted populations identified for the audit except inmates with cognitive impairment and inmates involuntarily placed in segregated housing due to risk of sexual victimization. The Auditor completed 21 targeted inmate interviews. To select targeted inmates, the Auditor reviewed alphabetical housing unit rosters and used the available population information to identify inmates who met the applicable targeted criteria. The selection process was conducted systematically to provide representation among the targeted populations identified at the facility. The targeted interviews provided information regarding inmates' knowledge and experiences related to PREA education, reporting mechanisms, access to services, and facility practices. Information obtained through the interviews was considered with the documentation reviewed and observations made during the on-site audit in assessing the facility's implementation of the applicable PREA standards.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	15

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor selected 15 random staff from facility staff rosters during the on-site audit. Selection was based on staff assignment and availability, with consideration given to obtaining representation from different work areas. Staff selected for specialized interviews were excluded from the random sample. No population was intentionally oversampled. No significant barriers were encountered in completing the interviews.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
63. Were you able to interview the Agency Head?	◉ Yes ○ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

70. Provide any additional comments regarding selecting or interviewing specialized staff.	The Auditor identified specialized staff based on their assigned roles and responsibilities relevant to the PREA standards. Staff were selected to represent the required specialized functions, including PREA coordination, investigations, medical and mental health services, victim advocacy, and other applicable PREA-related responsibilities. Interviews were conducted with staff who were available during the on-site audit and whose duties met the applicable interview criteria. No significant barriers were encountered in identifying or interviewing specialized staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	**GENERAL INFORMATION** The Fluvanna Correctional Center for Women (FCCW) is located in Troy, Virginia. The facility is an approximate 20-minute drive to the east of Charlottesville, Virginia. The FCCW has 13 buildings inside the 30-acre fenced perimeter. The rated capacity is 1313 maximum custody female offenders. The FCCW serves as the state's intake and medical facility for female offenders. The facility was opened in April 1998. A roving patrol constantly patrols the exterior fence. The facility has six buildings that have multiple wings inside making up 26 distinct housing units. The facility's buildings are known as Building 1, 2, 3, 4, 5, 6, 7, 8, and 9. **HOUSING UNITS** **BUILDINGS 1, 2, 3, 5, 6** Housing units are located in Buildings 1, 2, 3, 5, 6 and 8. Buildings 1, 2, 3, 5 and 6 have housing units that are mirror images of each other. Units 1, 2, 3, 5, and 6 each have 4 pods (A, B, C, D) with a centralized control station (bubble). Each of these pods have two tiers. Each unit has a mixture of double and single bunked cells. All of the cells are dry cells, without a toilet or sink inside. Bathrooms are separate from the cells. All bathrooms are adjacent to the dayroom. Each bathroom has showers, toilets and sinks. The toilets and showers are protected by a barrier or curtain for privacy **Housing Unit Commonalities** All housing units had PREA Notices and Audit Notices with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations were posted throughout the living area and near telephones. Opposite sex staff were announced by staff upon entering living areas of inmates, as well as the bathroom areas, during the facility tour. Offenders have access to tables, chairs, kiosk, televisions, microwave, washers, dryers, and telephones in the dayroom. Each dayroom is

monitored by cameras. Telephones in the dayroom were tested and found to be in working order. The inmates in the living units have access to telephones to call hotline numbers for assistance with PREA allegations. The telephones in each pod were tested and found to be operable.
Offenders in these units have access to an outside recreation area and an indoor gymnasium.
Offender movement was monitored by staff, with unit exits/returns communicated to receiving staff. Staff have clear visibility of assigned housing areas.
Each pod is manned by one correctional office 24 hours a day. Cameras are in these units.
In informal conversations with inmates, they reported that they were able to shower and change clothes without being observed by opposite gender staff.

BUILDING 6

In addition to the information listed above building 6 houses the dog program “Fetch”. Young dogs are brought in from a local shelter and are socialized, crate trained, trained in basic obedience prior to being adopted out to families in the community,

BUILDING 8

In Building 8, pods A & D are two tiers with both double and single bunked cells. Housing units A & D are mirror images of each other. The cells are dry cells without toilets or sink inside the cell. All showers, toilets and sinks are located adjacent to the dayrooms. In the bathroom each shower and toilet is protected with a privacy barrier.
Bathrooms are separate from the cells. All bathrooms are adjacent to the dayroom. Each bathroom has showers, toilets and sinks. The toilets and showers are protected by a barrier or curtain for privacy.
In Building 8, pods B & C are used to house the facility's offenders requiring segregation. Each pod is a mirror image of the other, with single cells on two tiers. There are 22 singles cells total in each housing unit. All cells are wet cells and have a toilet and sink inside.

The showers are located adjacent to the dayroom. Each shower is a single stall shower and has a privacy barrier. There is a washer and dryer, and a rolling telephone located in the dayroom.
Pod B has no camera in the cells. Pod C has 3 cells with a camera inside each cell.
Pod C cells with cameras are used to house offenders who require more intensive supervision.
There are cameras that monitor each dayroom.
Offenders in these units have access to individual recreation yards with access directly from each housing unit. The Auditor observed PREA materials posted in each dayroom.
Offenders in Building 8 have access to 5 visitation booths, two of which include video visitation.

Housing Unit Commonalities

All housing units had PREA Notices and Audit Notices with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations were posted throughout the living area and near telephones.
Opposite sex staff were announced by staff upon entering living areas of inmates, as well as the bathroom areas, during the facility tour.
Offenders have access to tables, chairs, kiosk, televisions, microwave, washers, dryers, and telephones in the dayroom. Each dayroom is monitored by cameras. Telephones in the dayroom were tested and found to be in working order. The inmates in the living units have access to telephones to call hotline numbers for assistance with PREA allegations. The telephones in each pod were tested and found to be operable.
Offenders in these units have access to an outside recreation area and an indoor gymnasium.
Offender movement was monitored by staff, with unit exits/returns communicated to receiving staff. Staff have clear visibility of

assigned housing areas.
Each pod is manned by one correctional office 24 hours a day. Cameras are in these units. In informal conversations with inmates, they reported that they were able to shower and change clothes without being observed by opposite gender staff.

OTHER AREAS TOURED

CLASSIFICATION

PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.
During the tour, staff discussed intake procedures, the use of the risk screening instrument, and the overall process for conducting risk screenings for sexual victimization and abusiveness in accordance with PREA standards.

COMMISSARY

The commissary is operated by 3 Keefe contract personnel who employ 6 offenders.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

COUNSELING

There is a counselor room where the risk assessment occurs and a mental health room where all offenders are screened by a mental health professional. The intake area has 2 medical evaluation rooms where offenders are screened by medical personnel. The facility's intake area has two televisions where offenders watch the PREA and orientation videos.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

EDUCATION CENTER

The education center is in Building 4. The center has a large leisure library that is monitored by staff and cameras. Offenders

participate in legal services in the facility's law library. The law library has 5 computers used for legal research. There is a hallway with classrooms that the Department of Education utilizes to educate offenders. Virginia Department of Corrections staff educate offenders in classrooms in another hallway.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

FOOD SERVICE

The kitchen is where the food is prepared. Coolers, freezers, storage closets were all locked. The inmate restroom was locked. It is a two-piece restroom with a solid lockable door. Staff have to unlock the door for the inmate to use the restroom. There is one correctional officer assigned during hours of operation. Mirrors have been placed in the kitchen to address blind spots, giving staff more visibility.
The facility's kitchen is located in Building 7. The kitchen is operated by four VADOC personnel. There are 30 to 40 offenders employed to work each shift in the kitchen. Cameras monitor activity throughout the kitchen. There is a bake shop, 2 dining halls with serving lines, tray room, cook area, pots and pans storage and washing area, tray room, walk-in freezers, walk-in refrigerators, common fare room, prep area, dry storage, tool room and an office located in the center of the kitchen. Offenders have access to a locked restroom that is controlled by staff. Staff have access to a staff dining hall in the kitchen area.
Mirrors have been installed to aid in monitoring the area of the food service area which are not easily observed from some viewpoints. This area is routinely patrolled by staff.
Food service operations are overseen by Georgia Department of Corrections staff.
The Food Service Department is a secure and

well-structured area designed to provide meals to both inmates and staff while maintaining safety, sanitation, and accountability.
The coolers are securely locked, with access limited to staff who retain the keys.
The freezers are also locked and staff controlled.
The dry good storage is a large room with shelving for non-perishable food items. This room remains locked when not in active use.
The dish room is an open area used for dishwashing and sanitation.
The tool room is secured area is used for storing kitchen tools and equipment. It is shadow boarded to ensure tool accountability and remains locked at all times.
Trash is stored in an outdoor designated area until collected on a biweekly schedule.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

FRONT ENTRY

Inmates are utilized as needed for janitorial duties. Cameras are present throughout the area.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

GYMNASIUM

The gym is in building 4. Offenders have access to an indoor gymnasium. There are cameras and a restroom in the gymnasium and in the hallways of the program and education center.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

INDUSTRY

The Virginia Correctional Enterprise employs up to 70 offenders in the industry area.

Offenders make clothing, translate Braille, make eyeglasses and perform document conversions in the industry area. There are three VCE employees and one security officer that work in the industry area. Each restroom in the area has a locking door.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

INTAKE

The facility's intake area is located in Building 8. Offenders enter the intake area and are searched through the Body Orifice Security Scanner (BOSS) chair. After the offender is scanned by the BOSS Chair the intake process begins. There is one multiple occupancy room and 2 individual holding cells in the intake area. The intake area has a strip-search room. The room is protected by a door and does not have a camera inside. The intake area has a property and clothing area. Once the process is complete offenders wait in the staging area.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

MEDICAL SERVICES

The facility's health services are located in Building 2. The facility operates a comprehensive 24-hour medical section. The medical area has a large waiting area, records room, numerous exam and treatment rooms, storage, pharmacy, laboratory, x ray room, tele-med room, treatment area, physical therapy room, optometry, triage area, mammogram, dialysis with two machines, and a dental room with 4 9chairs. There is a holding cell adjacent to the waiting room. The medical services are provided by Virginia Department of Corrections staff and contract personnel. The medical section has an infirmary with 13 single cells. Four of the cells are negative pressure and house offenders

with a communicable disease. The negative pressure cells have a shower inside. Each cell has a toilet and sink inside. There is a shower adjacent to the other cells that is protected by a barrier. Offenders housed in the infirmary require intensive medical services. The medical area has 3 multiple occupancy rooms with 5 beds in two rooms and 3 beds in one room. Each room has a toilet, sink and shower inside. The toilet and sink are protected by a barrier. There is a telephone, television, table, and chairs in each multiple occupancy room. Cameras monitor the general area in the rooms.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

MENTAL HEALTH SERVICES

There is a licensed acute mental health hospital located in building two. There are two wings with single cells that house offenders in the mental health hospital. Each wing is two tiers in height. The single cells have a toilet and sink inside. Fourteen (14) of the cells in one wing have cameras inside. Each camera faces away from the toilet in the cell. Each wing is designed the same as the other single cell housing units. There are cameras in the dayrooms that monitor offender activity. Offenders have access to showers located adjacent to the dayroom. Each shower is protected by a barrier. Offenders have access to the same amenities as offenders in other housing units.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area.

RELIGIOUS SERVICES

The facility's Chaplain is located and performs services in Building 4.
PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting

	PREA allegations are posted throughout the area. **VOCATIONAL PROGRAMMING** The vocational area has a cosmetology, workforce development, printing, electronics, computer technology, optical, HVAC and electrical classrooms. Offenders who participate in vocational services can obtain certification upon completion. PREA Notice and Audit Notice with Auditors address was posted in the dorm. The hotline numbers and mailing addresses for reporting PREA allegations are posted throughout the area. **CAMERAS** The facility has 399 cameras throughout the facility. 14 Administration area 35 Building 1 64 Building 2 33 Building 3 26 Building 4 32 Building 5 34 Building 6 69 Building 7 53 Building 8 21 Building 9 18 B & G and Warehouse

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During the on-site PREA audit, the Auditor reviewed personnel, training, inmate, risk assessment, grievance, incident, and investigation records to assess implementation of the applicable PREA standards. The records reviewed included 50 personnel files, 50 staff training records, 7 investigator training files, 3 contractor training files, 11 volunteer training files, 30 medical personnel training files, 50 inmate files, 50 risk assessment files, and 12 incident and investigation files. **Personnel and Staff Training Records** The Auditor reviewed 50 personnel files. The files contained documentation of criminal background checks and employment eligibility verification, as applicable. Documentation also reflected required suitability reviews and, where applicable, subsequent background checks. The Auditor reviewed 50 staff training records. The records documented completion of PREA training during initial orientation and annual refresher training. Training records reflected instruction addressing the facility's zero-tolerance policy, reporting responsibilities, professional boundaries, and requirements related to cross-gender supervision and searches. **Medical Personnel Training** The Auditor reviewed 30 medical personnel training files. Each file contained documentation of completion of the required PREA training for medical personnel. The records also reflected completion of PREA training within the preceding 12 months. **Investigator Training** The Auditor reviewed seven investigator training files. Each file contained documentation that the investigator had completed the required specialized PREA investigative training. **Volunteer Training** The Auditor reviewed 11 volunteer training files. Each file contained documentation of PREA training completed within the preceding 12 months.

Contractor Training

The Auditor reviewed three contractor training files. Each file contained documentation of PREA training completed within the preceding 12 months.

Inmate Records

The Auditor reviewed a random sample of 50 inmate files from the preceding 12 months. The records contained documentation of receipt of PREA-related orientation materials, including the inmate handbook and PREA education. Staff interviews corroborated the facility's process for providing inmates with information regarding the facility's zero-tolerance policy, reporting options, and available resources.

Risk Assessments and Reassessments

The Auditor reviewed 50 inmate risk assessment files. The records documented initial PREA risk screening within the required timeframe and reassessment within 30 days, consistent with §115.41. The records reflected the use of risk assessment information in making decisions related to housing, programming, and supervision.

Grievances

According to the PAQ and interviews with the PREA Compliance Manager, the facility received no sexual abuse or sexual harassment allegations through the grievance process during the audit period. Therefore, no PREA-related grievances were available for review.

Incident and Investigation Records

During the preceding 12 months, the facility reported 22 PREA-related allegations, consisting of six allegations of sexual abuse and 16 allegations of sexual harassment. The Auditor reviewed six sexual abuse files and six sexual harassment files.

The records reviewed contained documentation of the reported allegations, notifications, investigative activity, and case disposition. The Auditor reviewed the investigative records for compliance with applicable PREA requirements, including documentation of the investigative process,

	evidence considered, findings, and case closure, as applicable. The records reviewed, together with staff interviews and other audit evidence, were considered in assessing the facility's implementation of the applicable PREA standards.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	4	0	0	4
Staff-on-inmate sexual abuse	2	0	0	2
Total	6	0	0	6

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	14	0	14	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	16	0	16	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	4	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	5	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	12	0
Staff-on-inmate sexual harassment	0	0	2	0
Total	0	2	14	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	6

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	( ) The audited facility or its parent agency ( ) My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) (●) A third-party auditing entity (e.g., accreditation body, consulting firm) ( ) Other
Identify the name of the third-party auditing entity	AB Management and Consulting, LLC

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed documentation provided by the Virginia Department of Corrections (VADOC) and Fluvanna Correctional Center for Women (FCCW) to assess compliance with 28 C.F.R. § 115.11. Documentation reviewed included VADOC Operating Procedure 038.3, Prison Rape Elimination Act (PREA), amended April 17, 2025, including page 6, section 1.C.1-3 and section 1.D; VADOC Operating Procedure 135.2, Rules of Conduct Governing Employee Relationships with Inmates; an interoffice memorandum; the VADOC organizational chart; the FCCW organizational chart; the VADOC Work Description and Performance Plan for the PREA/ADA Analyst; the VADOC Work Description and Performance Plan for the PREA/ADA Supervisor; the VADOC Work Description and Performance Plan for the Institutional Operations Manager; the FCCW Completed Pre-Audit Questionnaire (PAQ); and supporting documentation. VADOC Operating Procedure 038.3 establishes the Department's zero-tolerance policy

for all forms of sexual abuse and sexual harassment and outlines the Department's approach to preventing, detecting, and responding to such conduct. The policy prohibits sexual abuse and sexual harassment between inmates and prohibits sexual misconduct and inappropriate relationships between staff, contractors, volunteers, and inmates. The policy also establishes definitions for relevant PREA-related conduct and identifies sanctions and disciplinary consequences for individuals who violate applicable policies and procedures.

The Auditor reviewed documentation establishing personnel responsible for PREA oversight at the agency, regional, and facility levels. The VADOC organizational structure identifies an agency-wide PREA Coordinator within the Office of the Chief of Corrections Operations, Regional PREA/ADA Analysts, and a PREA Compliance Manager at each facility. The documentation establishes the responsibilities of these positions for developing, implementing, coordinating, and overseeing PREA compliance.

The Auditor also reviewed the organizational structure and position documentation applicable to FCCW. A memorandum dated July 7, 2026, establishes the Operational Manager as the full-time PREA Compliance Manager. The documentation reflects that the PREA Compliance Manager functions within the facility's management structure and has responsibility for coordinating the facility's PREA compliance efforts.

INTERVIEWS

The Auditor interviewed the Warden, PREA Compliance Manager (PCM), and other facility staff regarding VADOC's zero-tolerance policy and the facility's implementation of the requirements of §115.11.

Staff interviewed demonstrated an understanding that VADOC maintains zero tolerance for sexual abuse and sexual harassment. Staff described their responsibilities for preventing, detecting, reporting, and responding to allegations of sexual abuse and sexual harassment. Staff indicated that allegations are taken seriously and addressed in accordance with VADOC policy.

The Warden stated that allegations of sexual abuse and sexual harassment are investigated promptly and that facility leadership is kept informed regarding the progress of investigations. The Warden explained that allegations are reviewed and addressed in accordance with established procedures and that facility leadership understands its responsibilities for responding to and managing PREA allegations. The Warden further stated that staff at all levels, from executive management through line staff, understand their responsibilities under the facility's PREA program.

The Auditor interviewed the PCM regarding the authority and resources available to perform the responsibilities of the position. The PCM demonstrated an understanding of the responsibilities associated with the position and reported having sufficient time and authority to coordinate the facility's PREA compliance efforts. The PCM described regular communication with facility leadership and the Regional PREA/ADA Analyst regarding PREA-related matters and compliance requirements.

Staff interviews reflected an open line of communication between facility personnel and command staff concerning PREA-related matters. Staff reported that PREA concerns and other compliance issues could be brought to command staff and that staff were comfortable doing so.

Inmates interviewed were aware that sexual abuse and sexual harassment are prohibited and demonstrated awareness of mechanisms available to report such conduct. Information obtained through inmate interviews was consistent with the facility's implementation of a facility-wide zero-tolerance message.

OBSERVATIONS

During the on-site audit, the Auditor observed that the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment is incorporated into the implementation of VADOC's PREA policies and procedures.

PREA informational materials were prominently displayed throughout the facility. These materials reinforced the Department's zero-tolerance message and provided inmates with information concerning prohibited conduct and PREA-related reporting.

The Auditor also observed the facility's organizational structure and management practices as they relate to PREA oversight. The designated PCM functions within the facility's management structure and maintains communication with the Warden and Regional PREA/ADA Analyst regarding PREA matters. Facility command staff conduct regular tours throughout the institution, providing an additional opportunity for leadership to remain informed about facility operations and PREA-related concerns.

The Auditor's observations, together with the documentation reviewed and interviews conducted, demonstrated that PREA responsibilities are incorporated into the facility's operational structure and are not treated solely as a collateral or informal responsibility.

PROVISIONS

Provision (a)

The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

VADOC has established a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. VADOC Operating Procedure 038.3 expressly establishes the Department's zero-tolerance position and prohibits sexual abuse, sexual harassment, fraternization, and sexual misconduct as identified in the policy. The policy outlines the Department's approach to prevention, detection, and response and establishes responsibilities and procedures addressing inmate education, employee and volunteer training, screening, the use of screening information, inmate and staff responsibilities, institutional response planning, first responder duties, investigations, reporting, protection from retaliation, and management of sexual aggressors.

The policy also establishes definitions for prohibited conduct addressed by the Department's PREA program and provides for sanctions against individuals who violate applicable policies and procedures.

Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that VADOC meets the requirements of §115.11(a).

Provision (b)

The agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

VADOC has designated an agency-wide PREA Coordinator within the Office of the Chief of Corrections Operations. The organizational structure and position documentation reviewed by the Auditor establish the PREA Coordinator's responsibility and authority for developing, implementing, and overseeing the Department's efforts to comply with the PREA standards throughout VADOC facilities.

The Department also utilizes Regional PREA/ADA Analysts and PREA/ADA supervisory personnel to support implementation and oversight of PREA requirements. This provides an additional level of organizational support between the agency-wide PREA Coordinator and individual facilities. The Auditor reviewed documentation establishing the responsibilities associated with these positions.

The Auditor interviewed the PREA Coordinator regarding the responsibilities and authority associated with the position. The PREA Coordinator demonstrated an understanding of the role in overseeing the Department's PREA program and described the systems used to monitor and support PREA compliance throughout VADOC facilities. The documentation and interview confirmed that the agency-wide PREA Coordinator has the organizational authority and resources necessary to perform the responsibilities associated with the position.

Based on the documentation reviewed and interview conducted, the Auditor determined that VADOC meets the requirements of §115.11(b).

Provision (c)

The agency shall employ or designate a PREA Compliance Manager at each facility with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

FCCW has designated an upper-level management employee to serve as the facility's PREA Compliance Manager. A memorandum dated July 7, 2026, establishes the Operational Manager as the full-time PREA Compliance Manager. The position is incorporated into the facility's organizational structure, and the PCM reports to the Warden regarding PREA-related matters and maintains communication with the Regional PREA/ADA Analyst.

	The Auditor interviewed the PCM regarding the responsibilities and authority associated with the position. The PCM demonstrated an understanding of the responsibilities associated with the position and reported having sufficient time and authority to coordinate the facility's PREA compliance efforts. The Auditor's review of the organizational structure was consistent with the information provided during the interview. Staff interviews further demonstrated an open line of communication among facility personnel, the PCM, and command staff. The PCM is involved in implementation of the facility's PREA program and in addressing PREA-related issues. Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that FCCW meets the requirements of §115.11(c). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Correctional Center for Women EXCEEDS the requirements of §115.11, Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator. The exceeds determination is based on the facility's implementation of a PREA oversight structure that provides multiple, integrated levels of accountability beyond the minimum requirements of the standard. VADOC has established an agency-wide PREA Coordinator within the Office of the Chief of Corrections Operations, supported by Regional PREA/ADA Analysts and PREA/ADA supervisory personnel. This agency and regional structure provides ongoing support and oversight to facility-level PREA programs rather than relying solely upon individual facilities to coordinate PREA compliance. At FCCW, the Operational Manager serves as a full-time PREA Compliance Manager within the facility's management structure. The PCM has direct communication with the Warden and the Regional PREA/ADA Analyst and has dedicated responsibility for coordinating the facility's PREA compliance efforts. The PCM's placement within facility management, combined with the regional and agency-level PREA structure, provides multiple avenues for communication, oversight, and accountability. The Auditor also found that PREA responsibilities are understood beyond the individuals specifically assigned to PREA positions. The Warden and interviewed staff demonstrated an understanding of the Department's zero-tolerance policy and their responsibilities for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment. Inmates interviewed demonstrated awareness of prohibited conduct and available reporting mechanisms. PREA responsibilities were observed to be integrated into facility operations rather than treated solely as a collateral assignment. The combination of a written and comprehensive zero-tolerance policy, agency-wide PREA leadership, regional PREA oversight, a full-time management-level PCM, direct communication with facility command staff, and integration of PREA responsibilities

	throughout facility operations provides a level of organizational structure, dedicated oversight, and accountability that goes beyond the minimum requirements of §115.11. Accordingly, the Auditor determined that Fluvanna Correctional Center for Women EXCEEDS the standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Director of VADOC Memorandum dated January 16, 2025, and VADOC OP 038.3, PREA, amended April 17, 2025. VADOC OP 038.3, PREA, amended April 17, 2025, page 7, Section D, 2, a-b, requires contracts for the confinement of VADOC inmates to include the entity's obligation to adopt and comply with PREA standards. The policy also requires contracts to include provisions for monitoring the contractor's compliance with PREA standards. The policy permits VADOC to enter into a contract with an entity that does not comply with PREA standards only in emergency circumstances and requires documentation of reasonable attempts to identify an entity that is in compliance with PREA standards. VADOC also houses inmates in local and regional jails pursuant to the authority provided by the Code of Virginia. Although these facilities do not have individual written agreements with VADOC, each facility housing VADOC inmates is required to adopt and comply with the Prison Rape Elimination Act of 2003. FCCW does not house inmates for another entity and does not contract with another entity to house FCCW inmates. Contracts involving the confinement of VADOC inmates are managed at the agency level. **INTERVIEWS** The Auditor interviewed the VADOC PREA Coordinator regarding the agency's process for incorporating PREA requirements into contracts and monitoring contracted facilities. The interviews were consistent with the documentation reviewed and confirmed that PREA requirements are addressed at the agency level. The PREA Coordinator confirmed that contracts involving the confinement of VADOC inmates require compliance with PREA standards and that the agency maintains mechanisms for monitoring contracted facilities. The PREA Coordinator also confirmed that, at the time of the on-site audit, VADOC did not have any active contracts for housing VADOC inmates outside of VADOC facilities. **OBSERVATIONS** The Auditor's review of agency documentation demonstrated that VADOC has

	established policy that incorporates PREA requirements into contracts and contract renewals involving the confinement of inmates. The documentation also demonstrated that the agency has established processes for monitoring contracted facilities through designated personnel, quarterly site visits, and review of PREA-related information. **PROVISIONS** **Provision (a)** The PAQ indicates that VADOC has not entered into or renewed a contract for the confinement of inmates since the last PREA audit. A memorandum from the Director of VADOC, dated January 16, 2025, states that on August 1, 2024, VADOC assumed control of Lawrenceville Correctional Center, which was the only privately operated prison in Virginia. Accordingly, there were no applicable contracts to evaluate under this provision at the time of the audit. VADOC OP 038.3 requires any new contract or contract renewal for the confinement of VADOC inmates to include the entity's obligation to adopt and comply with PREA standards. The policy also requires provisions for monitoring contractor compliance with PREA standards. If an emergency circumstance requires VADOC to enter into a contract with an entity that does not comply with PREA standards, the agency is required to document reasonable attempts to identify an entity that is in compliance. Based on the documentation reviewed and interviews conducted, the Auditor determined that VADOC has established requirements consistent with Provision (a). **Provision (b)** This provision is not applicable based on the agency's response to Provision (a). **CONCLUSION** The Auditor reviewed applicable VADOC policies and memorandums and interviewed the PREA Coordinator. The review confirmed that VADOC requires entities responsible for the confinement of its inmates to adopt and comply with PREA standards and provides for agency monitoring of those entities. FCCW does not enter into contracts for the confinement of inmates at the facility level. Such contracts are managed by VADOC at the agency level. Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that the facility meets the requirements of Standard 115.12.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION

The Auditor reviewed documentation provided by Fluvanna Women's Prison before and during the on-site portion of the audit to assess compliance with PREA Standard §115.13. Documents reviewed included the Pre-Audit Questionnaire (PAQ) and attachments, the annual staffing plan, annual staffing plan review, camera report, duty rosters, and post PREA logbooks.

RELEVANT POLICIES

The Auditor also reviewed the following relevant policies:

VADOC OP 038.3, PREA, amended April 17, 2025
VADOC OP 401.2, Security Staffing Assignments, pages 8-9, effective May 1, 2023
VADOC OP 401.3, Administrative Duty Coverage, pages 6-7, effective November 1, 2025
VADOC OP 401.1, Development and Maintenance of Post Orders, page 6, effective December 1, 2022
The documentation reviewed provided information regarding the facility's staffing structure, staffing philosophy, supervisory practices, video monitoring, and procedures for maintaining supervision of inmates.

INTERVIEWS

The Auditor interviewed the PREA Compliance Manager (PCM) regarding the facility's process for reviewing staffing levels and monitoring practices. The PCM described the frequency with which staffing patterns are reviewed and explained that the review considers operational needs, areas where blind spots may exist, and inmate access to programs and services. The PCM also stated that the facility's video monitoring system is reviewed annually to determine whether camera placement continues to meet the facility's needs.

Intermediate- and higher-level supervisory staff interviewed stated that unannounced rounds are conducted on each shift and documented in housing unit logbooks. Supervisors explained that rounds are conducted to provide a visible supervisory presence, deter misconduct, and identify potential concerns involving inmate safety and well-being. Supervisors further stated that the timing of rounds varies so that the rounds are not predictable.

Random line staff interviewed understood the facility's expectations regarding unannounced supervisory rounds. Staff consistently stated that advance notice of supervisory rounds is not permitted. Staff described supervisors as conducting rounds at varying times, including during weekends and night shifts, while checking in with staff, reviewing documentation, and addressing concerns identified during the rounds. Staff also recalled receiving training regarding supervisory rounds and their role in preventing sexual abuse and harassment.

Inmates interviewed reported seeing supervisors regularly in the housing areas. Several inmates were able to identify the PCM by name and stated that they were comfortable approaching staff with concerns. The responses were consistent with information provided by staff and with the Auditor's observations during the on-site audit.

The Facility Head discussed the development of the facility's staffing plan and stated that staffing levels are based on the number of posts necessary to adequately supervise inmates. Factors considered in developing the plan include the physical layout of the facility, inmate movement, programs and services, video monitoring capabilities, post coverage, available resources, and oversight requirements. At the time of the audit, the facility had 426 employees, including 108 employees hired during the previous 12 months, as well as 36 contractors and 310 volunteers, with some volunteers identified as inactive.

OBSERVATIONS

The Auditor reviewed housing unit logbooks throughout the facility and identified multiple documented examples of unannounced rounds conducted by intermediate- and higher-level supervisors. Entries reflected the date and time of rounds and were consistently documented. The frequency and timing of the entries demonstrated that supervisory rounds occur throughout the facility and are not limited to predictable times.

During the on-site audit, the Auditor personally observed supervisors conducting rounds in housing areas, interacting with staff and inmates, and reviewing housing unit documentation. These observations were consistent with the information provided during staff and inmate interviews and with the documentation reviewed.

PROVISIONS

Provision (a)

According to the PAQ, VADOC requires each operated facility to develop and follow a staffing plan designed to provide adequate staffing and video monitoring to protect inmates from sexual abuse. The PAQ reported that the average daily inmate population since the last PREA audit, or since August 20, 2012, was 951, and that the staffing plan was based on an average daily population of 956.

The Auditor reviewed the facility's staffing plan and annual staffing plan review. The staffing plan addresses the factors identified in §115.13(a), including staffing levels, posts, supervision, inmate movement, programs and services, facility layout, and video monitoring. The Facility Head explained that staffing decisions are based on the facility's physical plant, available technology, inmate population and movement, and operational needs. Adjustments are made, when necessary, with oversight at multiple levels.

The documentation and interview information demonstrated that the facility has established a staffing plan that addresses the supervision and monitoring needs of the inmate population.

Provision (b)

According to the PAQ, staffing deviations are documented and justified. The facility identified staff vacancies, random staff call-ins, staff away for training, including BCO and range certification, continued large numbers of weekly transportation runs for

medical services, staff leave, annual leave, and sick leave as common causes of staffing deviations during the previous year.

The Auditor reviewed documentation concerning staffing deviations and found that occurrences in which the facility was unable to follow the established staffing plan were documented with the reason for the deviation. When deviations occur, the facility utilizes available staffing resources, including reassignment of staff and overtime, to maintain necessary inmate supervision.

The documentation reviewed demonstrated that staffing deviations are identified, documented, and accompanied by a reason for the deviation.

Provision (c)

The PAQ reported that the facility conducts an annual review of its staffing plan with the PREA Coordinator to determine whether changes are necessary to staffing patterns, video monitoring systems, or resource allocation.

The Auditor reviewed the Staffing Plan Review dated February 3, 2026. The review addressed staffing levels, camera coverage, potential blind spots, and supervisory coverage throughout areas accessible to inmates. The review also considered supervisor location patterns and the placement of video monitoring equipment. Duty rosters reviewed by the Auditor were consistent with the information contained in the annual staffing review.

The annual review demonstrated that the facility evaluates staffing and monitoring practices and considers whether adjustments are necessary based on the facility's current operational needs.

Provision (d)

The PAQ reported that intermediate- or higher-level supervisors conduct unannounced rounds to deter and identify sexual abuse and harassment, that the facility has a system for documenting the rounds, and that rounds occur on all shifts.

Interviews with supervisory staff and staff confirmed that unannounced rounds are conducted throughout the facility. Staff stated that advance notice of supervisory rounds is not permitted, and supervisors reported varying the timing of rounds to avoid predictability. Inmates also reported regularly seeing supervisors in housing areas.

The Auditor's review of housing unit logbooks identified multiple documented unannounced rounds on each shift. During the on-site audit, the Auditor observed supervisory staff conducting rounds in housing areas. The observations and documentation were consistent with the information provided during interviews.

CONCLUSION

The Auditor reviewed the facility's staffing plan, annual staffing review, camera documentation, duty rosters, housing unit logbooks, and applicable VADOC policies. Interviews were conducted with the PREA Compliance Manager, Facility Head,

	intermediate- and higher-level supervisory staff, line staff, and inmates. The Auditor also observed supervisory rounds during the on-site audit. The documentation and interviews demonstrated that Fluvanna Women's Prison maintains a staffing plan that addresses the facility's supervision and monitoring needs, documents and justifies staffing deviations, conducts an annual review of staffing and monitoring practices, and conducts unannounced supervisory rounds on all shifts. Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that the facility meets the requirements of Standard §115.13 – Supervision and Monitoring.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed documentation provided by Fluvanna Women's Prison before and during the on-site portion of the audit to assess compliance with PREA Standard §115.14. Documents reviewed included the FCCW Completed Pre-Audit Questionnaire (PAQ), VADOC OP 425.4, Management of Bed and Cell Assignments, population reports for the previous 12 months and the date of the on-site audit, an inmate date-of-birth roster, a memorandum from the Facility Head dated June 30, 2026, and documentation related to staff interviews. **RELEVANT POLICIES** The Auditor also reviewed the following relevant policies: VADOC OP 038.3, PREA, amended April 17, 2025 VADOC OP 425.4, Management of Bed and Cell Assignments, page 7, Section F, 1-4, effective July 1, 2023 VADOC policy requires that youthful offenders not be placed in a housing unit where they would have sight, sound, or physical contact with adult offenders through a shared dayroom or other common space, shower area, or sleeping quarters. The policy further requires direct supervision by institutional staff when a youthful offender and an adult offender have sight, sound, or physical contact. Youthful offenders are assigned to a specialized unit unless such placement would create a risk to the safe, secure, and orderly operation of the institution. The policy also permits placement in restrictive housing when exigent circumstances require such placement. The documentation reviewed indicated that Fluvanna Women's Prison does not house youthful offenders. **INTERVIEWS** The Auditor interviewed the Facility Head and PREA Compliance Manager (PCM)

	regarding the housing of youthful offenders. Both confirmed that Fluvanna Women's Prison does not house youthful offenders. Staff interviewed during the audit did not identify any instance during the current audit cycle in which a youthful offender had been housed at the facility. Staff responses were consistent with the PAQ, documentation reviewed, and information provided by facility administration. **OBSERVATIONS** During the facility tour, the Auditor did not observe any youthful offenders. The Auditor reviewed the inmate date-of-birth roster and population information for the facility. The roster did not identify any inmate with a birth date after 2008. The population reports reviewed for the previous 12 months were also consistent with the facility's representation that youthful offenders were not housed at Fluvanna Women's Prison during the audit period. **PROVISIONS** **Provision (a)** The PAQ indicates that Fluvanna Women's Prison does not house youthful offenders. This was confirmed through interviews with the Facility Head and PCM and was consistent with the documentation reviewed. The Auditor's review of VADOC policy established that the agency has procedures addressing the housing and supervision of youthful offenders, including requirements regarding separation from adult inmates, direct supervision when sight, sound, or physical contact occurs, specialized housing assignments, and placement in restrictive housing when exigent circumstances require such placement. Because Fluvanna Women's Prison does not house youthful offenders, the Auditor did not identify any youthful offender housing assignments requiring application of these provisions during the audit period. **CONCLUSION** The Auditor reviewed the PAQ, applicable VADOC policies, population reports, inmate date-of-birth roster, memorandum, and information obtained through interviews with the Facility Head and PREA Compliance Manager. The Auditor also conducted a site review and confirmed that no youthful offenders were housed at the facility. Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that the facility meets the requirements of Standard §115.14 – Youthful Inmates.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the completed PREA Audit Questionnaire (PAQ) submitted by Fluvanna Women's Prison (FCCW), VADOC Operating Procedures 445.4, 801.1, 401.2, 350.2, and 720.2, facility logbooks, the lesson plan addressing searches, training rosters, applicable post orders, and a facility memorandum addressing searches of transgender and intersex inmates. The documentation reviewed addressed cross-gender searches, cross-gender viewing, inmate privacy, opposite-gender staff announcements, searches of transgender and intersex inmates, and staff training. VADOC Operating Procedure 445.4 establishes requirements governing searches and provides that cross-gender strip searches and cross-gender visual body cavity searches are not conducted except under circumstances specifically permitted by policy. The procedure provides that a strip search of an inmate by an employee of the opposite gender, or by an employee whose gender differs from that identified on an approved Strip Search Deviation Request, may occur only when there is an immediate threat to the safe, secure, and orderly operation of the facility and there is no other available alternative. The procedure requires approval by the Shift Commander before the search and notification to the Administrative Duty Officer and Regional PREA Analyst. Documentation of the search is also required. VADOC policy provides that female Corrections Officers will conduct frisk searches of female inmates. An exception may occur when there is an immediate threat to the safe, secure, and orderly operation of the facility, no female Corrections Officer is available, and there is no other available alternative. In such circumstances, the required supervisory approval and notifications must occur, and an Internal Incident Report must be completed. The search training materials reviewed by the Auditor address cross-gender searches and searches of transgender and intersex inmates. The training materials require searches to be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with legitimate security needs. The materials also address the prohibition against searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Training materials provide that, when an inmate's genital status is unknown, the information may be obtained through conversation with the inmate, review of the medical record, or, when necessary, as part of a broader medical examination conducted privately by a medical practitioner. The training materials further provide that, when circumstances permit, staff should consult with a transgender or intersex inmate regarding the inmate's preference concerning the gender of the staff member conducting a search. Transgender or intersex inmates may request consideration of a stated preference through the established Strip Search Deviation process. The applicable procedures require authorization and documentation when an exception to routine search practices is necessary.

The Auditor also reviewed training rosters and documentation concerning employee training. VADOC requires staff to receive training regarding searches, including searches involving transgender and intersex inmates.

RELEVANT POLICIES

VADOC Operating Procedure 445.4, Screening and Search of Persons
VADOC Operating Procedure 801.1, Facility Physical Plant and Sanitation, effective October 1, 2025
VADOC Operating Procedure 401.2, Security Staffing
VADOC Operating Procedure 350.2, Training and Development, amended April 17, 2025
VADOC Operating Procedure 720.2, Medical Screening, Classification and Levels of Care, amended April 17, 2025

INTERVIEWS

The Auditor interviewed training staff, random security staff, medical staff, and random inmates. Staff interviewed confirmed receipt of training regarding cross-gender searches and searches of transgender and intersex inmates. Staff were able to describe the circumstances under which a cross-gender search may occur and understood that such searches are to be conducted professionally, respectfully, and in the least intrusive manner possible, consistent with security needs.

Staff reported that cross-gender strip searches and cross-gender visual body cavity searches do not occur as a routine practice at FCCW. Staff also reported that female inmates are frisk searched by female staff. Staff stated that sufficient staffing is generally available to conduct necessary searches without requiring a cross-gender search.

Staff interviews confirmed that opposite-gender staff are required to announce their presence when entering inmate housing units. Staff were also able to explain that inmate privacy is to be protected when inmates are showering, using the toilet, or changing clothing.

Medical staff confirmed that inmates are not searched or physically examined for the sole purpose of determining genital status. Staff understood that information concerning an inmate’s gender or genital status may be obtained through appropriate means other than a physical examination for that purpose.

Inmate interviews were consistent with the information provided by staff. Inmates reported that opposite-gender staff do not routinely conduct searches of female inmates and that opposite-gender staff announce their presence when entering housing units and bathroom areas. Inmates reported that they are able to shower and change clothing without being viewed by opposite-gender staff.

OBSERVATIONS

During the on-site portion of the audit, the Auditor observed inmate housing areas, including areas in which inmates may shower, use the toilet, or change clothing. The Auditor also reviewed CCTV coverage of housing areas and individual protective cells. Cameras were positioned so that toilet and shower areas were not directly visible,

and cameras in areas where privacy is required were appropriately positioned or covered.

The Auditor observed staff entering housing areas and observed the required announcement of opposite-gender staff presence. Logbook entries also reflected routine documentation of these announcements.

The Auditor observed areas where strip searches are conducted and found that the configuration of these areas provides privacy from viewing by staff who are not participating in the search and from incidental viewing by others.

PROVISIONS

Provision (a)

Section 115.15(a) requires that the facility not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners.

The documentation reviewed, including the PAQ, applicable VADOC policies, logbooks, and facility memorandum, indicated that FCCW does not conduct cross-gender strip searches or cross-gender visual body cavity searches as a routine practice. Staff and medical personnel confirmed this during interviews. The facility's policy permits a cross-gender strip search only when there is an immediate threat to the safe, secure, and orderly operation of the facility, no other available alternative exists, and the required supervisory approval and notifications have occurred. The Auditor's observation of the areas used for strip searches found that adequate privacy is provided.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that the facility meets the requirements of §115.15(a).

Provision (b)

Section 115.15(b) requires that the facility not permit cross-gender pat-down searches of female inmates, except in exigent circumstances.

FCCW houses female inmates. VADOC policy provides that female Corrections Officers will conduct frisk searches of female inmates. A cross-gender frisk search may occur only when there is an immediate threat to the safe, secure, and orderly operation of the facility, no female Corrections Officer is available, and no other available alternative exists. The policy also requires supervisory approval, notification to the Administrative Duty Officer and Regional PREA Analyst, and completion of an Internal Incident Report when an exception occurs.

The PAQ and interviews with staff indicated that no male staff member conducted a pat-down search of a female inmate during the current audit cycle. Staff and inmate interviews were consistent with the established practice that female inmates are frisk searched by female staff.

Based on the documentation reviewed and interviews conducted, the Auditor

determined that the facility meets the requirements of §115.15(b).

Provision (c)

Section 115.15(c) requires that the facility not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with the provisions of this standard.

The PAQ indicated that FCCW does not restrict female inmates' access to programming or other out-of-cell opportunities for purposes of complying with the cross-gender search and viewing requirements. Interviews with staff and inmates confirmed that inmates continue to have access to regularly available programs and other out-of-cell activities. The information provided did not identify a practice of limiting programming or other opportunities because of the gender of available staff.

Based on the documentation reviewed and interviews conducted, the Auditor determined that the facility meets the requirements of §115.15(c).

Provision (d)

Section 115.15(d) requires that the facility permit 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.

VADOC policy establishes the required privacy protections. The Auditor observed housing, shower, toilet, and changing areas and reviewed CCTV coverage of these locations. Cameras were positioned away from toilet areas or were covered where necessary to prevent inappropriate viewing. The physical configuration of the areas observed provided sufficient privacy from direct viewing by opposite-gender staff.

Inmates reported having sufficient privacy to change clothing without being viewed by a member of the opposite gender. The Auditor's observations found that areas in which inmates may be in a state of undress were configured to prevent direct viewing by male staff. Any incidental viewing by opposite-gender staff would occur only in connection with routine security checks.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that the facility meets the requirements of §115.15(d).

Provision (e)

Section 115.15(e) requires that the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit.

VADOC policy and FCCW post orders establish the requirement for opposite-gender staff to announce their presence when entering inmate housing units. The facility uses multiple safeguards to reinforce this requirement, including routine announcements and documentation in housing unit logbooks.

Staff and inmate interviews consistently indicated that opposite-gender staff

announce their presence when entering housing units. The Auditor also observed staff making the required announcements during the site review. Staff further described procedures intended to protect inmate privacy when opposite-gender staff enter housing areas.

The Warden stated that the requirement would continue to be emphasized with staff to ensure that announcements are made consistently. The documentation, interviews, and direct observations demonstrated that the required announcement procedure is established and routinely practiced at FCCW.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that the facility meets the requirements of §115.15(e).

Provision (f)

Section 115.15(f) prohibits the facility from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

VADOC policy expressly prohibits searches or physical examinations of transgender or intersex inmates for the sole purpose of determining genital status. The search training materials reviewed by the Auditor reinforce this prohibition and identify appropriate alternatives for obtaining information when necessary, including speaking with the inmate, reviewing available medical information, or obtaining the information through a broader private medical examination when medically appropriate.

Interviews with medical staff and security staff demonstrated an understanding of this requirement. Staff were able to explain that an inmate's gender or genital status should not be determined through a search conducted solely for that purpose. Review of facility logs and the memorandum provided by FCCW indicated that no transgender or intersex inmate had been searched or physically examined for the sole purpose of determining genital status during the audit period.

Based on the documentation reviewed and interviews conducted, the Auditor determined that the facility meets the requirements of §115.15(f).

Provision (g)

Section 115.15(g) requires that security staff be trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

The Auditor reviewed the search lesson plan, training presentation, and training rosters. The training materials address cross-gender pat-down searches and searches of transgender and intersex inmates and instruct staff to conduct searches professionally and respectfully and in the least intrusive manner possible, consistent with security needs. The training also addresses the prohibition against searching or physically examining a transgender or intersex inmate for the sole purpose of determining genital status and the procedures for considering an inmate's stated

	preference regarding the gender of the staff member conducting a search. The PAQ indicated that 100 percent of employees hired during the previous 12 months received the required training. Training staff provided rosters documenting completion of required training. During interviews, staff recalled receiving training regarding cross-gender searches and searches of transgender and intersex inmates. Staff were able to articulate the procedures to be followed when conducting such searches, including the circumstances under which an exception may be necessary. The training coordinator confirmed that search procedures are addressed during initial training and in-service training. The Auditor's review of the training materials and rosters demonstrated that staff receive instruction addressing the requirements of this provision. Based on the documentation reviewed and interviews conducted, the Auditor determined that the facility meets the requirements of §115.15(g). **CONCLUSION** Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women's Prison meets the requirements of Standard §115.15, Limits to Cross-Gender Viewing and Searches.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ); VADOC Operating Procedure 038.3, Prison Rape Elimination Act (PREA), amended April 17, 2025, pages 8–9, B, 1, a–f; Operating Procedure 801.7, Language Services for Limited English Proficiency; Operating Procedure 801.3, Managing Offenders with Disabilities; facility forms and pamphlets; the Purple Communications, Inc. contract; the inmate handbook; employee training rosters for the previous 12 months; the PREA training video in English and Spanish with subtitles; the agreement with Homeland Language Services; the Propio, LLC contract; and the Deputy Director Translation Services Memorandum dated May 13, 2026. VADOC Operating Procedure 038.3 requires facility staff to take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in and benefit from the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The procedure addresses accommodations for inmates who are deaf or hard of hearing, blind or have low vision, or have intellectual, cognitive, or other disabilities. It requires effective communication and permits information to be

provided through alternate formats or methods when necessary.

The procedure also requires reasonable steps to ensure meaningful access to the PREA program for inmates who are limited English proficient. Available language resources include qualified interpreter services. The procedure prohibits reliance on inmate interpreters except when an exigent circumstance exists in which a delay in obtaining an interpreter could threaten the inmate's safety, security, or good order.

Operating Procedure 801.7 establishes requirements for providing language assistance to inmates with limited English proficiency, while Operating Procedure 801.3 addresses the management and accommodation of inmates with disabilities.

The documentation reviewed established that FCCW has multiple resources available to address communication needs. These include PREA materials in English and Spanish, Braille and large-print materials, a PREA education video with subtitles, sign-language services through Purple Communications, and telephone-based interpreter services through Propio, LLC. The facility also has access to Homeland Language Services and bilingual staff. Employee training records documented additional training addressing interactions with deaf and hard-of-hearing inmates.

INTERVIEWS

The Auditor interviewed the PREA Compliance Manager (PCM), random staff, classification staff, intake staff, and inmates identified as having disabilities or limited English proficiency.

The PCM, intake staff, and classification staff described procedures for identifying communication needs and providing accommodations. Staff reported that inmates with disabilities are provided PREA information in a manner appropriate to their individual needs. Examples provided included reading information to an inmate who is blind or has low vision, providing written communication to an inmate who is deaf or hard of hearing, and providing individualized instruction to an inmate with a cognitive or intellectual disability.

Staff were aware of the facility's interpreter resources for inmates with limited English proficiency and identified the telephone-based interpreter service as an available resource. Staff also identified bilingual employees who may assist with communication when appropriate.

Staff consistently reported that inmates are not used as interpreters. The PCM confirmed that there were no instances during the audit period in which an inmate interpreter was used, including under circumstances that would have required consideration of the exception contained in the agency procedure.

The Auditor interviewed inmates in the targeted populations. The inmates demonstrated awareness of PREA and were able to participate in the interviews. The Auditor used the facility's interpreter service for an inmate with limited English proficiency. The inmate requested the service because, although the inmate understood and spoke some English, the inmate wanted to ensure full understanding

of the questions. The interview was completed without communication barriers.

Inmates interviewed reported that they had received PREA education they understood. The inmates also reported feeling relatively safe in the facility. No inmate reported being at a substantial disadvantage because of a disability or language need.

OBSERVATIONS

The Auditor observed PREA informational posters posted in visible locations throughout the facility. Materials were available in both English and Spanish.

The Auditor also observed and verified the availability of multiple resources intended to facilitate communication with inmates who are deaf or hard of hearing, have visual impairments, have cognitive or intellectual disabilities, or have limited English proficiency. The available resources included alternate written formats, bilingual materials, captioned PREA educational materials, sign-language services, and telephone-based interpreter services.

The Auditor's use of the interpreter service during an inmate interview provided an opportunity to directly assess the facility's ability to obtain and use an interpreter when needed. The service was utilized without communication difficulty and allowed the interview to proceed without reliance on another inmate as an interpreter.

PROVISIONS

Provision (a)

VADOC Operating Procedure 038.3 requires staff to take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

FCCW has established multiple methods for providing effective communication to inmates with disabilities. Available accommodations include alternate written formats, individualized assistance, written communication, captioned PREA educational materials, and access to sign-language services. The facility also maintains resources and procedures addressing communication with inmates who are blind or have low vision and inmates with intellectual, cognitive, or other disabilities.

Staff interviews demonstrated an understanding that accommodations must be based on an inmate's individual communication needs. Inmates interviewed in the targeted populations confirmed that PREA information had been provided in a manner they could understand and that they were able to access and understand information concerning sexual abuse and sexual harassment.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.16(a).

Provision (b)

VADOC Operating Procedure 038.3 requires the facility to take reasonable steps to ensure that inmates who are limited English proficient have meaningful access to the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

FCCW maintains multiple resources for inmates who are limited English proficient, including qualified interpreter services through Propio, LLC, additional language assistance through Homeland Language Services, bilingual staff, and PREA materials in Spanish. The facility also maintains the PREA education video in English and Spanish with subtitles.

The Auditor's interview with an inmate who was limited English proficient provided direct evidence of the facility's ability to obtain and utilize interpreter services when needed. The inmate requested an interpreter to ensure full understanding of the interview questions, and the service was obtained and used successfully. The interview was completed without communication difficulties.

Staff interviews further confirmed awareness of the available language resources and the procedures for obtaining language assistance. The evidence demonstrated that language assistance is not limited to the availability of translated materials but includes access to qualified interpretation when an inmate requires assistance communicating or understanding PREA-related information.

Based on the breadth of available language resources, staff awareness of those resources, and the demonstrated use of qualified interpreter services during the audit, the Auditor determined that FCCW exceeds the requirements of §115.16(b).

Provision (c)

VADOC Operating Procedure 038.3 prohibits reliance on inmate interpreters except in an exigent circumstance in which a delay in obtaining an interpreter could threaten an inmate's safety, security, or good order.

Staff interviews confirmed that inmates are not routinely used as interpreters when providing PREA information or responding to allegations of sexual abuse or sexual harassment. The PCM confirmed that there were no instances during the audit period in which an inmate interpreter was used.

The facility maintains multiple alternatives to inmate interpretation, including telephone-based interpreter services, Homeland Language Services, bilingual staff, and translated PREA materials. The Auditor's direct use of the facility's interpreter service during the on-site audit further demonstrated that FCCW can obtain qualified interpretation when needed.

Based on the facility's multiple qualified language-access resources, prohibition against routine reliance on inmate interpreters, and demonstrated ability to utilize an interpreter service during the audit, the Auditor determined that FCCW exceeds the requirements of §115.16(c).

CONCLUSION

	Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women's Prison EXCEEDS the requirements of §115.16, Accommodations for Inmates with Disabilities and Inmates with Limited English Proficiency. The determination is supported by the provision-level findings. FCCW meets §115.16(a) through its established disability accommodations and multiple methods of providing effective communication. FCCW exceeds §115.16(b) through its broad range of language-access resources, including Spanish PREA materials, bilingual staff, Homeland Language Services, and qualified telephone-based interpreter services, together with the demonstrated use of an interpreter during the audit. FCCW exceeds §115.16(c) through its prohibition against routine reliance on inmate interpreters and its multiple alternatives for obtaining qualified interpretation. The Auditor's direct use of the facility's interpreter service provided additional evidence that the language-access system is operational and available when needed. The facility does not rely on a single accommodation or communication method; instead, it maintains multiple resources addressing different disabilities and language needs. Staff demonstrated knowledge of these resources, and inmates interviewed reported that they received PREA information they understood. The combination of disability-specific accommodations, multiple language-access resources, trained staff, qualified interpreter services, translated and alternate-format materials, and demonstrated implementation of those resources provides a level of accessibility beyond the minimum requirements of the standard. Accordingly, the Auditor determined that Fluvanna Women's Prison EXCEEDS the requirements of §115.16.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), hiring and background investigation packets, background checks for employees, employment applications, VCIN transaction reports, background verification documentation, and randomly selected personnel files. The Auditor also reviewed files for employees hired and promoted during the previous 12 months, randomly selected volunteer files, and background information for contract employees hired during the audit period. The Auditor reviewed VADOC Operating Procedure 038.3, PREA, amended April 17, 2025; Operating Procedure 102.2, Background Investigation Progress, page 6, J-M, effective November 1, 2023; Operating Procedure 260.1, Procurement of Goods and Services, page 16, J, 2, a-d, effective August 1, 2024; Operating Procedure 135.1,

Standards of Conduct, pages 20-21, Number 35, effective March 1, 2023; and Operating Procedure 102.3, Recruitment, Selection and Appointment, page 9, H, 1-3, effective August 1, 2023.

VADOC Operating Procedure 038.3 prohibits hiring an employee who may have contact with inmates if the individual has engaged in conduct prohibited by the standard. The agency procedures require inquiry into an applicant's prior conduct, including conduct involving sexual abuse or sexual harassment, and require appropriate background investigations before employment or placement.

The agency procedures also require background investigations for promotional candidates and contract employees who may have contact with inmates. The procedures require periodic background checks of current employees and contractors and establish a continuing duty for covered personnel to disclose conduct relevant to the PREA requirements. Material omissions or materially false information concerning such conduct may result in termination.

The Auditor reviewed documentation demonstrating that FCCW maintains a process for pre-employment, promotional, contractor, and periodic background investigations. The PAQ reported 108 staff hired during the previous 12 months who received background investigations and 36 contract staff who may have contact with inmates for whom criminal background checks were conducted.

INTERVIEWS

The Auditor interviewed the PREA Coordinator, Investigator, and Human Resources staff regarding the hiring, promotion, and background investigation processes.

Human Resources staff explained that applicants complete an online employment application containing the required PREA-related questions concerning prior sexual abuse and sexual harassment. Selected applicants undergo a VCIN check, followed by a more comprehensive background investigation conducted through the VADOC background investigation unit.

The Investigator and Human Resources staff explained that the background investigation includes inquiry into prior institutional employment and efforts to identify relevant misconduct, including allegations of sexual abuse or sexual harassment and circumstances in which an individual resigned while an investigation into an allegation of sexual abuse was pending.

Human Resources staff confirmed that the same general background investigation process is used for promotional candidates. The process includes the application, required disclosure information, VCIN check, and background investigation.

Human Resources staff also confirmed that contractors who may have contact with inmates are subject to background checks before being permitted to work at the facility. Staff reported that relevant sexual abuse or sexual harassment history would be considered in determining whether to employ or retain an individual.

Staff described the continuing duty to disclose PREA-related misconduct and

confirmed that employees receive training regarding the agency's PREA requirements. Staff further reported that materially false information or failure to disclose required information may result in termination.

OBSERVATIONS

The Auditor reviewed personnel files for randomly selected employees, employees hired during the previous 12 months, and employees promoted during the previous 12 months. The reviewed files contained documentation of background investigations and required disclosure information. The Auditor also reviewed documentation for randomly selected volunteers and contract employees.

The Auditor reviewed the facility's Human Resources tracking spreadsheet, which identifies employees and relevant background investigation dates, including pre-employment and five-year background checks and, when applicable, dates associated with promotional processes.

The Auditor also reviewed documentation demonstrating completion of periodic background checks and verified that the facility maintains records of these investigations.

PROVISIONS

Provision (a)

VADOC Operating Procedure 038.3 prohibits the hiring of an employee who may have contact with inmates when the individual has engaged in conduct prohibited by the standard.

The hiring process requires applicants to respond to the required PREA-related questions and subjects selected applicants to criminal and background investigations. The Auditor reviewed application and background materials and confirmed that these inquiries are incorporated into the hiring process. Human Resources and investigative staff confirmed that the information obtained through the background investigation is considered during the hiring process.

The Auditor determined that FCCW meets the requirements of Provision (a).

Provision (b)

VADOC Operating Procedure 038.3 requires the agency to consider incidents of sexual harassment when determining whether to hire or promote an employee or engage the services of a contractor who may have contact with inmates.

Human Resources staff confirmed that information concerning prior sexual harassment is considered during hiring and promotion decisions and when determining whether contractors may have contact with inmates. The Auditor's review of hiring, promotional, and contractor documentation confirmed that the required background investigation process is implemented.

The Auditor determined that FCCW meets the requirements of Provision (b).

Provision (c)

VADOC Operating Procedure 038.3 requires the agency to make its best efforts to

contact all prior institutional employers for information concerning substantiated allegations of sexual abuse and any resignation during a pending investigation of an allegation of sexual abuse.

The Investigator and Human Resources staff described the process used to obtain prior employment information and identify relevant misconduct. The Auditor reviewed background investigation documentation demonstrating that prior institutional employment is considered as part of the investigation process.

The Auditor determined that FCCW meets the requirements of Provision (c).

Provision (d)
VADOC Operating Procedure 038.3 requires the agency to conduct criminal background record checks before hiring new employees who may have contact with inmates and to conduct background checks periodically during employment, at least every five years.

The Auditor reviewed documentation of pre-employment and five-year background investigations, including the facility's Human Resources tracking records. The Auditor also reviewed background documentation for employees and contractors selected for review. Human Resources staff confirmed that the five-year background investigation requirement is implemented and tracked at the facility.

The PAQ reported that background investigations had been completed for 108 employees hired during the previous 12 months and that criminal background checks had been conducted for 36 contract staff who may have contact with inmates.

The Auditor determined that FCCW meets the requirements of Provision (d).

Provision (e)
VADOC Operating Procedure 038.3 requires the agency to ask all applicants and employees who may have contact with inmates directly about previous misconduct described in the standard, including sexual abuse and sexual harassment. The agency also requires employees to have a continuing affirmative duty to disclose such misconduct. Material omissions or materially false information may result in termination.

The Auditor reviewed employment applications, disclosure and acknowledgement forms, and personnel files and verified that the required questions are incorporated into the hiring process. Human Resources staff confirmed that employees are required to disclose relevant misconduct and that the disclosure process is also addressed during employment.

Staff further confirmed that material omissions or false information concerning required disclosures may result in termination.

The Auditor determined that FCCW meets the requirements of Provision (e).

Provision (f)
VADOC Operating Procedure 038.3 requires the agency to provide information

concerning an employee's substantiated allegations of sexual abuse or sexual harassment to institutional employers when contacted for employment information, unless otherwise prohibited by law.

The Auditor reviewed the agency's background investigation requirements and interviewed Human Resources staff regarding the process for obtaining and documenting information from prior institutional employers. Staff described the agency's efforts to obtain information concerning prior misconduct, including substantiated allegations of sexual abuse and circumstances involving resignation during a pending investigation.

The Auditor determined that FCCW has implemented the required process and meets the requirements of Provision (f).

CONCLUSION

Based on the documentation reviewed, interviews conducted, and personnel and background investigation records examined, the Auditor determined that Fluvanna Women's Prison meets the requirements of PREA Standard 115.17. The facility has implemented the VADOC hiring, promotion, contractor, volunteer, disclosure, and periodic background investigation requirements applicable to personnel who may have contact with inmates.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION

The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), the facility schematic, the Warden Memorandum, "Upgrade to Facilities and Technologies," dated July 12, 2023, and a camera invoice dated May 23, 2022. The memorandum and invoice predate the current audit period but were reviewed as documentation of facility technology upgrades and camera installation.

The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, amended April 17, 2025, and VADOC Operating Procedure 801.1, Facility Physical Plant and Sanitation, page 5, B, 1-2, effective October 1, 2025.

VADOC Operating Procedure 038.3 requires consideration of the potential for video monitoring, electronic surveillance, and other monitoring technology to enhance the facility's ability to protect inmates from sexual abuse when installing or updating such technology. Operating Procedure 801.1 establishes requirements related to the facility physical plant and security infrastructure.

The documentation reviewed indicates that FCCW has not acquired a new facility or substantially expanded an existing facility since the previous PREA audit.

INTERVIEWS

The Auditor interviewed the Warden, Chief of Housing and Programs, Chief of Security, and other staff regarding facility design, camera monitoring, security technology, and the process for identifying and addressing potential blind spots.

The Warden described the facility's ongoing review of camera coverage and stated that recommendations for additional cameras or other security measures are made when areas requiring additional visibility are identified. The Warden also reported that cameras are routinely reviewed to ensure they remain operational.

The Chief of Security described the facility's use and monitoring of security technology, including the camera system, and discussed measures used to address areas where visibility may be limited. The Chief of Housing and Programs provided information regarding camera coverage in housing and program areas and the use of supplemental security measures.

The Warden and PCM confirmed that FCCW considers whether video monitoring, electronic surveillance, and other monitoring technology will enhance the facility's ability to protect inmates from sexual abuse when such technology is installed or updated. Staff also identified security mirrors and supervisory body-worn cameras as supplemental security measures.

OBSERVATIONS

During the on-site portion of the audit, the Auditor reviewed camera placement throughout the facility, camera monitors, available camera views, and the facility's listing of cameras.

FCCW currently utilizes 399 cameras throughout the facility. Camera coverage includes administrative areas and Buildings 1 through 9, as well as Building and Grounds and the Warehouse. The Auditor observed the camera monitoring systems and reviewed available footage.

During the site review, the Auditor identified several areas that could potentially benefit from additional visibility. Facility staff responded by installing additional security mirrors in the identified areas. The Auditor observed the mirrors prior to completion of the on-site audit.

The facility also utilizes supervisory body-worn cameras as an additional monitoring resource.

PROVISIONS

Provision (a)

PREA Standard 115.18(a) requires the agency to consider the effect of the design, acquisition, expansion, or modification of a facility on its ability to protect inmates from sexual abuse.

FCCW has not acquired a new facility or substantially expanded an existing facility since the previous PREA audit. Documentation and interviews did not identify any qualifying construction or expansion during the current audit period requiring

	additional consideration under this provision. The Auditor determined that FCCW meets the requirements of Provision (a). **Provision (b)** PREA Standard 115.18(b) requires the agency to consider the effect of installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology on its ability to protect inmates from sexual abuse. The Warden and PCM reported that FCCW considers the potential for monitoring technology to enhance inmate safety when cameras or other monitoring systems are installed or updated. The Warden also described an ongoing process for reviewing camera coverage and identifying areas that may require additional visibility. The Auditor reviewed the monitoring system and observed camera placement and available footage. When the Auditor identified areas that could benefit from additional visibility, facility staff installed security mirrors before the conclusion of the on-site audit. The documentation, interviews, and observations demonstrate that FCCW considers the use and modification of monitoring technology as part of its efforts to protect inmates from sexual abuse. The Auditor determined that FCCW meets the requirements of Provision (b). **CONCLUSION** Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women's Prison meets the requirements of PREA Standard 115.18. The facility considers the impact of facility modifications and monitoring technology on its ability to protect inmates from sexual abuse and maintains an ongoing process for evaluating and addressing potential areas of limited visibility.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), a Forensic Medical Exam Record, the OLES Investigative Matrix, the Memorandum of Understanding (MOU) with the Virginia Sexual and Domestic Violence Action Alliance, the Warden Memorandum, PREA Standard 115.21, dated June 30, 2026, a VADOC Internal Incident Report, information regarding Virginia Forensic Nurse Examiner Programs, and facility incident logs. The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, amended April

17, 2025, pages 17-18, VI, A, 1-3; VADOC Operating Procedure 030.1, Evidence Collection and Preservation, page 9, C, and pages 4-9, V, C, effective July 1, 2025; VADOC Operating Procedure 030.4, Office of Law Enforcement Services, pages 13-14, G, 1-4, effective April 1, 2024; VADOC Operating Procedure 720.7, Emergency Medical Equipment and Care, pages 9-10, V, A, E, 1, a-d, 2, 3, and 4, effective January 1, 2025; VADOC Operating Procedure 730.2, Screening, Assessment, and Clarification, page 12, number 6, effective April 1, 2024; and Code of Virginia §53.1-10, Powers and Duties of Director, Chapter 1, Article 3, page 3, number 11.

VADOC policy establishes procedures for the collection and preservation of evidence, the investigation and referral of allegations that may constitute criminal conduct, the provision of emergency medical care, and access to forensic medical examinations following an allegation of sexual abuse. The policies also address access to victim advocacy services.

The documentation reviewed demonstrates that VADOC has established a standardized statewide process for responding to allegations of sexual abuse, including the preservation of evidence, referral of potentially criminal allegations to the OLES, access to forensic medical examinations, and access to victim advocacy services.

INTERVIEWS

The Auditor interviewed the PREA Compliance Manager (PCM), Investigator, Warden, and medical personnel regarding the facility's response to allegations of sexual abuse, evidence preservation, investigative responsibilities, forensic medical examinations, and victim advocacy services.

VADOC is responsible for both administrative and criminal investigations of allegations of sexual abuse. Facility investigators conduct administrative investigations, while allegations that appear criminal in nature are referred to Office of Law Enforcement Services (OLES). Staff reported that multiple investigators are trained to conduct sexual assault investigations and that the PCM is notified when an allegation is received.

The facility Investigator explained that when an allegation is referred to OLES, the facility investigation may proceed simultaneously, and communication is maintained between the facility and OLES. The OLES Investigator confirmed that allegations involving staff, as well as allegations that are or may be criminal in nature, are referred to OLES for investigation.

Staff reported that the crime scene is preserved until the OLES Investigator arrives to collect or process physical evidence. Interviews also confirmed that facility staff who may serve as first responders are trained regarding the evidence protocol and the actions required to preserve evidence following an allegation of sexual assault.

Medical personnel confirmed that forensic medical examinations are not conducted at FCCW. When indicated, victims are transported to an appropriate off-site medical provider where examinations are conducted by qualified SANE/SAFE personnel. Medical staff and the OLES Investigator confirmed that SANE/SAFE services are

available 24 hours a day, seven days a week, and that victims are not charged for the examination.

The Auditor also verified the availability of victim advocacy services through a telephone interview with an advocate from the Virginia Sexual and Domestic Violence Action Alliance. The advocate confirmed that Action Alliance can provide advocacy and support during the forensic examination process, as well as emotional support and crisis intervention services. The advocate reported that advocates receive PREA training and are screened to ensure they do not have a history of perpetrating sexual violence.

OBSERVATIONS

The Auditor reviewed the facility's incident logs and investigative records to determine whether allegations of sexual abuse requiring referral, forensic examination, or other services had occurred during the review period.

The FCCW PAQ identified three forensic examinations during the previous 12 months. The related incident reports and investigative documentation were reviewed. The inmates involved had transferred to FCCW from another facility, and the forensic examinations were conducted at the University of Virginia Medical Center by SANE personnel.

The Auditor's review of incident logs and investigative records, together with staff interviews, identified six allegations or incidents of sexual abuse reported at FCCW during the previous 12 months. Three of these incidents required a forensic medical examination.

The Auditor also reviewed the MOU with the Virginia Sexual and Domestic Violence Action Alliance. The MOU provides for victim advocacy services at VADOC facilities and includes access to a statewide toll-free hotline for individuals seeking an external method of reporting sexual abuse or assault. The MOU provides for confidential crisis intervention and emotional support services and, when requested, advocacy during the forensic examination process.

Victim advocacy services are available through Action Alliance when requested.

PROVISIONS

Provision (a)

PREA Standard 115.21(a) requires the agency to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol must include requirements for staff who may be first responders to sexual abuse allegations.

VADOC Operating Procedure 030.1 establishes requirements for the collection and preservation of evidence, while Operating Procedure 030.4 establishes procedures governing law enforcement services and the referral and investigation of matters that may constitute criminal conduct. VADOC Operating Procedure 038.3 establishes PREA-related investigative requirements.

Interviews confirmed that FCCW staff who may serve as first responders are trained regarding evidence preservation and understand the requirement to preserve a crime scene until OLES personnel arrive to collect or process physical evidence. Facility investigators and OLES personnel described a coordinated process for administrative and criminal investigations.

The Auditor determined that FCCW meets the requirements of Provision (a).

Provision (b)
PREA Standard 115.21(b) requires the agency to offer all victims of sexual abuse access to forensic medical examinations, without financial cost, when appropriate and available. Such examinations must be performed by qualified medical professionals in accordance with applicable standards and protocols.

VADOC Operating Procedure 720.7 establishes requirements for emergency medical care following sexual abuse, including access to forensic medical examinations. VADOC procedures provide that forensic examinations are conducted by qualified SANE/SAFE personnel and include appropriate medical evaluation and treatment.

FCCW medical personnel confirmed that forensic examinations are not conducted by facility medical staff. When required, victims are provided with access to qualified forensic medical services off-site. The Auditor confirmed that these services are available 24 hours a day, seven days a week, and that victims do not incur a cost for the examination.

The Auditor reviewed the three forensic medical examinations reported during the previous 12 months and confirmed that the examinations occurred at the University of Virginia Medical Center and were conducted by SANE personnel.

The Auditor determined that FCCW meets the requirements of Provision (b).

Provision (c)
PREA Standard 115.21(c) requires the agency to make a victim advocate from a rape crisis center available to the inmate victim of sexual abuse, when requested.

VADOC Operating Procedure 038.3 provides for access to victim advocacy services following sexual assault. VADOC has an MOU with the Virginia Sexual and Domestic Violence Action Alliance to provide these services statewide. The MOU provides for an advocate to accompany and support an inmate through the forensic examination process, when requested, and to provide emotional support and crisis intervention services.

The Auditor reviewed the MOU and confirmed its applicability to VADOC facilities. A telephone interview with an Action Alliance advocate confirmed the organization's ability to provide advocacy services to FCCW inmates. The advocate also confirmed that advocates receive PREA training and are screened regarding prior involvement in sexual violence.

There were no requests for an advocate at FCCW during the review period. The availability of the service was nevertheless verified through the MOU, policy review,

	and interview. The Auditor determined that FCCW meets the requirements of Provision (c). **Provision (d)** PREA Standard 115.21(d) requires that, when an allegation of sexual abuse is made, the agency provides inmates with access to forensic medical examinations and victim advocacy services consistent with the requirements of the standard and applicable agency policy. VADOC has established a statewide process for responding to allegations of sexual abuse. Allegations that are or may be criminal in nature are referred to OLES, while facility investigators conduct administrative investigations. The agency also maintains a statewide agreement with the Virginia Sexual and Domestic Violence Action Alliance to ensure that victim advocacy services are available. The Auditor's review of facility records, incident logs, investigative documentation, policies, and interviews confirmed that FCCW follows the VADOC process for responding to allegations of sexual abuse and accessing forensic and advocacy services. The Auditor determined that FCCW meets the requirements of Provision (d). **CONCLUSION** Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison meets the requirements of PREA Standard 115.21. VADOC has established a uniform process for preserving and collecting evidence, conducting administrative and criminal investigations, providing access to forensic medical examinations, and making victim advocacy services available to inmates who experience sexual abuse.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), the Investigations Matrix, and all investigative files pertaining to allegations of sexual abuse or sexual harassment reported during the previous 12 months. The Auditor also reviewed the VADOC website to verify the public availability of the agency's PREA policy. The Auditor reviewed VADOC Operating Procedure 038.3, PREA, page 16, sections 3, 4, and 5, amended April 17, 2025, and VADOC Operating Procedure 030.4, Office of Law Enforcement Services, page 6, D, 1-3, and page 13, VOO, A, D, effective April 1,

2024.

VADOC Operating Procedure 038.3 requires allegations of sexual abuse and sexual harassment to be investigated and establishes requirements for referral of allegations involving potentially criminal conduct. VADOC Operating Procedure 030.4 establishes the responsibilities and authority of the Office of Law Enforcement Services in conducting criminal investigations and addressing matters that may warrant criminal prosecution.

The documentation reviewed demonstrates that VADOC has established a process for investigating all allegations of sexual abuse and sexual harassment and for referring allegations involving potentially criminal conduct for investigation by the OLES.

INTERVIEWS
The Auditor interviewed the PREA Coordinator, PREA Compliance Manager (PCM), investigative staff, and random inmates regarding the facility's process for reporting and investigating allegations of sexual abuse and sexual harassment.

Facility staff described a collaborative investigative process involving first responders, supervisors, investigators, the PCM, the Warden, and the Regional PREA Analyst. When an allegation is received, the staff member receiving the report notifies a supervisor. The supervisor takes the initial report and ensures that the allegation is referred for appropriate investigation.

Staff explained that first responders and supervisory personnel take immediate steps to address the safety of the alleged victim and alleged perpetrator and to preserve potential evidence. The PCM is notified of allegations, and the nature of the allegation is evaluated to determine whether a criminal investigation should be initiated.

Facility investigators conduct administrative investigations. When an allegation involves suspected criminal conduct, the matter is referred to OLES. The OLES Investigator explained that facility investigators may conduct preliminary investigative activities and coordinate with OLES to determine the appropriate next steps. If an investigation indicates that there may be insufficient evidence for criminal prosecution, the matter may be returned to the facility for administrative investigation. When an investigation indicates that criminal prosecution may be appropriate, OLESconsults with the Commonwealth's Attorney regarding prosecution.

Interviews with investigative staff confirmed that all allegations of sexual abuse and sexual harassment are investigated and that allegations involving potential criminal behavior are referred to OLES. Staff also reported that the VADOC Regional PREA Analyst and PREA Coordinator maintain oversight of facility investigations.

OBSERVATIONS
The Auditor reviewed the Investigations Matrix and all investigative files for allegations of sexual abuse or sexual harassment reported during the previous 12 months.

FCCW reported 22 allegations of sexual abuse or sexual harassment during the

review period. Of these, 6 were allegations of sexual abuse and 16 were allegations of sexual harassment. The Auditor's review of the investigative files indicated that the allegations were investigated promptly and thoroughly in accordance with VADOC policy and the requirements of PREA Standard 115.22.

Two allegations during the review period warranted referral for criminal investigation. The documentation demonstrated that these allegations were referred to OLES for criminal investigation.

The Auditor also reviewed the VADOC website and verified that VADOC Operating Procedure 038.3, PREA, is publicly available under the agency's PREA section.

PROVISIONS

Provision (a)

PREA Standard 115.22(a) requires the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

VADOC Operating Procedure 038.3 requires allegations of sexual abuse and sexual harassment to be investigated. The facility's investigative process involves review of each allegation by supervisory personnel, the PCM, and investigative staff to determine the appropriate investigative response.

At the time of the on-site audit, facility staff reported a total of 22 allegations of sexual abuse and sexual harassment within the past 12 months.

Sexual Abuse Allegations

There were 6 sexual abuse allegations reported during the last 12 months.

Of the six, 4 involved inmate-on-inmate conduct. These 4 allegations were investigated criminally. At the time of the on-site audit all four had been determined to be unsubstantiated.

The remaining 2 allegations were staff-on-inmate allegations. Both were investigated criminally. At the time of the on-site audit, one had been determined to be unsubstantiated, and one remained open.

Medical and mental health services were made available to all victims and perpetrators within 24 hours of the staff becoming aware of the allegation.

There were three forensic examinations in the past 12 months. All forensic exams were conducted by SANE certified personnel at U of V medical center. All victims were offered victim advocates.

All inmates were notified of the result of the investigations.

All closed sexual abuse allegations had a sexual abuse incident review within 30 days of the close of the investigation.

Sexual Harassment Allegations

During the same 12-month period, there were 16 reported allegations of sexual harassment. Of those, 14 allegations were inmate-on-inmate. Each allegation was investigated administratively. After investigation 2 were determined to be unfounded and 12 were determined to be unsubstantiated.

The remaining 2 allegations were staff-on-inmate and were investigated administratively. After investigation both allegations were determined to be unsubstantiated.

Mental health services were made available to all victims and perpetrators within 24 hours of the staff becoming aware of the allegation.

All inmates were notified of the result of the investigations.

The Auditor determined that FCCW meets the requirements of Provision (a).

Provision (b)
PREA Standard 115.22(b) requires that an agency refer allegations of sexual abuse or sexual harassment to an appropriate investigative agency if the allegation involves potentially criminal behavior.

VADOC Operating Procedure 038.3 requires allegations involving suspected criminal conduct to be referred for criminal investigation. VADOC Operating Procedure 030.4 establishes the responsibilities and authority of OLES to conduct criminal investigations within VADOC.

The Auditor confirmed through interviews that allegations involving potential criminal behavior are referred to OLES. The OLES Investigator explained that OLES works in coordination with facility investigators and may consult with the Commonwealth's Attorney when the available evidence supports potential prosecution.

During the previous 12 months, two allegations were identified as warranting referral for criminal investigation. The investigative documentation confirmed that these allegations were referred to OLES.

The Auditor determined that FCCW meets the requirements of Provision (b).

Provision (c)
PREA Standard 115.22(c) requires the agency to publicly post its policy regarding the referral of allegations of sexual abuse and sexual harassment for criminal investigation.

The Auditor reviewed the VADOC website and verified that VADOC Operating Procedure 038.3, PREA, is posted under the agency's PREA section and is publicly available.

The Auditor determined that FCCW meets the requirements of Provision (c).

CONCLUSION
Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison meets

	the requirements of PREA Standard 115.22. All allegations of sexual abuse and sexual harassment are investigated, allegations involving potentially criminal conduct are referred to the Special Investigations Unit, and the agency's PREA policy is publicly available through the VADOC website.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ); 2025 annual PREA training materials; new-hire PREA training documentation; the 2025 PREA lesson plan and training information; 2025 PREA in-service training records; 2026 PREA in-service training records; 2026 Basic Correctional Officer (BCO) training materials; individual training files; PREA and ADA News; and training rosters. The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, amended April 17, 2025; VADOC Operating Procedure 102.6, Staff Onboarding and Orientation, page 8, V, A, 1–3, effective November 1, 2023; and VADOC Operating Procedure 350.2, Training and Development, pages 13–14, H, 1–4, effective July 1, 2024. VADOC policy requires employees, contractors, and volunteers who have contact with inmates to receive PREA training. The policy addresses the required training topics, including the agency's zero-tolerance policy, employees' responsibilities for preventing and responding to sexual abuse and sexual harassment, and appropriate professional conduct with inmates. The policy also provides for specialized training for medical and mental health personnel and training tailored to facilities housing male and female inmates. VADOC policy requires PREA training for new employees during orientation and establishes requirements for ongoing staff training. Training documentation is maintained to demonstrate completion and acknowledgment of the required training. **INTERVIEWS** The Auditor interviewed the PREA Coordinator, PREA Compliance Manager (PCM), Training Coordinator, and random staff regarding PREA training requirements and the training provided at FCCW. The Training Coordinator reported that new employees receive PREA training during institutional orientation before assuming duties that involve contact with inmates. The PCM and Training Coordinator confirmed that employees are not permitted to have contact with inmates before completing the required PREA training during orientation.

The Training Coordinator reported that PREA training is provided annually through in-service training. Employees complete a quiz following the training and sign a PREA Training Acknowledgment confirming receipt and understanding of the information.

Staff transferring to FCCW from another facility receive an institutional orientation that includes information specific to the female inmate population and the facility's operational environment. Staff also receive additional instruction related to their assigned duties and posts. Security staff receive additional post-specific training, including training related to working in housing units.

Random staff interviewed by the Auditor consistently reported having received PREA training and were able to describe information covered during the training. Staff recalled receiving annual PREA training and reported that PREA-related information is also reinforced through roll-call discussions and communications from the PREA Coordinator.

OBSERVATIONS

The Auditor reviewed the PREA training curriculum and verified that the required elements of §115.31 are addressed. The Auditor also reviewed training rosters, individual training files, PREA Training Acknowledgment forms, and records documenting annual in-service training.

FCCW reported that 426 employees currently work at the facility and may have contact with inmates. The Auditor reviewed training records for the previous 12 months and verified documentation of required PREA training for staff. The reviewed files included signed PREA Training Acknowledgment forms documenting receipt and understanding of the training.

The Auditor reviewed documentation for new-hire PREA training and confirmed that PREA training is incorporated into the institutional orientation process.

The Auditor reviewed PREA in-service training records and BCO training records and verified that PREA instruction is incorporated into the agency's training program. The Auditor also reviewed the statewide PREA Newsletter distributed by the PREA Coordinator as an additional resource used to reinforce PREA knowledge among VADOC personnel.

The training documentation demonstrated that FCCW provides PREA training annually through in-service training, with additional opportunities for PREA information to be reinforced through orientation, post-specific instruction, roll-call discussions, and agency communications.

PROVISIONS

Provision (a)

PREA Standard 115.31(a) requires the agency to train all employees who may have contact with inmates on specified PREA-related topics, including the agency's zero-tolerance policy, prevention and response responsibilities, communication with

inmates, and professional conduct.

VADOC Operating Procedure 038.3 and the agency's PREA training curriculum address the required training topics. The Auditor reviewed the curriculum and training materials and verified that the required elements of the standard are incorporated into the training.

Training records demonstrated that employees receive PREA training and complete a PREA Training Acknowledgment. Random staff interviews confirmed that employees had received the training and were able to describe their responsibilities related to preventing and responding to sexual abuse and sexual harassment.

FCCW also reinforces the required PREA information through roll-call discussions, communications from the PREA Coordinator, and the statewide PREA Newsletter.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW EXCEEDS the requirements of §115.31(a). The exceeds determination is supported by evidence that the required PREA training is supplemented by additional mechanisms for reinforcing PREA knowledge, including roll-call discussions, communications from the PREA Coordinator, and the statewide PREA Newsletter.

Provision (b)

PREA Standard 115.31(b) requires training to be tailored to the gender of the inmates at the facility, with employees who are reassigned from a facility housing the opposite gender receiving additional training.

FCCW provides training specific to the female inmate population. Staff transferring from another VADOC facility receive an institutional orientation that includes information regarding the facility and the female inmate population. Staff also receive instruction from department and unit supervisors regarding their responsibilities within the facility.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW MEETS the requirements of §115.31(b).

Provision (c)

PREA Standard 115.31(c) requires the agency to train employees who have contact with inmates on an ongoing basis and to provide specialized training to medical and mental health practitioners.

VADOC policy establishes ongoing PREA training requirements. FCCW provides annual PREA training through in-service training, and training documentation is maintained in individual employee files. The Auditor reviewed training records and acknowledgments and confirmed that employees receive recurring PREA training.

VADOC policy also provides for specialized training for medical and mental health personnel based on their responsibilities.

In addition to annual in-service training, the Auditor verified that PREA instruction is incorporated into BCO training and that PREA information is reinforced through roll-call discussions and PREA and ADA News.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW EXCEEDS the requirements of §115.31(c). The exceeds determination is supported by the documented use of multiple training opportunities and reinforcement mechanisms, including annual in-service training, BCO training, roll-call discussions, and PREA and ADA News, rather than relying solely on the recurring training requirement.

Provision (d)

PREA Standard 115.31(d) requires the agency to document that employees who have contact with inmates have received the required PREA training.

The Auditor reviewed training rosters, individual training files, and signed PREA Training Acknowledgment forms. The records reviewed documented completion of PREA training by FCCW employees who may have contact with inmates.

The Training Coordinator reported that all active employees at FCCW have completed the required training. Random staff interviews corroborated the training records, with interviewed employees consistently reporting that they had received PREA training.

The use of training rosters, individual training files, and signed PREA Training Acknowledgment forms provided multiple records through which completion of PREA training could be verified.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW MEETS the requirements of §115.31(d).

CONCLUSION

Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison EXCEEDS the requirements of §115.31, Employee Training.

The exceeds determination is supported by the facility's documented use of multiple opportunities to provide and reinforce PREA training. In addition to the required training provided during new-employee orientation and annual in-service training, PREA instruction is incorporated into BCO training, and PREA information is reinforced through roll-call discussions, communications from the PREA Coordinator, and the statewide PREA Newsletter.

The provision-level findings support the overall determination. FCCW exceeds the requirements of §115.31(a) because the required PREA topics are supplemented through additional mechanisms for reinforcing employee knowledge. FCCW also exceeds the requirements of §115.31(c) because ongoing PREA instruction is provided through multiple documented training and reinforcement mechanisms, including annual in-service training, BCO training, roll-call discussions, and PREA and ADA

	News. FCCW meets the requirements of §115.31(b) and §115.31(d) based on its documented gender-specific training and documentation of training completion. The combination of required PREA training with documented supplemental training and reinforcement opportunities demonstrates a training program that extends beyond the minimum requirements of the standard. Accordingly, the Auditor determined that Fluvanna Women’s Prison EXCEEDS the requirements of §115.31.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), PREA Contractor and Volunteer Training Modules, VADOC Operating Procedure 038.3, PREA, Attachment 6, PREA Training Acknowledgment, VADOC Operating Procedure 038.3, PREA, Attachment 4, Guide to Maintaining Boundaries, amended April 17, 2025, the PREA Coordinator Memorandum regarding Standard §115.32, dated October 17, 2012, and Action Alliance PREA training materials. The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, amended April 17, 2025, pages 9-10, C, 2-3; VADOC Operating Procedure 027.1, Volunteer and Internship Program, pages 12-13, D, E, 1; VADOC Operating Procedure 102.6, Staff Onboarding and Orientation, pages 8-9, B, 1-4, C, effective November 1, 2023; and VADOC Operating Procedure 350.2, Training and Development, page 10, B, 5, a-d, effective July 1, 2023. VADOC policy requires volunteers and contractors who have contact with inmates to receive training regarding their responsibilities under the agency's policies and procedures for preventing, detecting, and responding to sexual abuse and sexual harassment. The level and type of training is based on the services provided and the nature and extent of the individual's contact with inmates. Contractors and volunteers whose duties require inmate contact receive training addressing responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment. Individuals with less frequent or less direct inmate contact receive training appropriate to assigned duties, including information regarding PREA. **INTERVIEWS** The Auditor interviewed the PREA Compliance Manager (PCM), Training Coordinator, contract staff, and a volunteer regarding PREA training and responsibilities for preventing, detecting, and responding to sexual abuse and sexual harassment.

The Training Coordinator reported that contractors and volunteers receive PREA training before assuming duties that involve contact with inmates. Contract staff receive the same PREA training provided to FCCW employees and complete a PREA Training Acknowledgment confirming receipt and understanding of the training. The Training Coordinator also reported that contract staff receive annual PREA training.

Contract staff interviewed by the Auditor recalled receiving PREA training and demonstrated knowledge of FCCW's zero-tolerance policy regarding sexual abuse and sexual harassment. Contract staff were able to describe the appropriate response if an inmate reported an allegation. Interviewed contract staff also understood that violations of PREA requirements could result in removal from the facility and termination of employment or the applicable contract.

The volunteer interviewed by the Auditor reported receiving PREA training during orientation and annual refresher training. The volunteer was aware of the facility's zero-tolerance policy and described the requirement to immediately notify appropriate facility staff if an inmate reported an incident of sexual abuse or sexual harassment.

OBSERVATIONS

The Auditor reviewed training curricula, training rosters, contractor and volunteer training records, individual training files, training acknowledgments, and documentation of volunteer orientation.

The Auditor reviewed the training curriculum for contractors and volunteers and verified that it addresses the information required by PREA Standard 115.32. The Auditor also reviewed documentation demonstrating that contractors and volunteers receive training appropriate to assigned responsibilities and level of inmate contact.

New contractors and volunteers receive PREA training during orientation before assuming assigned duties. Training records reviewed contained signed acknowledgments documenting receipt and understanding of the PREA training. The Auditor also reviewed volunteer files and found documentation of PREA training, including Volunteer Confidentiality and Policy Agreement Training Certification forms.

The staff member responsible for volunteer training and maintenance of volunteer files reported that volunteer orientation includes a video and PowerPoint presentation and that each volunteer signs an acknowledgment of the training received.

The facility reported on the PAQ that 346 volunteers and contractors who may have contact with inmates have received training regarding agency policies and procedures for the prevention, detection, and response to sexual abuse and sexual harassment.

PROVISIONS

Provision (a)

PREA Standard 115.32(a) requires the agency to ensure that all volunteers and

	contractors who have contact with inmates have been trained on responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. VADOC Operating Procedure 038.3 requires volunteers and contractors with inmate contact to receive PREA training. VADOC Operating Procedures 027.1, 102.6, and 350.2 establish requirements for volunteer and contractor orientation and training. The Auditor reviewed contractor and volunteer training curricula, rosters, training files, and acknowledgment forms. The records demonstrated that individuals with inmate contact receive PREA training before assuming assigned duties. Contract staff receive the same PREA training provided to facility employees. Interviews with contract staff and a volunteer confirmed receipt of PREA training and understanding of responsibilities for responding to allegations of sexual abuse and sexual harassment. The Auditor determined that FCCW meets the requirements of Provision (a). **Provision (b)** PREA Standard 115.32(b) requires the level and type of training provided to volunteers and contractors to be based on the services provided and the level of contact with inmates. VADOC policy establishes different training requirements based on the nature and extent of inmate contact. Contractors and volunteers whose duties involve regular inmate contact receive training addressing responsibilities to prevent, detect, monitor, and report sexual abuse and sexual harassment. Individuals with less frequent contact receive training appropriate to assigned duties, including PREA information. The Auditor reviewed the applicable training materials and documentation and confirmed that FCCW uses a training process based on the individual's role and level of inmate contact. Training records demonstrated that contractors and volunteers receive the required training before beginning duties involving inmate contact. The Auditor determined that FCCW meets the requirements of Provision (b). **Provision (c)** PREA Standard 115.32(c) requires the agency to document that volunteers and contractors have received the required training. The Auditor reviewed contractor and volunteer training records, training rosters, and individual files. The records reviewed included signed PREA acknowledgments documenting receipt and understanding of the training. Volunteer files also contained Volunteer Confidentiality and Policy Agreement Training Certification forms. The Training Coordinator and staff responsible for volunteer training and record maintenance confirmed that training acknowledgments are maintained as part of the

	individual's training documentation. The Auditor determined that FCCW meets the requirements of Provision (c). **CONCLUSION** Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women's Prison meets the requirements of PREA Standard 115.32. FCCW provides PREA training to contractors and volunteers based on responsibilities and level of inmate contact, requires training before individuals assume duties involving inmate contact, provides recurring training to applicable contract personnel, and maintains documentation verifying completion and understanding of the required training.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), VADOC Operating Procedure 038.3, PREA, Zero Tolerance Notice in English (Attachment 1E), Spanish (Attachment 1S), and Hearing Impaired (Attachment 1H); VADOC Operating Procedure 038.3, PREA Training Outline for Intake (Attachment 2a); Comprehensive Training Outline (Attachment 2b); PREA Training Acknowledgment, English (F4); PREA Training Acknowledgment, Spanish (F45); and the Inmate Orientation Handbook, revised July 2026. The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, page 8, sections 3, a-c, and 4-6, amended April 17, 2025, and VADOC Operating Procedure 810.2, Transferred Inmate Receiving and Orientation, page 8, B, 1, effective May 1, 2022. Additional documentation reviewed included inmate training materials, inmate training documentation, the Inmate Handbook, inmate files comparing intake dates with the dates of initial and comprehensive PREA screenings and education, inmate brochures and acknowledgments, and logs documenting completion of comprehensive PREA education. VADOC policy requires inmates to receive information regarding the agency's zero-tolerance policy and procedures for reporting sexual abuse and sexual harassment upon arrival at the facility. The policy also requires inmates to receive comprehensive PREA education within the applicable 30-day timeframe. The policy provides for the information to be presented in formats accessible to inmates with disabilities and inmates with limited English proficiency. **INTERVIEWS**

The Auditor interviewed the PREA Compliance Manager (PCM), intake staff, and random inmates regarding the PREA information and education provided at FCCW.

Intake staff reported that newly admitted inmates receive PREA information verbally and in writing upon arrival. Inmates receive a PREA brochure explaining the right to be free from sexual abuse and sexual harassment, the agency's zero-tolerance policy, and methods for reporting sexual abuse and sexual harassment. Staff reported that inmates are provided an opportunity to ask questions and that staff identify accommodations that may be necessary for an inmate to understand and participate in the PREA program.

Intake staff confirmed that inmates transferred from other facilities receive the same PREA orientation at FCCW. Staff described the accommodations available for inmates with limited English proficiency and disabilities. Language interpretation services or Spanish-speaking staff are used when appropriate. Staff may read the information to visually impaired inmates, and accommodations are provided for inmates with hearing, cognitive, or other disabilities.

Random inmates interviewed by the Auditor generally recalled receiving information about the agency's zero-tolerance policy and how to report sexual abuse or sexual harassment. Inmates interviewed demonstrated awareness of PREA and the available reporting options.

The Auditor also interviewed inmates with identified disabilities, including physical, cognitive, visual, and hearing impairments, as well as an inmate with limited English proficiency. The interviewed inmates reported understanding the PREA information provided. A telephone interpretation service was used during the interview with the LEP inmate, who confirmed receiving PREA information in Spanish and understanding the agency's zero-tolerance policy and PREA reporting procedures.

OBSERVATIONS

The Auditor observed the intake process for a newly arriving inmate. Staff provided and explained PREA-related information, including the facility's zero-tolerance policy, safety information, and reporting procedures. The Auditor observed staff taking time to explain the information and address questions regarding PREA.

The Auditor observed PREA informational posters throughout the facility, including housing areas, intake, medical, and common areas. The information was prominently displayed and included notification of the agency's zero-tolerance policy and reporting information.

The Auditor reviewed the inmate education process and documentation maintained in inmate records. FCCW reported that 813 inmates were committed to the facility during the previous 12 months and received PREA information at intake. Of those inmates, 792 remained at the facility for 30 days or more and received comprehensive PREA education.

The Auditor reviewed the files of all 32 inmates interviewed during the audit. The files

contained documentation of the initial PREA orientation and receipt of the PREA brochure, as well as documentation of comprehensive PREA education. The records demonstrated that comprehensive education was provided within the required 30-day timeframe.

Comprehensive PREA education is provided through a PREA education video during the inmate's comprehensive facility orientation. Staff are available to answer questions regarding the material. Completion of the education is documented on the inmate orientation documentation and the Comprehensive PREA Education Acknowledgment Form, which are maintained in the inmate's record.

The Auditor also observed that PREA information is available in multiple formats, including English, Spanish, large print, and Braille. Staff reported that telephone interpretation services are available for inmates with limited English proficiency. The Purple Communications system is available to assist deaf and hard-of-hearing inmates, and staff provide individualized assistance to inmates with other identified needs.

PROVISIONS

Provision (a)

PREA Standard 115.33(a) requires that during the intake process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

VADOC Operating Procedure 038.3 requires inmates to receive PREA information upon arrival at the facility. FCCW provides inmates with a PREA brochure and other orientation materials explaining the agency's zero-tolerance policy, inmate rights, and available reporting methods.

The Auditor observed the intake process and confirmed that PREA information was provided and explained to a newly arriving inmate. Interviews with intake staff and inmates further confirmed that the information is provided upon arrival. Documentation in the reviewed inmate files verified receipt of the initial PREA information.

The Auditor determined that FCCW meets the requirements of Provision (a).

Provision (b)

PREA Standard 115.33(b) requires that inmates receive comprehensive education regarding sexual abuse and sexual harassment within 30 days of intake.

FCCW provides comprehensive PREA education through its facility orientation program, including a PREA education video. The Auditor reviewed comprehensive education logs and the files of the 32 inmates interviewed. The documentation demonstrated that the interviewed inmates received comprehensive PREA education within the required 30-day timeframe.

	FCCW reported that 792 inmates who had been at the facility for 30 days or more during the previous 12 months received comprehensive PREA education. Interviews with inmates and staff corroborated the documentation. The Auditor determined that FCCW meets the requirements of Provision (b). **Provision (c)** PREA Standard 115.33(c) requires the agency to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates with limited reading skills. VADOC policy provides for PREA information and education in accessible formats. FCCW maintains materials in English and Spanish and has PREA information available in large print and Braille. Staff can provide telephone language interpretation and individualized assistance. The Purple Communications system is available for deaf and hard-of-hearing inmates, and staff may read materials to visually impaired inmates. Other accommodations are addressed on an individualized basis. The Auditor reviewed accessible PREA materials and observed information available throughout the facility. Interviews with staff confirmed that accommodations are provided based on identified needs. Interviews with inmates with physical, cognitive, visual, and hearing disabilities, as well as an LEP inmate, confirmed understanding of the PREA information provided. The Auditor determined that FCCW meets the requirements of Provision (c). **Provision (d)** PREA Standard 115.33(d) requires the agency to maintain documentation of inmate education and to provide education to inmates who are transferred from another facility consistent with the requirements of the standard. FCCW maintains documentation of both the initial PREA information provided at intake and the subsequent comprehensive PREA education. The Auditor reviewed inmate acknowledgments, education logs, and individual inmate records. Inmates transferred from other facilities receive the same PREA orientation at FCCW. The Auditor's review of inmate records and interviews with intake staff confirmed that PREA education is provided and documented as required. The Auditor determined that FCCW meets the requirements of Provision (d). **CONCLUSION** Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison meets the requirements of PREA Standard 115.33. FCCW provides PREA information upon intake, provides comprehensive PREA education within the required timeframe, documents the education provided, and makes PREA information accessible to inmates with limited English proficiency and inmates with disabilities or other

	identified needs.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PAQ; VADOC Operating Procedure 038.3, PREA, amended April 17, 2025; VADOC Operating Procedure 030.4, Office of Law Enforcement Services, page 13, VII, E, 1-2, effective April 1, 2024; the SIU/OLES Investigation Matrix; VADOC Investigations Specialized Agenda; VADOC Investigations Specialized Training Modules 1 and 2; Basic Training for Institutional Investigators Curriculum; Region PCM Investigators Training; VADOC Academy PREA Class Roster; PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations; specialized training certificates for investigators; training records and refresher training documentation; and investigative files. The reviewed policies require investigators who conduct investigations of sexual abuse and sexual harassment to receive specialized training. VADOC conducts both administrative and criminal investigations, with the Investigations Matrix used to determine whether an allegation will be investigated by institutional investigators or referred to the Office of Law Enforcement Services (OLES). The Auditor reviewed training materials and curricula addressing the required components of specialized investigator training, including techniques for interviewing sexual abuse victims, effective cross-cultural and cross-gender interviewing, Miranda and Garrity warnings, evidence collection in confinement settings, assessment of credibility, and the evidentiary standards applicable to administrative investigations. FCCW has four institutional investigators who have completed specialized PREA investigator training. In addition, nineteen OLES staff members have received specialized training to conduct sexual abuse investigations in a confinement setting. The Auditor reviewed training documentation and certificates and verified completion of the required specialized training. INTERVIEWS The Auditor interviewed the PREA Compliance Manager (PCM), the OLES agent assigned to FCCW, and an institutional investigator. The OLES agent and institutional investigator described the specialized training received and demonstrated knowledge of the investigative process for allegations of sexual abuse and sexual harassment. The institutional investigator explained that when an investigation indicates that alleged conduct may constitute a criminal offense and criminal charges could

potentially result, the allegation is referred to OLES The OLES agent explained that OLES conducts criminal investigations and may also conduct administrative investigations when the circumstances warrant OLES involvement, including cases involving staff. The OLES agent is a sworn VADOC law enforcement officer with arrest authority.

Both investigators described the importance of evidence collection, interviewing, and maintaining appropriate investigative procedures in a correctional setting. The Auditor also verified through interviews that investigators receive periodic refresher training.

OBSERVATIONS

The Auditor reviewed the OLES Investigation Matrix and investigative files to assess how allegations are assigned for investigation. The Matrix identifies the circumstances under which an allegation is handled by institutional investigators or referred to OLES. The Auditor also reviewed investigator training records and documentation of specialized and refresher training.

PROVISIONS

Provision (a)

VADOC requires investigators responsible for investigating allegations of sexual abuse and sexual harassment to receive specialized training. The training materials reviewed by the Auditor addressed the required elements of the standard, including techniques for interviewing sexual abuse victims, effective cross-cultural and cross-gender interviewing, Miranda and Garrity warnings, evidence collection in confinement settings, assessment of credibility, and the evidentiary standards applicable to administrative investigations. The Auditor verified that FCCW institutional investigators and OLES personnel assigned to conduct investigations have completed the required specialized training.

Provision (b)

VADOC provides specialized training for investigators through its investigator training curricula, including PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations and other specialized training modules. Training documentation reviewed by the Auditor verified completion of the specialized training by FCCW investigators and OLES personnel. Investigators also receive periodic refresher training, and documentation of this training was reviewed by the Auditor.

Provision (c)

The Auditor reviewed the OLES Investigation Matrix and confirmed that VADOC has established a process for determining whether allegations are investigated by institutional investigators or OLES. OLES conducts criminal investigations and investigations involving circumstances that may result in criminal charges, as well as cases involving staff. The institutional investigator interviewed by the Auditor demonstrated an understanding of the requirement to refer potentially criminal

	conduct to OLES. The OLES agent further explained that OLES consults with the appropriate Commonwealth's Attorney regarding potential criminal charges. CONCLUSION Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison meets the requirements of PREA Standard 115.34.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION To assess compliance with §115.35, the Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), training materials, training documentation, Medical Staff Roster, Mental Health Staff Roster, and certificates documenting specialized PREA training. The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, amended April 17, 2025; VADOC Operating Procedure 701.1, Health Services Administration, page 8, VII, H, 14, effective December 1, 2024; VADOC Operating Procedure 720.7, Emergency Medical Equipment and Care, page 9, V, A and B, effective January 1, 2025; and VADOC Operating Procedure 102.6, Staff Onboarding and Orientation, page 9, C, effective November 1, 2023. The applicable VADOC procedures require all staff to receive PREA training consistent with §115.31 and require full-time and part-time medical and mental health staff to receive additional specialized training. The specialized training addresses recognition and assessment of signs of sexual abuse and sexual harassment, preservation of physical evidence, effective response to victims, and reporting of allegations or suspicions of sexual abuse or sexual harassment. FCCW utilizes both state employees and contracted medical and mental health providers. The documentation reviewed established that medical and mental health personnel are required to complete VADOC-required training. The PAQ identified 60 medical and mental health care practitioners who regularly work at FCCW and had received the required specialized training. Medical staff complete the NIC course Medical Health Care for Sexual Assault Victims in a Confinement Setting, while mental health staff complete Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. **INTERVIEWS**

The Auditor interviewed the Training Coordinator and Health Services Administrator (HSA), as well as medical and mental health staff. The Training Coordinator confirmed that PREA training is required and documented. The HSA confirmed that medical and mental health personnel receive additional specialized PREA training and that documentation is maintained for both facility and contracted personnel.

Medical and mental health staff interviewed reported receiving PREA training during orientation and additional training addressing PREA responsibilities associated with assigned healthcare roles.

The HSA also confirmed that FCCW medical staff do not conduct forensic medical examinations of inmates following sexual assault. Such examinations are conducted at the University of Virginia Medical Center or a local hospital.

OBSERVATIONS

During the on-site audit, the Auditor reviewed training logs, certificates, and supporting documentation and compared the information with the current medical and mental health staff rosters. The records reviewed verified completion of the required specialized PREA training by current medical and mental health personnel, including contracted providers.

PROVISIONS

Provision (a)

Section 115.35(a) requires specialized training for medical and mental health care practitioners who conduct sexual abuse forensic examinations and those who otherwise have contact with inmates who have been victims of sexual abuse.

The applicable VADOC procedures require medical and mental health personnel to receive specialized training addressing the identification and assessment of signs of sexual abuse and sexual harassment, preservation of physical evidence, effective response to victims, and reporting requirements.

The Auditor verified through the reviewed training materials, documentation, certificates, staff rosters, and interviews that the required specialized training was provided to medical and mental health personnel at FCCW.

Provision (b)

Section 115.35(b) addresses specialized training for practitioners who conduct sexual abuse forensic examinations.

Medical staff at FCCW do not perform forensic medical examinations. Such examinations are conducted at the University of Virginia Medical Center or a local hospital. The Auditor therefore reviewed the facility's practices and documentation in relation to the specialized PREA training provided to FCCW medical and mental health personnel.

Provision (c)

	Section 115.35(c) requires documentation that medical and mental health practitioners have received the specialized training required by the standard. The Auditor reviewed training logs, certificates, staff rosters, and related documentation. The HSA confirmed that training records are maintained for medical and mental health personnel, including contract staff. The documentation reviewed supported completion of the required specialized training. **CONCLUSION** Based on the documentation reviewed, interviews conducted, and training records verified during the audit, the Auditor determined that FCCW provides and documents specialized PREA training for medical and mental health personnel in accordance with VADOC policy and §115.35. The Auditor further verified that the training addresses the responsibilities applicable to these personnel and that required documentation is maintained, including for contracted healthcare providers. The Auditor determined that Fluvanna Women's Prison meets §115.35, Specialized Training: Medical and Mental Health Care.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION To assess compliance with §115.41, the Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), supporting documentation, inmate manifests, classification risk assessments and reassessments, classification assessment scoring, 30-day reassessment logs, and a sample of randomly selected inmate files. The Auditor reviewed the documentation to evaluate the facility's process for screening inmates for risk of sexual victimization and risk of sexually abusing other inmates upon admission and for reassessing those risks following admission. The Auditor reviewed the following VADOC policies relevant to this standard: VADOC Operating Procedure 038.3, PREA, amended April 17, 2025; VADOC Operating Procedure 810.1, Inmate Reception and Classification, page 7, number 4, effective March 1, 2022; VADOC Operating Procedure 810.2, Transferred Inmate Receiving and Orientation, page 5, II, B, 1 and 4, effective May 1, 2022; VADOC Operating Procedure 861.1, Inmate Discipline, page 24, E, 3, effective September 1, 2022; and VADOC Operating Procedure 730.2, MHWS, Screening, Assessment and Classification, page 10, 4, a, b, i and ii, effective June 1, 2023. The applicable VADOC procedures require inmates to be screened upon admission and reassessed no later than 30 days after admission. The procedures incorporate the

required PREA screening criteria and establish requirements for documenting and maintaining risk assessment information.

According to the PAQ, 986 inmates entered FCCW during the previous 12 months, either through intake or transfer, remained at the facility for 72 hours or more, and were screened for risk of sexual victimization and risk of sexually abusing other inmates within 72 hours of entry. During the same period, 947 inmates who remained at the facility for 30 days or more were reassessed within 30 days of arrival based upon additional, relevant information received since intake.

INTERVIEWS

The Auditor interviewed the PREA Coordinator, PREA Compliance Manager (PCM), Case Managers, staff responsible for completing risk screenings, and randomly selected inmates.

Staff responsible for completing the screenings explained that the initial PREA risk assessment is completed electronically in VACORIS within 72 hours of an inmate's arrival. Staff reported reviewing the PREA risk assessment completed at the inmate's previous facility when applicable and recording responses in the electronic assessment. The PREA Coordinator and PCM confirmed that initial assessments are completed within the required timeframe.

Interviews with Case Managers and the PCM established that risk levels may also be reassessed when warranted by a referral, request, incident of sexual abuse, or receipt of additional information affecting an inmate's risk of victimization or abusiveness. Staff reported that these reassessments may be initiated when information is received from an inmate or staff member.

The PCM, Case Managers, and PREA Coordinator also described the 30-day reassessment process. The reassessment is completed using the PREA Reassessment form and documented in VACORIS. The facility's procedure calls for the reassessment to occur between 14 and 21 days after arrival, which places the reassessment within the 30-day requirement established by the standard. Staff reported meeting with inmates as part of the reassessment process.

Randomly selected inmates generally recalled being asked PREA-related questions during the admission process, and most recalled being asked similar questions again during the reassessment process. Staff interviews confirmed that inmates are not disciplined for refusing to answer, or for declining to provide complete information in response to questions asked as part of the risk assessment.

OBSERVATIONS

During the on-site portion of the audit, the Auditor observed the admission and classification process for a newly arriving inmate. The Auditor also reviewed the electronic risk assessment process and the manner in which screening information is maintained in VACORIS.

The Auditor reviewed the files of interviewed inmates and compared admission dates

with the dates of their initial PREA risk screenings. The records reviewed demonstrated that the initial risk screenings were completed within the required 72-hour timeframe.

The Auditor also reviewed selected inmate files and 30-day reassessment documentation. The records reviewed demonstrated consistent completion of the required reassessments.

During the review, the Auditor learned that one Counselor who occasionally completes reassessments was not consistently conducting a face-to-face meeting with the inmate as part of the reassessment. The Auditor brought this practice to the attention of facility administration. Administration conducted training with the Counselors that same day and reinforced the requirement that staff meet with inmates during the reassessment process to obtain inmate input. Documentation of the training was provided to the Auditor.

PROVISIONS

Provision (a)

Section 115.41(a) requires the facility to assess all inmates upon arrival at the facility for their risk of being sexually abused by other inmates or of being sexually abusive toward other inmates.

FCCW uses a standardized, objective PREA screening instrument within the VACORIS electronic records system. The Auditor reviewed the screening instrument and determined that it incorporates the required elements for assessing risk of sexual victimization and risk of sexual abusiveness.

The risk of sexual victimization assessment considers, at a minimum, whether the inmate has a mental, physical, or developmental disability; the inmate’s age; physical build; prior incarceration; whether the inmate’s criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; prior sexual victimization; and the inmate’s own perception of vulnerability.

The assessment of risk for being sexually abusive considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, to the extent known to FCCW. The VADOC does not hold inmates solely for civil immigration purposes.

The Auditor reviewed the screening instrument and determined that it contains the required assessment criteria.

Provision (b)

Section 115.41(b) requires the initial risk assessment to be completed upon arrival and no later than 72 hours after the inmate’s arrival at the facility.

According to the PAQ, 986 inmates who entered FCCW during the previous 12 months and remained at the facility for 72 hours or more were screened within 72 hours of entry. Staff interviews confirmed that the screening is generally completed by a Counselor on the day of arrival and is documented electronically in VACORIS.

The Auditor reviewed the admission and risk assessment dates in sampled inmate files and verified that the initial PREA risk screenings were completed within the required timeframe.

Provision (c)

Section 115.41(c) requires the initial risk assessment to be conducted using an objective screening instrument and to consider the information specified by the standard.

The Auditor reviewed the VADOC screening instrument and confirmed that it incorporates the required criteria. Staff responsible for completing the assessments explained that responses are documented in VACORIS and that additional information may be included when circumstances require further explanation or documentation.

The assessment also considers information concerning prior sexual abuse, prior convictions for violent offenses, and prior institutional violence or sexual abuse when known to the facility.

Provision (d)

Section 115.41(d) prohibits disciplining an inmate for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the risk assessment.

VADOC policy incorporates this prohibition. During targeted interviews, staff reported that inmates are not disciplined for refusing to answer screening questions or for declining to provide complete information. No instances of an inmate being disciplined for refusing to answer risk assessment questions were identified during the audit.

Provision (e)

Section 115.41(e) requires the facility to reassess an inmate’s risk of victimization or abusiveness when warranted based upon a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk.

The PCM and other staff explained that reassessment may occur when a staff member makes a referral, an inmate requests reassessment, an incident of sexual abuse occurs, or additional information becomes available that may affect the inmate’s risk classification. Staff confirmed that these circumstances may result in an updated assessment.

The Auditor reviewed the facility’s process and documentation supporting reassessment based upon additional relevant information.

Provision (f)

Section 115.41(f) requires the facility to reassess each inmate's risk of victimization or abusiveness within a set timeframe following arrival, based upon any additional relevant information received since the initial screening.

According to the PAQ, 947 inmates who entered FCCW during the previous 12 months and remained at the facility for 30 days or more were reassessed within 30 days of arrival. FCCW completes the reassessment using a PREA Reassessment form and documents the reassessment in VACORIS. Facility procedure calls for the reassessment to be completed between 14 and 21 days after arrival.

The Auditor reviewed 30-day reassessment logs and selected inmate files and found that reassessments were being completed on a consistent basis. Most randomly selected files reviewed contained documentation of a reassessment within the required timeframe.

Training documentation was provided to the Auditor.

Provision (g)

Section 115.41(g) requires the facility to use information obtained from risk assessments for appropriate housing, bed, work, education, and programming assignments and to protect the confidentiality of the information.

FCCW maintains PREA assessment information electronically in VACORIS with controlled access. Most staff do not have access to the inmate's responses contained in the PREA assessment. Access is limited to authorized supervisory staff and personnel responsible for housing, bed, work, education, and programming assignments.

Correctional Officers may see an alert identifying an inmate as having been classified as high risk for sexual victimization or high risk for sexual abusiveness, as applicable, to assist in preventing housing or work assignments that could place the inmate or others at risk. The Auditor reviewed the electronic system and confirmed that access to the detailed PREA assessment information is limited.

CONCLUSION

Based on the documentation reviewed, interviews conducted, and observations of the intake and classification process, the Auditor determined that FCCW uses an objective PREA screening instrument to assess inmates for risk of sexual victimization and sexual abusiveness. Initial screenings are completed within 72 hours of arrival, and the facility conducts 30-day reassessments and additional reassessments when warranted by new information, referrals, requests, or incidents.

The Auditor also verified that the required screening criteria are incorporated into the assessment process, inmates are not disciplined for refusing to answer screening questions, and access to sensitive assessment information is restricted according to staff responsibilities. The issue identified concerning face-to-face reassessment

	interviews was immediately addressed through facility training, with documentation of the corrective training provided to the Auditor. The Auditor determined that Fluvanna Women's Prison meets §115.41, Screening for Risk of Victimization and Abusiveness.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION To assess compliance with §115.42, the Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), the Warden Memorandum regarding PREA §§115.41 and 115.42 dated July 30, 2026, the PREA Coordinator Memorandum regarding §115.42 dated April 28, 2023, and the VADOC HRSV & HRSA Alert Report dated July 30, 2026. The Auditor also reviewed PREA risk screening records, classification records, housing and assignment information, alert logs, and documentation of bi-annual housing and programming reviews for transgender inmates. The Auditor reviewed the following VADOC policies relevant to this standard: VADOC Operating Procedure 038.3, PREA, amended April 17, 2025, pages 10–11, D, 1–3; VADOC Operating Procedure 810.1, Inmate Reception and Classification, page 7, 3, effective March 1, 2022; VADOC Operating Procedure 810.2, Transferred Inmate Receiving and Orientation, page 5, II, B, 3, effective May 1, 2022; VADOC Operating Procedure 841.2, Inmate Work Program, page 5, II, B, 10, effective August 1, 2023; VADOC Operating Procedure 425.4, Management of Bed and Cell Assignments, page 6, 1, A, 1–2, effective July 1, 2023; VADOC Operating Procedure 830.5, Transfer, Institution Reassignments, page 10, C, 1, d, ii, effective November 1, 2020; and VADOC Operating Procedure 730.2, MHWS, Screening, Assessment and Classification, page 6, II, C, effective June 1, 2023. The policies reviewed established requirements for using PREA risk assessment information in housing, bed, work, education, and programming decisions. They also establish specific requirements concerning the placement and management of transgender and intersex inmates, including consideration of the inmate's own views regarding safety. **INTERVIEWS** The Auditor interviewed the PREA Compliance Manager (PCM), classification staff, records staff, and inmates identified as being at heightened risk of sexual victimization (HRSV), heightened risk of sexual abusiveness (HRSA), transgender, gay, or bisexual.

	The PCM explained that the PREA risk assessment is incorporated into the Classification Assessment completed in CIRIS. The assessment assists staff in identifying inmates at heightened risk of sexual victimization or sexual abusiveness. The PCM described how information from the assessment is entered into VACORIS and used by classification and other designated staff when making housing, work, education, and programming decisions. Classification staff explained that risk information is considered when making assignment and housing recommendations. Staff reported considering an inmate's own perception of safety when making classification decisions and described the process for maintaining separation between inmates identified as being at heightened risk of sexual victimization and those identified as being at heightened risk of sexual abusiveness. The Records Supervisor explained that HRSV and HRSA alerts are reviewed before housing decisions are made. Records staff review the inmate's alerts, history, and other relevant information and conduct a compatibility assessment when making housing recommendations. Staff responsible for work and programming assignments described the process for reviewing HRSV and HRSA alerts before approving work and program assignments. Staff reported that inmates identified as HRSV and HRSA are not assigned to the same work assignment or program unless constant staff supervision is provided. Staff also explained that school assignments are reviewed and may be adjusted when necessary to address a safety concern while ensuring that inmates continue to have access to educational services. Interviews with transgender inmates indicated that separate showering accommodations may be requested. Six transgender inmates were interviewed, and the inmates reported that separate showering could be requested during count. Interviews with facility administration corroborated this practice. Transgender inmates interviewed also recalled participating in housing and programming reviews. Staff explained that the Institutional Program Manager (IPM) meets with transgender inmates at least twice annually to review housing and programming considerations, assess any safety concerns, and obtain the inmate's views regarding safety. The transgender inmates interviewed reported that these reviews occurred. Interviews with facility staff confirmed that LGBTI status is not used as the basis for placement in a dedicated housing unit, wing, or facility. Interviews with LGBTI inmates likewise did not identify placement in dedicated housing based solely on sexual orientation or gender identity. **OBSERVATIONS** During the on-site review, the Auditor conducted a site review of all inmate housing units and reviewed housing assignments in relation to HRSV and HRSA alerts. The Auditor reviewed HRSV and HRSA alert reports both during the pre-audit review and

during the on-site portion of the audit.

The Auditor reviewed reports generated from CORIS identifying inmates with HRSV and HRSA alerts and compared the information with housing assignments. The records reviewed demonstrated that inmates identified as HRSV and HRSA were not assigned to the same double-bunk or placed in close proximity to one another. The Auditor also reviewed records showing that HRSV inmates may be assigned closer to the control room to facilitate monitoring and enhance safety.

The Auditor reviewed work and programming assignment practices and the process used by the Work Program Assignment Reviewer and Institutional Program Manager to consider HRSV and HRSA alerts. The Auditor also reviewed the facility's approach to school assignments and confirmed that safety considerations may be addressed through assignment changes while maintaining access to educational services.

At the time of the on-site review, FCCW had inmates identified as transgender or having a gender dysphoria diagnosis. The Auditor reviewed housing assignments and completed bi-annual housing and programming reviews for transgender inmates. The reviews demonstrated that the required reviews were conducted in person and included consideration of the inmate's views regarding safety.

The Auditor reviewed the facility roster and observed that inmates identified as LGBTI were housed in different units, buildings, wings, and bed areas throughout the facility rather than being placed in a dedicated housing area based solely on LGBTI status. FCCW was not operating under a consent decree, legal settlement, or legal judgment requiring dedicated placement for the protection of LGBTI inmates.

PROVISIONS

Provision (a)

Section 115.42(a) requires the facility to use information from the risk screening required by §115.41 to inform housing, bed, work, education, and programming assignments, with the objective of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

FCCW uses information obtained through the PREA risk assessment and classification process when making these assignments. The classification assessment is completed upon arrival, and the resulting information is entered into VACORIS. Designated staff use HRSV and HRSA alerts when making housing, work, education, and programming decisions.

The Auditor reviewed screening records, alert reports, classification information, and assignment practices. The records reviewed demonstrated that staff make individualized considerations based upon the inmate's identified risks and safety needs. The facility uses the HRSV and HRSA alerts to assist in preventing inmates identified as being at heightened risk of sexual victimization from being assigned to housing, work, or programming settings with inmates identified as being at heightened risk of sexual abusiveness.

FCCW also considers the inmate's own perception of safety as part of the classification process. Staff interviews confirmed that this information is considered when making housing and assignment recommendations.

Based upon the documentation reviewed, interviews, and observations, the Auditor determined that FCCW uses PREA screening information to inform housing, bed, work, education, and programming assignments as required by §115.42(a).

Provision (b)

Section 115.42(b) requires that the placement of each transgender or intersex inmate in a particular facility for males or females, and in a particular facility or unit, be determined on a case-by-case basis, giving serious consideration to the inmate's own views regarding personal safety. The standard also requires that transgender and intersex inmates be given the opportunity to shower separately from other inmates.

VADOC policy incorporates these requirements and provides for case-by-case consideration of transgender and intersex inmate placement based upon health and safety considerations, potential management or security concerns, and the inmate's own views regarding safety.

At the time of the on-site review, FCCW had 36 inmates identified as transgender or having a gender dysphoria diagnosis. Six transgender inmates were interviewed. The inmates interviewed reported that separate showering accommodations could be requested, and facility administration confirmed that this practice is available.

FCCW also conducts periodic reviews of housing and programming assignments for transgender inmates. The IPM meets with each transgender inmate at least twice annually to review safety concerns, obtain the inmate's views regarding safety, and assess whether housing or programming arrangements remain appropriate. These reviews are documented in VACORIS. The Auditor reviewed completed bi-annual reviews and found that the reviews were conducted in person and included input from the inmate.

The Auditor determined that FCCW's placement and management practices for transgender and intersex inmates incorporate case-by-case consideration and serious consideration of the inmate's own views regarding safety, consistent with §115.42(b).

Provision (c)

Section 115.42(c) provides that LGBTI inmates shall not be placed in dedicated facilities, units, or wings 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 entered into for the purpose of protecting such inmates.

FCCW does not use LGBTI status as the basis for placement in a dedicated housing unit, wing, or facility. Interviews with classification staff and other facility personnel confirmed that housing assignments are based upon individualized classification and safety considerations rather than sexual orientation or gender identity.

	Targeted interviews with LGBTI inmates were consistent with staff reports. The Auditor also reviewed the inmate roster and found that identified LGBTI inmates were housed throughout different units, buildings, wings, and bed areas at the facility. FCCW was not under a consent decree, legal settlement, or legal judgment requiring dedicated placement of LGBTI inmates for their protection. The Auditor determined that FCCW does not place LGBTI inmates in dedicated housing solely because of sexual orientation or gender identity and therefore meets the requirements of §115.42(c). **CONCLUSION** Based on the documentation reviewed, interviews conducted, and observations made during the on-site review, the Auditor determined that FCCW uses PREA risk assessment information to inform housing, bed, work, education, and programming assignments. The facility considers individualized risk factors and the inmate's own perception of safety when making classification and housing decisions and maintains mechanisms to identify and manage inmates at heightened risk of sexual victimization or sexual abusiveness. The Auditor further determined that transgender and intersex inmates are considered for placement on a case-by-case basis, their views regarding personal safety are considered, and opportunities for separate showering are provided. FCCW conducts documented bi-annual housing and programming reviews for transgender inmates and obtains inmate input during those reviews. The facility does not place LGBTI inmates in dedicated housing solely on the basis of sexual orientation or gender identity. Based on the totality of the evidence reviewed, Fluvanna Women's Prison meets §115.42, Use of Screening Information and Inmate Classification.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION To assess compliance with §115.43, the Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), the Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form, and documentation relevant to the facility's use of restrictive housing for inmates identified as being at high risk for sexual victimization. The Auditor reviewed the following VADOC policies relevant to this standard: VADOC Operating Procedure 425.14, Management of Bed and Cell Assignment, page 10, V, 4, a, i, ii, iii, b, effective August 1, 2021; VADOC Operating Procedure 810.1, Inmate

Reception and Classification, page 8, 4, f, effective March 1, 2022; and VADOC Operating Procedure 810.2, Transferred Inmate Receiving and Orientation, page 6, f, effective May 1, 2022.

The policies reviewed establish requirements for the placement of inmates identified as being at high risk for sexual victimization in restrictive housing. The policies require the facility to consider available housing alternatives before placing an inmate at high risk for sexual victimization in involuntary segregated housing. The policies also address the circumstances under which protective placement may be used, the duration of such placement, access to programs and privileges, documentation requirements, and periodic review of the continued need for placement.

According to the PAQ, there have been no instances during the past 12 months in which an inmate identified as being at high risk for sexual victimization was placed in involuntary segregated housing for the purpose of separating the inmate from potential abusers.

INTERVIEWS

The Auditor interviewed the PREA Compliance Manager (PCM), supervisors, and staff responsible for supervising inmates in restrictive housing.

Staff responsible for supervising inmates in restrictive housing demonstrated knowledge of VADOC policy and the requirements of §115.43. Staff reported that an immediate assessment is conducted and available housing alternatives are reviewed before an inmate identified as being at high risk for sexual victimization is placed in Special Management Housing. The review is documented using the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form. Staff reported that the completed form is forwarded to the Regional PREA/ADA Analyst.

Staff explained that the assessment requires consideration of all available housing alternatives and a determination that no available alternative provides sufficient separation from potential abusers before an inmate at high risk for sexual victimization, or an inmate who has alleged sexual abuse or sexual harassment, is placed in involuntary segregated housing.

Staff reported that an inmate identified as being at high risk for sexual victimization would generally be moved to another appropriate housing location rather than placed in restrictive housing. Staff explained that restrictive housing could be used temporarily when necessary to maintain safety while an investigation is completed or when requested by the inmate. Staff also reported that sufficient housing space is available to identify an appropriate placement for an otherwise orderly inmate without resorting to restrictive housing.

The PCM confirmed that no inmates during the audit period had been placed involuntarily in restrictive housing solely to separate the inmate from potential abusers. The PCM also confirmed awareness of the requirement to consider available alternatives and document the assessment when restrictive housing is considered for protective purposes.

Staff were also aware that an involuntary protective placement, if necessary, would be subject to periodic review and would not normally exceed 30 days. Staff described the requirement to review the continued need for placement every 30 days.

OBSERVATIONS

At the time of the on-site audit, FCCW had 66 inmates identified as being at high risk for sexual victimization.

The Auditor reviewed the facility's process for identifying and managing inmates at high risk for sexual victimization and examined the Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form. The form requires staff to assess available alternatives before an inmate at high risk for sexual victimization is placed in involuntary segregated housing and to document the basis for determining that no suitable alternative is available.

The Auditor reviewed information concerning the use of restrictive housing during the audit period. No instances were identified in which an inmate at high risk for sexual victimization was held in involuntary segregated housing for the purpose of separating the inmate from potential abusers.

The Auditor also reviewed the facility's available housing practices and confirmed that staff have alternatives to restrictive housing for maintaining separation and addressing safety concerns. No instances were identified that required the facility to invoke the protective custody provisions of §115.43 during the audit period.

PROVISIONS

Provision (a)

Section 115.43(a) requires that inmates at high risk for sexual victimization not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that no available alternative means of separation from likely abusers exists.

FCCW does not routinely use restrictive housing to separate inmates identified as being at high risk for sexual victimization from potential abusers. Staff reported that available housing alternatives are considered before restrictive housing is used for protective purposes. The Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form documents this review and requires staff to establish that no suitable alternative is available before an involuntary protective placement is made.

According to the PAQ and staff interviews, no inmate identified as being at high risk for sexual victimization was placed in involuntary segregated housing for protective purposes during the past 12 months. Staff reported that alternative housing locations are available and would be used when necessary to protect an inmate.

The Auditor determined that FCCW meets the requirements of §115.43(a).

Provision (b)

	Section 115.43(b) requires that an inmate placed in involuntary segregated housing for protective purposes have access to programs, privileges, education, and work opportunities to the extent possible, with restrictions limited to those necessary to maintain safety and security. Such placement may not normally exceed 30 days, and the facility must document the basis for placement and why no alternative could be arranged. The facility must also review the continuing need for placement. FCCW policy incorporates these requirements. If an inmate were placed involuntarily in restrictive housing for protective purposes, the placement would be subject to documentation, limitations on restrictions, access to programs and privileges when appropriate, and review of the continued need for placement. Staff demonstrated awareness of the requirement for a 30-day review and the requirement that the basis for placement and the lack of available alternatives be documented. No inmate was placed in involuntary segregated housing for protective purposes during the audit period. Consequently, there were no instances requiring implementation of these provisions or a 30-day review. The Auditor determined that FCCW meets the requirements of §115.43(b). **CONCLUSION** Based on the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that FCCW does not use involuntary segregated housing as a routine means of protecting inmates identified as being at high risk for sexual victimization. The facility requires available housing alternatives to be assessed before restrictive housing is considered for protective purposes and uses the Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form to document the assessment. Staff demonstrated knowledge of the requirements of §115.43, including the need to consider alternatives, document the basis for any involuntary protective placement, limit the duration of such placement, maintain access to programs and privileges to the extent possible, and review the continuing need for placement. The facility reported no instances during the previous 12 months in which an inmate at high risk for sexual victimization was held in involuntary segregated housing for protective purposes. Based on the totality of the evidence reviewed, the Auditor determined that Fluvanna Women’s Prison meets §115.43, Inmates at High Risk for Sexual Victimization and Protective Custody.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION

To assess compliance with §115.51, the Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Inmate Notification for PREA Investigation Outcome, PREA Investigative Report Checklist, Zero Tolerance Brochure, Warden Memorandum regarding PREA standard §115.51 dated June 30, 2026, Inmate Handbook, inmate orientation materials, site review documentation, Action Alliance Memorandum of Understanding (MOU), VADOC website information, and PREA hotline information.

The Auditor also reviewed the following VADOC policies relevant to this standard: VADOC Operating Procedure 038.3, PREA, amended April 17, 2025, page 12, III, A, 1, a–d; VADOC Operating Procedure 038.3, Reporting Serious or Unusual Incidents, page 8, IV, B and C, effective July 1, 2025; VADOC Operating Procedure 801.6, Inmate and CCAP Probationer/Parolee Services, page 10, VII, A and B, effective July 1, 2025; and VADOC Operating Procedure 866.1, Inmate Grievance Procedure, page 6, II, B and C; page 7, III, B, 4; and page 8, III, C, 7, effective July 1, 2024.

The policies reviewed establish multiple mechanisms for reporting sexual abuse and sexual harassment, retaliation by inmates or staff for reporting, and staff neglect or violation of responsibilities that may have contributed to an incident. The policies also establish procedures for inmate grievances, external reporting, and staff reporting.

INTERVIEWS

The Auditor interviewed the PREA Coordinator, PREA Compliance Manager (PCM), Warden, randomly selected staff, and randomly selected inmates.

The PREA Coordinator, PCM, and Warden described the facility’s reporting procedures and confirmed that inmates may report sexual abuse and sexual harassment through multiple avenues. Staff reported that inmates may make a verbal report to any staff member, submit a written report, use the inmate telephone system to access the PREA hotline, submit a grievance, or have another person report on their behalf.

Randomly selected staff demonstrated an understanding of their responsibility to accept reports of sexual abuse and sexual harassment regardless of how the report is received. Staff reported that verbal reports must be documented and promptly referred through the appropriate reporting process. Staff also stated that they would immediately notify a supervisor and take appropriate action to protect an inmate when a report of sexual abuse or sexual harassment is received.

Staff interviewed were aware that an inmate may make a report to any staff member and that staff cannot require an inmate to report only to a particular person. Staff also understood that a third party may report on behalf of an inmate.

Randomly selected inmates demonstrated knowledge of the available reporting mechanisms. Inmates reported that they could make a report to any staff member and identified the PREA hotline as another available reporting option. Inmates generally indicated that staff were approachable and that PREA-related reports would be taken seriously.

OBSERVATIONS

During the site review, the Auditor observed informal interactions between staff and inmates and observed inmates using the inmate telephone system. These observations provided an opportunity to review the availability and accessibility of the facility's established reporting mechanisms.

The Auditor also conducted a physical review of PREA reporting information posted throughout the facility. Information posters were observed inside inmate housing units, adjacent to inmate telephones, and in the booking area. The posted materials provided information concerning PREA reporting and the available telephone reporting mechanism.

The Auditor reviewed the inmate telephone system and verified that information concerning the PREA hotline was available to inmates. The Auditor also reviewed the external reporting arrangement with Action Alliance and the information made available to inmates concerning that reporting option.

The Auditor reviewed the available investigative documentation, including the PREA Investigative Report Checklist and an Inmate Notification for PREA Investigation Outcome, to assess the facility's documentation and processing of PREA-related reports.

PROVISIONS

Provision (a)

Section 115.51(a) requires the facility to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting, and staff neglect or violation of responsibilities that may have contributed to such incidents.

FCCW provides multiple internal reporting mechanisms. Inmates may report verbally to any staff member or submit a written report. Inmates may also use the inmate grievance process to report sexual abuse or sexual harassment. Reporting information is provided to inmates through orientation and written materials, including the Inmate Handbook and Zero Tolerance Brochure.

VADOC policy requires staff to accept reports of sexual abuse and sexual harassment and to promptly document verbal reports. Staff interviewed understood that they are responsible for receiving and acting upon reports regardless of which staff member receives the initial information.

The Auditor observed PREA reporting information posted in housing units, near inmate telephones, and in the booking area. Inmate interviews confirmed awareness that a report could be made to any staff member.

Based on the documentation reviewed, interviews, and observations, the Auditor determined that FCCW provides multiple internal avenues for inmates to report sexual abuse and sexual harassment, retaliation, and staff neglect or violations of

responsibilities that may have contributed to an incident.

Provision (b)

Section 115.51(b) requires the facility to provide inmates with the option of reporting sexual abuse and sexual harassment to a public or private entity that is not part of the agency.

FCCW provides an external reporting option through the established PREA hotline and its relationship with Action Alliance. Information concerning the hotline is provided to inmates through orientation and written materials and is posted adjacent to inmate telephones.

The Auditor reviewed the Action Alliance MOU and hotline information. The external reporting mechanism allows an inmate to report outside VADOC and provides access to an Action Alliance advocate.

The Auditor also reviewed information available through the VADOC website concerning reporting on behalf of an inmate.

The evidence reviewed demonstrated that FCCW provides inmates with an option for reporting sexual abuse and sexual harassment to an entity outside VADOC.

Provision (c)

Section 115.51(c) requires the facility to provide a method for third parties to report sexual abuse and sexual harassment on behalf of an inmate.

FCCW accepts third-party reports of sexual abuse and sexual harassment. Staff interviewed demonstrated an understanding that a report may be made on behalf of an inmate by another person and that such reports must be accepted and appropriately addressed.

Information concerning third-party reporting is made available through VADOC resources and facility PREA materials. The Warden Memorandum dated June 30, 2026, affirms that during the reporting period, there were no allegations reported by a third party.

The Auditor determined that FCCW provides a mechanism for third parties to report sexual abuse and sexual harassment on behalf of an inmate.

Provision (d)

Section 115.51(d) requires the facility to establish procedures for filing an emergency grievance alleging substantial risk of imminent sexual abuse and for filing a grievance concerning sexual abuse or sexual harassment. The standard also establishes protections concerning the submission and handling of such grievances.

VADOC Operating Procedure 866.1 establishes the inmate grievance process and permits inmates to use the grievance procedure to report allegations of sexual abuse and sexual harassment. The procedure addresses the handling of grievances

	involving sexual abuse and sexual harassment and establishes protections concerning the processing of such grievances. The Auditor reviewed the applicable provisions of Operating Procedure 866.1, as well as the Inmate Handbook and orientation information, to determine whether inmates are informed of the grievance mechanism. The evidence reviewed demonstrated that the grievance process is available as an additional mechanism for inmates to report sexual abuse and sexual harassment. **Provision (e)** Section 115.51(e) requires the facility to provide staff with a means to privately report sexual abuse and sexual harassment of inmates. FCCW provides staff with multiple reporting options. Staff may report to a supervisor, the Warden, the PCM, or other appropriate facility administration. Staff may also use the established PREA hotline. Staff interviewed demonstrated knowledge of their reporting responsibilities and available reporting mechanisms. Staff indicated that information concerning sexual abuse or sexual harassment would be reported to a supervisor or directly to facility administration. Staff also acknowledged the availability of the hotline as an additional reporting option. The Auditor determined that FCCW provides staff with mechanisms for reporting sexual abuse and sexual harassment of inmates. **CONCLUSION** Based on the documentation reviewed, interviews conducted, and observations made during the site review, the Auditor determined that FCCW provides multiple mechanisms for inmates to report sexual abuse and sexual harassment, retaliation by inmates or staff, and staff neglect or violations of responsibilities that may have contributed to sexual abuse or sexual harassment. The facility provides internal reporting options, an external reporting mechanism through the PREA hotline and Action Alliance, third-party reporting, and access to the inmate grievance process. Staff demonstrated an understanding of their obligation to receive, document, and respond to PREA-related reports. Inmates interviewed demonstrated awareness of available reporting options, and PREA reporting information was observed in locations accessible to inmates. Based on the totality of the evidence reviewed, Fluvanna Women’s Prison meets §115.51, Inmate Reporting.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENTATION The Auditor reviewed Virginia Department of Corrections (VADOC) and Fluvanna Women's Prison (FCCW) documentation applicable to the exhaustion of administrative remedies for allegations of sexual abuse. Documentation reviewed included the FCCW Completed Pre-Audit Questionnaire (PAQ) and the FCCW Inmate Orientation Handbook. The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, amended April 17, 2025, page 12, III, A, 2, a-b, and VADOC Operating Procedure 866.1, Inmate Grievance Procedure, page 6, II, C, effective July 1, 2024. These policies establish the procedures through which an inmate may submit a grievance alleging sexual abuse, including provisions addressing the timing of such grievances, submission without involvement of the staff member who is the subject of the allegation, third-party assistance, emergency grievances, and restrictions on discipline for filing a grievance. The Inmate Orientation Handbook provides inmates with information regarding the grievance process, including procedures applicable to grievances involving sexual abuse and sexual harassment. The PAQ reported that FCCW received no grievances alleging sexual abuse and no emergency grievances alleging a substantial risk of imminent sexual abuse during the previous 12 months. The Warden Memorandum dated June 30, 2026, independently affirmed that no such grievances were filed during the applicable review period. Accordingly, there were no sexual-abuse or emergency sexual-abuse grievances available for case-specific review. **INTERVIEWS** Random inmate interviews established that inmates were aware of the facility's grievance process and understood that the process could be used to report a PREA allegation. None of the inmates interviewed by the Auditor reported having submitted a grievance alleging sexual abuse or an emergency grievance alleging an imminent risk of sexual abuse. A targeted interview with the facility investigator established that allegations received through the grievance process are immediately referred for investigation. The investigator's description of the process was consistent with the agency's written procedures. **OBSERVATIONS** During the site review, the Auditor observed grievance boxes that were accessible to the inmate population. Staff reported that the grievance receptacles are checked daily. The Auditor also observed the availability of inmate orientation materials containing information concerning the grievance process. A review of investigative files provided

additional evidence regarding the facility's handling of allegations received through established reporting and grievance mechanisms. The records reviewed reflected that investigations were initiated immediately and handled in accordance with agency policy.

PROVISIONS

Provision (a)

VADOC maintains an administrative grievance procedure that addresses allegations of sexual abuse. Accordingly, FCCW is not exempt from §115.52. VADOC Operating Procedure 866.1 establishes the administrative grievance process, while VADOC Operating Procedure 038.3 addresses PREA-related requirements.

The existence of an established grievance process was further supported by the Inmate Orientation Handbook and inmate interviews demonstrating that inmates are informed of and aware of the grievance process.

Provision (b)

VADOC policy permits an inmate to submit a grievance alleging sexual abuse without a time limitation based on when the alleged incident occurred. The policy also does not require an inmate to first use an informal grievance process or otherwise attempt to resolve an allegation of sexual abuse with staff before submitting a grievance.

These requirements are established through VADOC's written grievance and PREA procedures and are communicated to inmates through the Inmate Orientation Handbook. Because no qualifying grievance was available for case-specific review, the Auditor evaluated these requirements through policy review, interviews, and orientation materials.

Provision (c)

VADOC policy permits an inmate alleging sexual abuse to submit a grievance without submitting it to the staff member who is the subject of the complaint. The policy also provides safeguards concerning referral of the grievance so that the staff member who is the subject of the allegation does not receive the grievance for handling.

The Auditor's review of the written grievance procedure established that this requirement is incorporated into agency procedures. The Auditor therefore evaluated this provision through review of the applicable policy and the established grievance process.

Provision (d)

VADOC's grievance procedures establish the administrative process for review and resolution of grievances alleging sexual abuse. The Auditor reviewed the applicable grievance policy and found that the agency has procedures governing the processing and disposition of inmate grievances.

Because there was no qualifying grievance available for case-specific review, the

	Auditor evaluated the administrative review requirements through the written agency procedures and the established grievance process. **Provision (e)** VADOC's grievance procedure permits third parties, including fellow inmates, to assist an inmate in filing a grievance related to an allegation of sexual abuse. The procedure also provides for third-party submission of grievances on behalf of an inmate consistent with agency requirements. The availability of third-party assistance is incorporated into the agency's grievance procedures and is communicated through the grievance process made available to inmates through the Inmate Orientation Handbook. The Auditor evaluated this provision through policy review and interviews. **Provision (f)** VADOC policy establishes a specific procedure for an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The procedure requires that an emergency grievance be immediately forwarded to a level at which corrective action can be taken. The policy requires an initial response within 48 hours and provides for a final agency decision within five calendar days. The Auditor did not have an actual emergency grievance through which to evaluate these response timeframes. Compliance with this provision was established through review of the written emergency-grievance procedure and confirmation through the grievance process and inmate orientation materials that the procedure is available to inmates. **Provision (g)** VADOC policy provides that an inmate may not be disciplined for filing a grievance related to alleged sexual abuse unless the agency demonstrates that the inmate filed the grievance in bad faith. The PAQ reported zero instances during the previous 12 months in which an inmate was disciplined for filing a grievance alleging sexual abuse. No evidence was identified indicating that FCCW imposed discipline for filing a sexual-abuse grievance during the review period. **CONCLUSION** Based upon the documentation reviewed, interviews conducted, observations made, and examination of the facility's grievance and investigative procedures, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.52, Exhaustion of Administrative Remedies. The agency has established procedures addressing sexual-abuse grievances, including the required safeguards for submission, third-party assistance, emergency grievances, administrative review, and limitations on discipline for filing such grievances. The procedures were supported by policy, inmate orientation materials, staff interviews, and observations of the grievance process.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), FCCW Inmate Orientation Handbook, VADOC website, Hotline Information, Sexual Assault brochure, and the Memorandum of Understanding (MOU) between the Virginia Department of Corrections (VADOC) and the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, amended April 17, 2025, page 18, VI, B, 1-4. VADOC policy establishes procedures for providing inmates with access to outside victim advocates or qualified representatives, including a toll-free hotline. The policy also addresses communication with outside support organizations and requires inmates to be informed of the extent to which communications may be monitored before access is provided. The Inmate Orientation Handbook and Sexual Assault brochure provide inmates with information regarding outside victim advocacy and support services. The materials identify the Action Alliance hotline and provide instructions for accessing reporting and supportive services. The MOU between VADOC and VSDVAA establishes the availability of hotline and victim advocacy services, including social services and assistance related to sexual abuse and sexual assault. The agreement also addresses participation in forensic examinations, investigations, and follow-up visits or communications. **INTERVIEWS** The Auditor interviewed the PREA Compliance Manager (PCM), randomly selected inmates, randomly selected and targeted staff, and medical and mental health personnel. The PCM and staff interviewed demonstrated awareness of the facility’s responsibility to provide inmates with access to outside victim advocacy services. Staff were familiar with the Action Alliance hotline and the resources available to inmates. Medical and mental health staff demonstrated an understanding of their responsibilities concerning confidentiality and the requirement to inform inmates of applicable limitations on confidentiality. The Auditor reviewed documentation supporting that this information is provided to inmates. Random inmate interviews indicated that inmates were aware of the outside advocacy services available to them. Most inmates interviewed also knew they could request mental health services for counseling or emotional support.

There were no requests for confidential outside support services during the audit period.

The Auditor also verified the availability of Action Alliance services with Action Alliance staff and facility psychology staff.

OBSERVATIONS

During the site review, the Auditor observed PREA informational posters throughout the facility and in public areas. The Auditor observed information notifying inmates of the availability of the outside reporting and victim advocacy hotline in both English and Spanish.

The posted materials state that calls to the outside advocate are confidential and that VADOC does not have access to the recording. The materials identify two options for accessing the Action Alliance service: Option #1 for reporting through the hotline and Option #2 for speaking with an advocate for supportive services.

The Auditor also observed mail drop boxes in various locations throughout the facility. An interview with mailroom staff established that outgoing mail is not opened or searched absent documented cause and that there are no restrictions on inmates sending correspondence to outside reporting entities, emotional support services, or legal representatives.

The Auditor placed a test call to the Action Alliance hotline from the facility to verify that the hotline was an available method for inmates to access the outside service. Action Alliance staff also confirmed the availability of the hotline and advocacy services.

PROVISIONS

Provision (a)

Section 115.53(a) requires that inmates who are victims of sexual abuse have reasonable and confidential access to outside victim advocates for emotional support services related to sexual abuse. The standard also requires the facility to provide inmates with access to the services of a rape crisis center or other qualified entity where such services are available.

FCCW has established access to outside victim advocacy and emotional support services through the Virginia Sexual and Domestic Violence Action Alliance. The MOU between VADOC and VSDVAA establishes the availability of hotline and victim advocacy services. The Auditor verified the availability of the services through communication with Action Alliance staff and by placing a test call to the hotline from the facility.

FCCW provides inmates with information regarding these services at intake and during orientation. Information is provided verbally and in writing through the Inmate Orientation Handbook and Sexual Assault brochure and identifies the Action Alliance hotline and available supportive services.

	The Auditor determined that FCCW meets the requirements of §115.53(a). **Provision (b)** Section 115.53(b) requires the facility to inform inmates, prior to giving them access to outside victim advocates, of the extent to which communications with those advocates will be monitored. FCCW's policy and inmate information materials address the confidentiality of communications with outside advocacy services and the circumstances under which communications may be monitored. The Auditor observed posted information stating that calls to the outside advocate are confidential and that VADOC does not have access to the recording. Medical and mental health staff demonstrated an understanding of the requirement to inform inmates of applicable limitations on confidentiality. The Auditor also reviewed documentation supporting that this information is provided to inmates. There were no requests for outside confidential support services during the audit period through which the Auditor could evaluate the application of the monitoring notification requirement to an actual service request. The Auditor determined that FCCW meets the requirements of §115.53(b) based on the written policy, information provided to inmates, staff interviews, and observed notification materials. **Provision (c)** Section 115.53(c) requires the facility to maintain reasonable communication between inmates and outside victim advocates in as confidential a manner as possible. FCCW provides inmates with access to the Action Alliance through the established hotline and permits communication with outside support organizations through correspondence. Mailroom staff reported that outgoing mail is not opened or searched absent documented cause and that inmates are not restricted from sending correspondence to outside reporting entities or emotional support services. The Auditor observed information regarding the Action Alliance hotline throughout the facility and verified the operation of the hotline through a test call. Action Alliance staff also confirmed the availability of advocacy services. Although there were no requests for confidential outside support services during the audit period, the facility has established procedures and communication methods intended to provide reasonable confidentiality for communications with outside victim advocates. The Auditor determined that FCCW meets the requirements of §115.53(c). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, observations made, and direct verification of the Action Alliance hotline, the Auditor determined that

	Fluvanna Women's Prison meets the requirements of §115.53, Inmate Access to Outside Confidential Support Services. The facility provides inmates with access to outside victim advocacy and emotional support services, informs inmates of applicable confidentiality and monitoring limitations, and maintains reasonable communication mechanisms for accessing outside victim advocates.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), FCCW Inmate Handbook, VADOC website, third-party reporting form, visitation-area PREA posters, and VADOC Operating Procedure 038.3, PREA, amended April 17, 2025, page 12, III, 2, b. VADOC policy requires the agency to accept and investigate third-party reports of sexual abuse and sexual harassment. The policy establishes procedures for receiving, documenting, referring, and investigating such reports. The VADOC website provides publicly accessible PREA information and identifies methods for submitting a report on behalf of an inmate. The third-party reporting form is available in English and Spanish, and an email address is provided for submitting reports. The FCCW Inmate Handbook and Zero Tolerance pamphlet inform inmates that another person may report an allegation on behalf of an inmate. **INTERVIEWS** Staff interviews, including supervisory staff, demonstrated an understanding of the responsibility to accept third-party reports and ensure that such reports are documented and referred for appropriate action. Staff identified family members, friends, other inmates, and other individuals as potential third-party reporters and stated that such reports would be handled as allegations requiring appropriate action. Inmate interviews demonstrated awareness that a family member, friend, another inmate, or another individual could report an allegation of sexual abuse on behalf of an inmate. **OBSERVATIONS** During the site review, the Auditor observed PREA reporting posters in visitation areas that provided a telephone number for third-party reporting. **PROVISION**

	Provision (a) Section 115.54 requires the agency to provide a method for third parties to report sexual abuse and sexual harassment on behalf of an inmate. FCCW provides mechanisms through which a person may report sexual abuse or sexual harassment on behalf of an inmate. These mechanisms include telephone, written, and electronic reporting options. The availability of these reporting methods is supported by agency policy, public reporting information, and materials provided to inmates. The Auditor reviewed investigative records for the previous 12 months and identified no allegations of sexual abuse or sexual harassment received through third-party reporting. Staff and inmate interviews demonstrated an understanding that reports may be submitted on behalf of an inmate. The established reporting procedures provide mechanisms for receiving, documenting, referring, and investigating third-party reports. Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.54, Third-Party Reporting. **CONCLUSION** Based upon the totality of the evidence reviewed, the Auditor determined that Fluvanna Women's Prison provides a method for third parties to report sexual abuse and sexual harassment on behalf of an inmate and has established procedures for receiving and appropriately addressing such reports. FCCW meets the requirements of §115.54, Third-Party Reporting.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Warden Memorandum regarding PREA Standard 115.61, dated June 30, 2026, and applicable VADOC policies and procedures. Relevant policies reviewed included VADOC Operating Procedure 038.1, Reporting Serious or Unusual Incidents, pages 8-9, IV, B, D, E, F, effective July 1, 2025; VADOC Operating Procedure 038.3, PREA, page 13, B, 3, a-b, amended April 17, 2025; VADOC Operating Procedure 730.2, MHWS, Screening, Assessment and Classification, pages

10-11, F, effective April 1, 2024; and VADOC Operating Procedure 801.6, Inmate and CCAP Probationer/Parolee Services, page 10, VII, C, effective July 1, 2025.

The reviewed policies establish requirements for staff, contractors, and volunteers to report information concerning sexual abuse and sexual harassment; protect information related to such allegations; and require medical and mental health personnel to inform inmates of mandatory reporting responsibilities and applicable limits of confidentiality.

INTERVIEWS

The Auditor interviewed investigative staff, the Warden, random staff, and medical and mental health staff.

All random staff interviewed demonstrated an understanding that they are required to immediately report knowledge, suspicion, or information concerning sexual abuse or sexual harassment. Staff understood that the reporting requirement applies regardless of whether the alleged conduct involves an inmate, staff member, contractor, or volunteer. Staff also identified retaliation related to reporting as information requiring action.

Contracted staff informally interviewed during the site review likewise stated that information concerning sexual abuse or sexual harassment would be immediately reported to security staff.

Investigative staff, the PCM, and random staff confirmed that third-party and anonymous allegations are referred for investigation and acted upon immediately. A facility investigator stated that allegations are immediately reported and investigated in accordance with established procedures.

Staff interviewed demonstrated an understanding of the confidentiality requirements associated with PREA allegations. Staff stated that information should be limited to individuals with a need to know.

Medical and mental health staff demonstrated an understanding of mandatory reporting responsibilities and the requirement to inform inmates of applicable limits of confidentiality. Mental health staff stated that inmates are informed of confidentiality limitations and informed consent requirements when mental health services are initiated.

OBSERVATIONS

During the audit, the Auditor observed routine interactions between staff and inmates and the operation of daily facility activities. The Auditor also observed medical and mental health practices relevant to communicating applicable confidentiality limitations to inmates.

PROVISIONS

Provision (a)

	VADOC policy requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion, or information concerning an incident of sexual abuse or sexual harassment. The requirement applies to allegations occurring at a VADOC facility as well as information concerning an incident that occurred at another facility or institution. Staff interviews consistently supported an understanding of this requirement. Staff stated that allegations or suspicions must be reported regardless of the identity or status of the alleged perpetrator and that reports must be made immediately and documented. FCCW's established reporting process requires allegations to be reported to the on-duty supervisor. The supervisor initiates the investigative response, the staff member making the report and supervisor complete the required report, and the information is forwarded to the designated investigator for further action. The PCM is notified through the established chain of command. At the time of the on-site audit, facility staff reported a total of 22 allegations of sexual abuse and sexual harassment within the past 12 months. Sexual Abuse Allegations There were 6 sexual abuse allegations reported during the last 12 months. Of the six, 4 involved inmate-on-inmate conduct. These 4 allegations were investigated criminally. At the time of the on-site audit, all four had been determined to be unsubstantiated. The remaining 2 allegations were staff-on-inmate allegations. Both were investigated criminally. At the time of the on-site audit, one had been determined to be unsubstantiated, and one remained open. Medical and mental health services were made available to all victims and perpetrators within 24 hours of staff becoming aware of the allegation. There were three forensic examinations in the past 12 months. All forensic exams were conducted by SANE-certified personnel at University of Virginia Medical Center. All victims were offered victim advocates. All inmates were notified of the result of the investigations. All closed sexual abuse allegations had a sexual abuse incident review within 30 days of the close of the investigation. Sexual Harassment Allegations During the same 12-month period, there were 16 reported allegations of sexual harassment. Of those, 14 allegations were inmate-on-inmate. Each allegation was investigated administratively. After investigation, 2 were determined to be unfounded and 12 were determined to be unsubstantiated.

	The remaining 2 allegations were staff-on-inmate and were investigated administratively. After investigation, both allegations were determined to be unsubstantiated. Mental health services were made available to all victims and perpetrators within 24 hours of staff becoming aware of the allegation. All inmates were notified of the result of the investigations. **Provision (b)** VADOC policy requires information concerning an allegation of sexual abuse or sexual harassment to remain confidential except as necessary to make reports, provide treatment, or conduct an investigation. Staff interviewed demonstrated an understanding that information concerning allegations should not be shared beyond those with a legitimate need to know. Staff identified supervisors and investigative personnel as appropriate recipients of such information. **Provision (c)** VADOC policy requires medical and mental health personnel to inform inmates of mandatory reporting responsibilities and applicable limits of confidentiality when providing services to an inmate who reports sexual abuse. Medical and mental health staff interviewed demonstrated knowledge of these requirements and stated that inmates are informed of the limits of confidentiality and applicable informed consent requirements when services are initiated. The Auditor reviewed documentation demonstrating that this information is communicated to inmates. Mental health staff reported that the information is addressed at the initiation of services, may be reviewed as appropriate, and that an acknowledgement is maintained in the inmate's record. Medical and mental health personnel also demonstrated an understanding that they are required to report information, knowledge, or suspicions concerning sexual abuse, sexual harassment, retaliation, staff neglect, or violations of responsibilities that may have contributed to an incident. **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.61, Staff and Agency Reporting Duties.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Warden Memorandum regarding PREA Standard 115.62, dated June 30, 2026, and the following VADOC policies: Operating Procedure 038.3, PREA, page 13, B, 1, amended April 17, 2025; Operating Procedure 830.6, Inmate Keep Separate Management, page 3, effective August 1, 2023; and Operating Procedure 730.2, MHWS Screening, Assessment and Classification, page 10, 4, a, effective April 1, 2024.

The reviewed policies establish requirements for the immediate protection of an inmate when the facility learns that the inmate is subject to a substantial risk of imminent sexual abuse. The procedures provide mechanisms for separating an inmate from a potential threat and, when appropriate, relocating or transferring the inmate based upon the circumstances and the inmate's safety needs.

INTERVIEWS

The Auditor interviewed the PREA Compliance Manager (PCM), Warden, random staff, and random inmates.

Random security and non-security staff demonstrated an understanding of the responsibility to act immediately when an inmate is believed to be at substantial risk of imminent sexual abuse. Staff stated that the inmate would be removed from the situation, separated from the potential threat, and kept safe while appropriate security and investigative measures were initiated. Staff identified relocation to another housing area or other appropriate location as an available protective measure pending further action. Staff also identified notification of security supervisors, classification staff, and Unit Managers as appropriate steps.

Staff understood that if an inmate reported an allegation to a staff member who was not a security officer, security personnel would be notified immediately. The staff member receiving the report would remain with the inmate and take reasonable steps to ensure the inmate's safety until security staff responded.

The Warden and PCM confirmed that FCCW responds without delay when an inmate is identified as being at risk of sexual abuse or another serious threat. They described protective measures that may include relocation to another housing unit or transfer to another facility, depending upon the circumstances and the safety and best interests of the inmate.

OBSERVATIONS

During the audit, the Auditor conducted formal and informal discussions with staff and reviewed facility practices related to the immediate protection and separation of inmates reporting sexual abuse. The Auditor also reviewed information provided by the facility concerning incidents during the audit period and found no evidence of an inmate having been determined to be subject to a substantial risk of imminent sexual abuse requiring action under this standard.

PROVISION

Provision (a)

§115.62(a) requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, the agency take immediate action to protect the inmate.

VADOC policy establishes procedures for responding when an inmate is identified as being at substantial risk of imminent sexual abuse. The procedures provide for immediate protective action, including separating the inmate from a potential threat and, when appropriate, relocating or transferring the inmate based upon the circumstances and the inmate's safety needs.

Staff interviews demonstrated an understanding of the requirement to act immediately rather than waiting for an investigation to be completed before taking reasonable steps to protect an inmate. Staff stated that an inmate reporting an allegation would be separated from the alleged abuser and maintained in a safe location. When necessary, the staff member receiving the report would remain with the inmate until security personnel arrived.

The Warden, PCM, and security supervisors demonstrated knowledge of available protective measures, including relocation to another housing unit or transfer to another facility when warranted. These decisions are made on a case-by-case basis based upon the circumstances and the safety and best interests of the inmate.

The FCCW PAQ reported no determinations during the previous 12 months that an inmate was subject to a substantial risk of imminent sexual abuse. The PCM confirmed that no inmate had been identified during the audit period as being subject to such a risk requiring immediate protective action. The facility further reported that when an inmate makes an allegation of sexual abuse, the inmate is immediately separated from the alleged abuser and maintained in staff sight until the alleged abuser is secured.

The Auditor's review of facility information and discussions with staff did not identify an incident during the audit period in which an inmate was determined to be subject to a substantial risk of imminent sexual abuse requiring action under §115.62.

Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW takes immediate action to protect an inmate when the facility learns that the inmate is subject to a substantial risk of imminent sexual abuse.

CONCLUSION

Based upon the totality of the evidence reviewed, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.62, Agency Protection Duties.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PAQ, VADOC Operating Procedure 038.3, PREA, page 14, section 5, amended April 17, 2025, and VADOC Operating Procedure 030.4, Office of Law Enforcement Services, page 13, section VII.B, effective April 1, 2024. The Auditor also reviewed a Unit Head Notification and an example of Warden-to-Warden notification concerning a reported allegation of sexual abuse. The documentation reviewed establishes that VADOC policy requires the Warden or designee to notify the head of the facility or agency where an alleged incident of sexual abuse occurred when an allegation is received from an inmate concerning sexual abuse that occurred at another confinement facility. The notification is required to be made within 72 hours of receiving the allegation and must be documented. VADOC policy also requires the facility to respond when it receives notification from another confinement facility that a previously incarcerated inmate has alleged sexual abuse while housed at FCCW, including referral of the allegation for investigation in accordance with PREA requirements and applicable VADOC policy. **INTERVIEWS** The Auditor interviewed the Warden and PREA Compliance Manager (PCM). Both demonstrated an understanding of the facility's responsibilities when an allegation is received concerning sexual abuse that allegedly occurred at another confinement facility. The Warden stated that, if such an allegation were received, the Warden would contact the Warden of the facility where the alleged incident occurred and follow the verbal notification with an email to ensure the notification was documented. The Warden stated that the notification would be made within 72 hours, although notification would typically occur as soon as the information was received. The Warden further stated that if FCCW received notification from another facility that a former FCCW inmate alleged sexual abuse while housed at FCCW, the facility investigator would be notified and an investigation would be initiated. The PCM similarly demonstrated an understanding of the requirement to report allegations to the appropriate facility and to ensure that allegations received from another facility are appropriately investigated. Interviews with staff also demonstrated an understanding of the obligation to immediately report allegations of sexual abuse or sexual harassment. Staff awareness of these reporting requirements supports the facility's ability to ensure allegations are identified, reported, and appropriately addressed. **OBSERVATIONS** The Auditor reviewed an example of a Warden-to-Warden notification regarding a

reported allegation of sexual abuse. The documentation demonstrated that the notification was made and documented in accordance with VADOC policy and the requirements of the standard.

FCCW reported that during the past 12 months it received zero notifications from another facility that an inmate alleged sexual abuse while confined at FCCW. The facility also reported zero allegations received from other facilities concerning sexual abuse that occurred at another facility. Consequently, there were no additional cases during the audit cycle through which the Auditor could evaluate implementation of the notification process.

PROVISIONS

Provision (a)

VADOC policy requires the Warden or designee to notify the head of the facility or agency where an alleged incident of sexual abuse occurred when an allegation is received concerning an inmate who was previously confined at another facility. The notification must be made within 72 hours of receiving the allegation and documented.

The Warden and PCM demonstrated knowledge of this requirement during their interviews. The Warden stated that notification would be made promptly and no later than the required 72-hour timeframe. The Auditor also reviewed an example of a Warden-to-Warden notification and found that the notification was documented and handled in accordance with VADOC policy and the standard.

FCCW reported that there were no allegations during the past 12 months requiring notification to another confinement facility. Based on the policy review, interviews, and documentation reviewed, the facility demonstrates compliance with this provision.

Provision (b)

VADOC policy requires the facility to take appropriate action when it receives notification that a previously incarcerated inmate has alleged sexual abuse while confined at FCCW. The Warden stated that such a notification would be referred to the facility investigator and that an investigation would be initiated. The PCM confirmed an understanding of the facility's obligation to ensure that allegations received from another facility are appropriately investigated.

FCCW reported that it received zero notifications during the audit cycle alleging that an inmate was sexually abused while housed at FCCW. Although there were no allegations during the review period through which the Auditor could evaluate implementation of this provision, interviews with the Warden and PCM demonstrated that responsible staff understand the required response should such an allegation be received.

CONCLUSION

Based on the review of applicable VADOC policies and facility documentation,

	interviews with the Warden and PCM, review of a Warden-to-Warden notification, and consideration of the facility's reported activity during the audit cycle, the Auditor determined that Fluvanna Women's Correctional Center meets the requirements of §115.63, Reporting to Other Confinement Facilities.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), PREA Checklist, investigative files, and applicable VADOC policies and procedures. Relevant policies reviewed included VADOC Operating Procedure 038.3, PREA, page 14, IV, B, 1, amended April 17, 2025, and VADOC Operating Procedure 030.4, Office of Law Enforcement Services, page 8, J, 1-4, effective April 1, 2024. The reviewed policies establish the actions required of staff who first respond to a report of sexual abuse. When an inmate reports sexual abuse, the responding staff member is required to separate the alleged victim and alleged abuser, notify the Shift Commander, and preserve and protect potential evidence. When the alleged abuse occurred within a period that would allow for the collection of evidence, the responding staff member is required to request that the alleged victim not take actions that could destroy evidence. The responding staff member is also required to take action to prevent the alleged abuser from destroying evidence. The requirements applicable to the first security staff member responding to a report of sexual abuse are further outlined in the FCCW Sexual Assault Response Checklist. VADOC policy also establishes procedures for responding when the first responder is a non-security staff member, including immediately notifying a security staff member. According to the PAQ, there were no instances during the review period in which a reported sexual assault required a first responder to preserve or collect physical evidence. **INTERVIEWS** The Auditor interviewed random staff, supervisory staff, the PREA Compliance Manager (PCM), an Investigator, and non-security personnel. Security staff interviewed demonstrated an understanding of the required response following a report of sexual abuse. Staff stated that the alleged victim and alleged abuser would first be separated, the supervisor would be notified, and the scene would be secured pending further direction. Staff were able to appropriately describe the procedures for preserving the scene and protecting potential evidence. Staff

stated that the scene would remain secured until the assigned Investigator arrived to process the scene.

An interview with the Investigator confirmed that, once the initial response was completed and the scene was secured, the Special Investigations Unit (SIU) would be notified, depending upon the nature of the investigation.

Supervisory staff demonstrated an understanding of their responsibilities following a report of sexual abuse. Staff stated that the alleged victim and alleged abuser would be removed from the area and maintained separately within the facility. The crime scene would be secured, and staff would be assigned to prevent unauthorized entry. The alleged victim would be taken to medical for treatment of emergent needs and transported to the University of Virginia Hospital for a forensic examination, when appropriate. The PCM would also be notified. Supervisory staff stated that Investigators would be the only personnel permitted to enter the secured crime scene for purposes of processing evidence.

Non-security staff interviewed demonstrated an understanding of the required response if an allegation of sexual abuse were reported directly to them. Staff stated that the inmate would remain with the staff member and that a security staff member or supervisor would be notified immediately. Staff also stated that the inmate would be asked not to take actions that could destroy potential evidence.

Medical personnel demonstrated an understanding of their responsibilities when responding to an allegation of sexual abuse. Medical staff stated that emergency medical needs would first be addressed and that the inmate would be asked not to use the restroom, shower, or take other actions that could destroy potential evidence. Medical staff stated that a supervisor would be notified immediately if medical personnel were the first to receive the report. Staff further stated that the inmate would be transported off-site for a forensic examination when needed.

The PCM demonstrated an understanding of the facility's first responder procedures and the requirement to preserve potential evidence and ensure appropriate notifications following a report of sexual abuse.

During the audit period, two inmates who reported sexual abuse or sexual harassment were interviewed. Both stated that staff took appropriate steps and that the allegations were investigated.

OBSERVATIONS

The Auditor reviewed six sexual abuse allegations reported during the audit period and the corresponding investigative reports. The review indicated that, when applicable, the alleged victim was immediately separated from the alleged perpetrator. The investigative records demonstrated that appropriate initial response measures were taken and that an investigation was initiated.

The Auditor also reviewed the FCCW Sexual Assault Response Checklist and observed that the checklist provides staff with procedures for responding to a report of sexual

abuse, including separation of the alleged victim and alleged abuser, notification of appropriate supervisory personnel, and preservation of potential evidence.

There were no instances during the audit period in which a non-security staff member served as the first responder to a report of sexual abuse. Accordingly, the Auditor could not evaluate implementation of the non-security first responder procedures through a case-specific review. However, interviews with non-security staff demonstrated an understanding of the required response.

PROVISIONS

Provision (a)

§115.64(a) requires that upon learning that an inmate has been sexually abused, the first security staff member to respond take specific immediate actions, including separating the alleged victim and alleged abuser; preserving and protecting the crime scene; requesting that the alleged victim refrain from actions that could destroy physical evidence when the abuse occurred within a timeframe that would permit evidence collection; and taking steps to prevent the alleged abuser from destroying evidence.

VADOC policy establishes these requirements and provides additional guidance through the FCCW Sexual Assault Response Checklist. Interviews with security staff and supervisors demonstrated an understanding of the required first responder actions. Staff described separating the involved inmates, notifying supervisory personnel, securing the scene, protecting potential evidence, and maintaining the integrity of the scene until Investigators arrive.

The Auditor reviewed six sexual abuse allegations reported during the audit period. The investigative records demonstrated that, when applicable, the alleged victim was immediately separated from the alleged perpetrator and that appropriate response and investigative procedures were initiated. The PAQ reported no instances during the review period requiring a first responder to preserve or collect physical evidence.

Based upon the policy review, interviews, and review of investigative files, the Auditor determined that FCCW meets the requirements of §115.64(a).

Provision (b)

§115.64(b) requires that when the first responder is not a security staff member, the first responder immediately notify a security staff member and request that the alleged victim refrain from actions that could destroy physical evidence when the abuse occurred within a timeframe that would permit evidence collection.

VADOC policy establishes these requirements. No instances were identified during the audit period in which a non-security staff member served as the first responder to a report of sexual abuse. However, interviews with non-security personnel demonstrated an understanding of the required response. Staff stated that the inmate would remain with the reporting staff member while a security staff member or supervisor was immediately notified. Staff also demonstrated an understanding

	that the inmate should be asked not to take actions that could destroy potential evidence. Medical personnel similarly demonstrated an understanding of the requirements applicable to a non-security first responder, including addressing emergency medical needs, notifying a supervisor, requesting that the inmate not take actions that could destroy evidence, and arranging for transportation for a forensic examination when needed. Based upon the policy review and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.64(b). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, observations made, and review of investigative files, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.64, Staff First Responder Duties.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), FCCW Sexual Assault Checklist, FCCW PREA Response Plan, VADOC Operating Procedure 038.3, PREA, page 14, IV, A, amended April 17, 2025, and investigative files involving allegations of sexual abuse. The reviewed VADOC policy requires each agency to develop a written plan to coordinate the actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. FCCW has developed a Sexual Assault Response Checklist that supplements the facility's coordinated response plan and outlines staff responsibilities and response actions following an allegation of sexual abuse. The FCCW PREA Response Plan identifies actions to be taken for different types of sexual abuse allegations and is intended to ensure that the required components of the facility's response are addressed. The facility's coordinated response includes first responders, supervisory staff, medical and mental health personnel, investigative staff, and facility administration. The FCCW plan was updated June 1, 2023. The Auditor reviewed investigative files involving allegations of sexual abuse. The records demonstrated that staff appropriately responded to allegations, including the preservation and collection of physical evidence when applicable. There were no instances of reported sexual abuse during the review period that required the first

responder to preserve or collect physical evidence.

INTERVIEWS

The Auditor interviewed the PCM, Investigator, medical staff, and Warden regarding the facility's coordinated response to allegations of sexual abuse and sexual harassment.

The PCM, Investigator, medical staff, and Warden demonstrated an understanding of the facility's coordinated response and the respective responsibilities of the involved personnel. Staff described a response that begins when an allegation is received, with the first responder taking immediate action to protect the inmate, secure the crime scene, and protect potential evidence.

Staff explained that the initial response involves first responders and supervisory personnel, followed by involvement of facility investigators. Depending upon the nature of the allegation, an investigation may proceed as an administrative or criminal investigation.

Staff further explained that when a criminal investigation is warranted, the inmate is provided medical care in accordance with VADOC policy, including a forensic examination and ancillary services when appropriate, and is offered victim advocacy services. The subsequent investigative response is based upon the nature and circumstances of the allegation.

The PCM, Investigator, medical staff, and Warden demonstrated an understanding that investigations are completed and assigned an appropriate finding. Depending upon the circumstances, an allegation may be referred for criminal prosecution or addressed administratively. Staff also identified the potential need for medical and mental health services, monitoring for retaliation, and notification to the inmate regarding the outcome of the investigation.

Interviews demonstrated that staff involved in the response understand their respective roles and responsibilities and the manner in which those responsibilities coordinate with the actions of other personnel.

OBSERVATIONS

During the onsite audit, the Auditor observed routine facility operations and interactions among staff and inmates. The Auditor also observed the availability and use of facility resources relevant to the coordinated response process.

The Auditor verified that the FCCW Sexual Assault Checklist and PREA Response Plan were available as facility response tools. The Auditor also observed that the facility's response structure includes multiple areas of responsibility, including security, medical and mental health services, investigative functions, PREA compliance, and facility administration.

These onsite observations were consistent with the coordinated response structure described in the facility's written plans and by staff during interviews.

	PROVISIONS **Provision (a)** §115.65(a) requires the agency to develop a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. FCCW has established a written PREA Response Plan and Sexual Assault Response Checklist that address the coordinated response to allegations of sexual abuse. The plan identifies response actions and responsibilities for the personnel involved in the response, including first responders, supervisory staff, medical and mental health personnel, investigative staff, and facility administration. The facility plan was updated June 1, 2023. Interviews with the Warden, PCM, Investigator, and medical staff demonstrated an understanding of the coordinated response and the responsibilities of the respective disciplines. Staff described the sequence of response from the initial allegation and first responder actions through investigation, medical and mental health services, forensic examination when applicable, victim advocacy, retaliation monitoring, and notification of the investigation outcome. The Auditor's review of investigative files further demonstrated that facility personnel implemented the established response procedures, including preservation and/or collection of physical evidence when applicable. There were no incidents during the review period requiring the first responder to preserve or collect physical evidence. The onsite observations were consistent with the facility's written response structure and the information provided during interviews. Based upon the written response plan, Sexual Assault Response Checklist, investigative file review, interviews, and onsite observations, the Auditor determined that FCCW meets the requirements of §115.65(a). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, observations made, and investigative files reviewed, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.65, Coordinated Response.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION

The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), PREA Coordinator Memorandum regarding PREA Standard 115.66, dated November 1, 2024, and applicable VADOC policies. Relevant policies reviewed included VADOC Operating Procedure 038.3, PREA, amended April 17, 2025; VADOC Operating Procedure 135.1, Standards of Conduct, pages 22-23, XVII, A, B, C, effective April 1, 2023; and VADOC Operating Procedure 135.1, Standards of Conduct, page 23, XVIII, A, B, C, 1-5, D, effective April 1, 2023.

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

The PAQ and PREA Coordinator Memorandum indicate that VADOC does not have a collective bargaining agreement that would limit the agency's ability to protect inmates in accordance with PREA requirements.

INTERVIEWS

The Auditor interviewed the PREA Coordinator regarding the requirements of §115.66 and whether any collective bargaining agreement or other agreement exists that could restrict VADOC's ability to remove an alleged staff sexual abuser from contact with inmates pending the outcome of an investigation or disciplinary determination.

The PREA Coordinator confirmed that VADOC does not have a collective bargaining agreement in place and that there is no agreement limiting the agency's ability to remove an alleged staff sexual abuser from contact with inmates while an investigation or disciplinary determination is pending.

OBSERVATIONS

During the audit, the Auditor reviewed facility documentation and information provided by the PREA Coordinator regarding collective bargaining and other agreements that could affect the agency's ability to protect inmates from sexual abuse. No agreement was identified that would restrict VADOC's authority to remove an alleged staff sexual abuser from contact with inmates pending the outcome of an investigation or disciplinary determination.

PROVISIONS

Provision (a)

§115.66(a) prohibits an agency from entering into or renewing a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

The Auditor reviewed the PAQ, PREA Coordinator Memorandum, and applicable VADOC policies. The PREA Coordinator confirmed that VADOC has not entered into a collective bargaining agreement or other agreement that limits the agency's ability to

	remove an alleged staff sexual abuser from contact with inmates under the circumstances identified in the standard. The Auditor found no documentation or information indicating that such an agreement exists. Based upon the documentation reviewed, interview with the PREA Coordinator, and observations made, the Auditor determined that FCCW meets the requirements of §115.66(a). **CONCLUSION** Based upon the documentation reviewed, interview conducted, and observations made, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.66, Preservation of Ability to Protect Inmates from Sexual Abuse.

115.67	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Retaliation Monitoring Form, and applicable VADOC policies. Relevant policies reviewed included VADOC Operating Procedure 038.3, PREA, page 18, VII, A, 1-2, and pages 18-19, VII, B, 1-4, amended April 17, 2025; VADOC Operating Procedure 135.1, Standards of Conduct, pages 11-12, V, A, 1, a-d, 2, a-d, and 3, a-c, effective April 1, 2023; and VADOC Operating Procedure 135.2, Rules of Conduct Governing Employee Relationships with Inmates and Probationers/Parolees, page 8, V, E, 1, a-b, and 2, effective November 1, 2025. VADOC policy prohibits retaliation by or against any party involved in a report or complaint of sexual abuse or sexual harassment. The policy requires protection of inmates and staff who report sexual abuse or sexual harassment, as well as individuals who cooperate with an investigation and express a fear of retaliation. The PCM is designated as responsible for retaliation monitoring for a minimum of 90 days, with continued monitoring when circumstances indicate an ongoing need. The Retaliation Monitoring Form documents periodic status checks and other monitoring activities. The facility reported zero instances of retaliation during the previous 12 months. The Auditor reviewed examples of completed retaliation monitoring documentation and found that the facility's process included the required monitoring activities. **INTERVIEWS** The Auditor interviewed the PCM, who is the staff member designated to monitor retaliation. The PCM stated that monitoring is conducted for a minimum of 90 days

and continues longer when necessary. The PCM described conducting periodic status checks, meeting with the inmate as needed, reviewing changes in circumstances, and making referrals to medical or mental health services when appropriate. The PCM also stated that protective measures may include changes in housing, staff assignments, or transfer to another facility when necessary.

The Auditor interviewed the Warden regarding the facility's administrative response to retaliation concerns. The Warden stated that facility administration has the authority to intervene as necessary to protect staff who report sexual abuse or sexual harassment. When retaliation by staff is alleged, staff assignments may be addressed to prevent contact between the involved staff member and inmate. The Warden also identified transfer and other protective measures as available when necessary.

The interviews demonstrated that the PCM and Warden understand their respective responsibilities for retaliation monitoring and protective action.

OBSERVATIONS

The Auditor observed that the facility maintains a structured retaliation-monitoring process using the Retaliation Monitoring Form and has established protective measures that can be implemented when retaliation concerns are identified.

PROVISIONS

Provision (a)

§115.67(a) requires the agency to protect inmates and staff who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation. The agency must designate responsibility for monitoring retaliation and monitor the conduct and treatment of individuals who report or cooperate with an investigation for at least 90 days, with continued monitoring when a need for protection remains.

FCCW has designated the PCM as responsible for retaliation monitoring. The PCM demonstrated knowledge of the 90-day monitoring requirement, periodic status checks, and the need to continue monitoring when circumstances warrant. The facility has protective measures available to address identified retaliation concerns, including changes in housing or staff assignments, internal movement, referrals to medical or mental health services, and transfer when necessary.

The Auditor's review of retaliation monitoring documentation demonstrated that the facility has implemented a process for documenting required monitoring activities. The facility reported zero instances of retaliation during the previous 12 months.

Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.67(a).

Provision (b)

§115.67(b) requires the agency to employ multiple protective measures for individuals who express fear of retaliation because of cooperation with an

	investigation. FCCW has multiple protective measures available, including changes in housing or staff assignments, transfer, and referrals to medical or mental health services when appropriate. The PCM and Warden demonstrated an understanding of their respective roles in identifying and implementing protective measures. Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.67(b). **Provision (c)** §115.67(c) requires the agency to continue monitoring beyond 90 days when the initial monitoring indicates a continuing need for protection. FCCW policy requires a minimum 90-day monitoring period and provides for continued monitoring when circumstances indicate an ongoing need. The PCM confirmed that monitoring would continue beyond 90 days when necessary. Based upon the documentation reviewed and interview conducted, the Auditor determined that FCCW meets the requirements of §115.67(c). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.67, Agency Protection Against Retaliation.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form, all investigative files from the previous 12 months, and the Warden Memorandum regarding PREA Standard 115.68, dated June 20, 2025. The Auditor also reviewed applicable VADOC policies, including VADOC Operating Procedure 038.3, PREA, amended April 17, 2025; VADOC Operating Procedure 830.5, Transfers, Institution Reassignments, pages 12-13, C, 6, a-d, and D, 1-2, a-l, effective January 2024; and VADOC Operating Procedure 425.4, Management of Bed and Cell Assignments, pages 11-13, E, 4, a, i-iii, b, 5, F, 3, and H, effective July 1, 2025. VADOC policy requires placement of an inmate who alleges sexual abuse in involuntary segregated housing to comply with the requirements of §115.43.

Involuntary segregated housing may not be used unless all available alternatives have been assessed and there is no available alternative means of separation from likely abusers. The policy also requires documentation of the basis for the facility's concern for the inmate's safety and why alternative means of separation could not be arranged when involuntary segregated housing is used.

The facility reported no instances during the previous 12 months in which an inmate who alleged sexual abuse was placed in involuntary segregated housing. The Auditor's review of investigative files confirmed that there were no cases requiring the use of restrictive housing for this purpose.

INTERVIEWS

The Auditor interviewed the PCM and staff who supervise inmates in restrictive housing regarding the facility's response when an inmate alleges sexual abuse and requires protection from a potential abuser.

The PCM and supervisory staff stated that an inmate would not be placed in restrictive housing solely because the inmate reported sexual abuse. Staff explained that available housing alternatives would first be considered and that restrictive housing would be used only as a last resort when other means of separation were unavailable. Staff also stated that an inmate could request placement in restrictive housing.

The PCM and supervisory staff explained that if temporary restrictive housing were necessary while alternative housing was arranged or the initial investigation was completed, the placement would be brief. Staff further demonstrated an understanding that any involuntary placement would require documentation of the safety concern, the reasons alternative separation could not be arranged, and continued review of the need for separation.

Classification and Unit Management staff confirmed that there have been no instances of inmates being placed in restrictive housing because of sexual victimization or vulnerability.

OBSERVATIONS

The Auditor observed inmates housed in the facility's restrictive housing areas and spoke informally with staff responsible for supervising those areas. Staff did not identify any inmate who had been placed in restrictive housing because of sexual vulnerability or because the inmate had reported sexual abuse.

The Auditor also observed that the facility has housing areas available to provide separation and protection without routinely relying on restrictive housing.

PROVISIONS

Provision (a)

§115.68(a) requires that any use of involuntary segregated housing for an inmate

	who alleges sexual abuse comply with the requirements of §115.43. FCCW policy incorporates the requirements of §115.43 and requires consideration of available alternatives before an inmate who alleges sexual abuse is placed in involuntary segregated housing. Staff interviewed demonstrated an understanding that restrictive housing is not to be used as the routine response to a sexual abuse allegation and that alternative means of separation must first be considered. The facility reported, and the Auditor's review confirmed, that no inmate who alleged sexual abuse was held in involuntary segregated housing during the previous 12 months. Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.68(a). **Provision (b)** §115.68(b) requires documentation of the basis for the facility's concern for the inmate's safety and the reasons why alternative means of separation could not be arranged when an inmate who alleges sexual abuse is placed in involuntary segregated housing. FCCW staff demonstrated an understanding that, if such a placement became necessary, the basis for the safety concern and the reasons alternative separation could not be arranged would be documented. There were no instances during the review period requiring such documentation. Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.68(b). **Provision (c)** §115.68(c) requires that an inmate placed in involuntary segregated housing under this provision have the need for separation reviewed at least every 30 days to determine whether continued separation is necessary. The PCM and supervisory staff demonstrated an understanding that any such placement would require a review at least every 30 days to determine whether continued separation from the general population remained necessary. No placements occurred during the review period requiring a 30-day review. Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.68(c). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.68, Post-Allegation Protective Custody.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), investigative files from the previous 12 months, Sexual Abuse Hotline email dated May 15, 2026, documentation of investigator training, Certificates of Completion for facility investigators, specialized investigative training curricula for correctional settings, and the SIU/OLES Investigations Matrix. The Auditor also reviewed VADOC Operating Procedure 030.4, Office of Law Enforcement Services, pages 13-14, VII, E, F, H, I, J, K, L, M, and N, effective April 1, 2024; VADOC Operating Procedure 038.3, PREA, pages 15-16, V, A, 4, c, 6, a-b, and pages 19-20, D, 1, a-f, amended April 17, 2025; and Code of Virginia, Title 53.1, Prisons and Other Methods of Correction, Chapter 1, Article 3, §11, effective March 17, 2023. VADOC policy requires investigations of sexual abuse and sexual harassment allegations to be conducted promptly, thoroughly, and objectively, including allegations received from third parties or anonymously. Administrative investigations must consider whether staff actions or failures to act contributed to the alleged abuse. Investigative reports are required to document physical and testimonial evidence, credibility assessments and the basis for those assessments, and investigative facts and findings. Policy also prohibits requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with an investigation. FCCW reported 68 allegations requiring investigation during the previous 12 months. The Auditor reviewed the investigative reports and found that the investigations documented evidence collection, interviews, credibility assessments, and investigative findings. Two investigations were referred to the Office of Law Enforcement Services (OLES) for criminal investigation during the review period. At the time of the onsite audit, FCCW had four staff members who had received specialized training to conduct sexual abuse investigations in confinement settings. The Auditor reviewed the training curricula and certificates of completion and verified the required specialized training for each designated facility investigator. **INTERVIEWS** The Auditor conducted targeted interviews with a designated FCCW facility investigator and the OLES investigator assigned to FCCW. The FCCW facility investigator described initiating investigations immediately upon receipt of an allegation and interviewing the alleged victim, alleged perpetrator, and applicable inmate and staff witnesses. The investigator described reviewing the

incident location, preserving evidence when necessary, and collecting direct and circumstantial evidence, including physical, DNA, electronic, telephone, video, and other relevant evidence when available. The investigator also described reviewing incident reports, disciplinary and classification records, prior complaints involving the suspected perpetrator, and other relevant information.

The facility investigator stated that credibility is assessed individually based upon the information developed during the investigation and is not determined solely by an individual's status as an inmate or staff member. The investigator also stated that an anonymous allegation would be investigated in the same manner as other allegations and that an investigation would continue if an inmate were released or a staff member left employment.

The facility investigator explained that allegations appearing to involve criminal conduct are referred to the OLES. The facility investigator serves as a liaison with the OLES and keeps facility administration informed of the investigation's progress. The OLES investigator confirmed that the OLES has authority to conduct criminal investigations and described collaboration with facility investigators when cases are referred.

The interviewed investigators demonstrated knowledge of the requirements for conducting prompt, thorough, and objective investigations and confirmed that they are available to respond when needed.

OBSERVATIONS

The Auditor observed that investigative records are maintained electronically in VACORIS with limited access. The Auditor also observed the physical storage area for investigative records and verified that records maintained by the PCM are secured in a locked drawer.

The Auditor reviewed the investigative files and found that the reports consistently documented investigative activity, including interviews, evidence collection, credibility assessments, and investigative findings. The reports reflected that allegations were evaluated based upon the circumstances and evidence developed in each case.

PROVISIONS

Provision (a)

§115.71(a) requires the agency to conduct investigations of allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively, including third-party and anonymous reports.

FCCW investigates all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Review of the investigative files demonstrated that investigations were initiated promptly and included interviews, evidence collection, review of relevant records, and documented findings.

Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.71(a).

Provision (b)

§115.71(b) requires the agency to use investigators who are qualified to conduct investigations and to refer allegations involving potentially criminal conduct to an agency with the legal authority to conduct criminal investigations.

FCCW has four trained facility investigators. When an allegation may involve criminal conduct, the investigation is referred to the OLES, whose investigators are sworn law enforcement officers with arrest authority. Two cases were referred to the OLES during the review period, and the investigative records demonstrated collaboration between FCCW investigators and OLES personnel.

Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.71(b).

Provision (c)

§115.71(c) requires administrative investigations to include an examination of staff actions or failures to act that may have contributed to sexual abuse.

VADOC policy requires administrative investigations to assess whether staff actions or failures to act contributed to an alleged act of sexual abuse. The investigative process and reports reviewed by the Auditor incorporated consideration of relevant staff conduct and circumstances.

Based upon the documentation reviewed, the Auditor determined that FCCW meets the requirements of §115.71(c).

Provision (d)

§115.71(d) requires investigators to assess the credibility of an alleged victim, suspect, or witness on an individual basis and prohibits credibility assessments based solely on an individual's status as an inmate or staff member. An inmate who alleges sexual abuse may not be required to submit to a polygraph examination or other truth-telling device as a condition of proceeding with an investigation.

The facility investigator described conducting individual credibility assessments based upon the information developed during each investigation. VADOC policy prohibits requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with an investigation.

Based upon the documentation reviewed and interview conducted, the Auditor determined that FCCW meets the requirements of §115.71(d).

Provision (e)

§115.71(e) requires investigative findings to be based upon the available evidence.

	The investigative files reviewed by the Auditor documented the collection and consideration of physical, testimonial, electronic, and other relevant evidence when available. The reports reflected that investigators evaluated each allegation based upon the evidence developed during the investigation. Based upon the documentation reviewed, the Auditor determined that FCCW meets the requirements of §115.71(e). **Provision (f)** §115.71(f) requires the agency to retain investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus an additional five years. VADOC policy requires investigative records to be retained for the required period in accordance with agency records retention requirements. The facility investigator confirmed that investigative files are maintained electronically and retained for a minimum of five years after the alleged abuser's release or separation from employment, as applicable. Based upon the documentation reviewed and interview conducted, the Auditor determined that FCCW meets the requirements of §115.71(f). **Provision (g)** §115.71(g) requires investigative reports to include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Auditor reviewed investigative reports for allegations occurring during the previous 12 months. The reports contained documentation of evidence collected, interviews conducted, credibility assessments, and investigative facts and findings. The standardized report format and investigative checklists support consistency in documenting these elements. Based upon the documentation reviewed, the Auditor determined that FCCW meets the requirements of §115.71(g). **Provision (h)** §115.71(h) requires administrative investigations to be conducted by investigators who have received appropriate specialized training. FCCW provided documentation demonstrating that facility investigators have completed specialized training in conducting sexual abuse investigations in confinement settings. The Auditor reviewed the training curricula and certificates of completion and verified the investigators' training. Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.71(h).

	CONCLUSION Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.71, Criminal and Administrative Agency Investigations.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Warden Memorandum Standard 115.72, dated June 30, 2026, and investigative files for the previous 12 months. Relevant policies reviewed included VADOC Operating Procedure 135.2, Rules of Conduct Governing Employee Relationships with Inmates and Probationers/Parolees, page 6, III, B, 6, effective November 1, 2025, and VADOC Operating Procedure 861.1, Inmate Discipline, page 5, I, A, 3, a, effective September 1, 2023. VADOC policy requires that administrative findings regarding allegations of sexual abuse or sexual harassment be based on the preponderance of the evidence. The policy does not impose an evidentiary standard higher than the preponderance of the evidence standard required by §115.72. The Warden memorandum confirmed that FCCW does not impose a higher evidentiary standard when determining whether an allegation of sexual abuse or sexual harassment is substantiated. The Auditor reviewed documentation reflecting that designated investigators have completed training addressing the applicable evidentiary standard. During the previous 12 months, FCCW reported 68 allegations of sexual abuse or sexual harassment requiring investigation. The Auditor reviewed the investigative files associated with these allegations, including an example of a substantiated allegation and the basis for the determination. **INTERVIEWS** The Auditor interviewed the PCM and designated investigative staff regarding the evidentiary standard used when making administrative determinations. The facility Investigator demonstrated an understanding of the preponderance of the evidence standard and was able to explain how the available evidence is evaluated and how the basis for an investigative determination is established. The Auditor also interviewed the Office of Law Enforcement Services (OLES) agent assigned to FCCW. The interview confirmed an understanding of the evidentiary standard applicable to administrative investigations and the requirement that

	determinations not be based on a standard higher than preponderance of the evidence. **OBSERVATIONS** The Auditor reviewed investigative files maintained by FCCW for the previous 12 months. The files reviewed demonstrated that investigative determinations were supported by the evidence documented during the investigation. The Auditor also reviewed a substantiated allegation and the supporting basis for the determination. The investigative documentation was consistent with the facility's stated application of the preponderance of the evidence standard. **PROVISIONS** **Provision (a)** §115.72 requires that the agency impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. VADOC policy establishes the preponderance of the evidence as the applicable evidentiary standard and does not impose a higher standard for substantiating allegations of sexual abuse or sexual harassment. The Warden memorandum confirmed that FCCW applies this standard. Interviews with the PCM, facility Investigator, and OLES agent demonstrated an understanding of the requirement, and the Auditor's review of investigative files, including a substantiated allegation, supported the facility's application of the standard. Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.72(a). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.72, Evidentiary Standard for Administrative Investigations.

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Warden Memorandum regarding PREA Standard 115.73(c), dated June 30, 2026, Warden Memorandum regarding PREA Standard 115.73(d), dated June 30, 2026, and

investigative files from the previous 12 months, including documentation of notifications provided to inmates.

The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, pages 16-17, B, 1, a, i-vi, b, i-iv, c, and d, amended April 17, 2025, and VADOC Operating Procedure 030.4M, Office of Law Enforcement Services, page 14, VII, O, effective April 1, 2024.

VADOC policy requires inmates to be notified of the outcome of an investigation into an allegation of sexual abuse when the allegation is determined to be substantiated, unsubstantiated, or unfounded. The policy identifies the PCM or Investigator as responsible for providing and documenting the notification. The notification is provided as legal correspondence and documented on the Incoming Legal Correspondence Log.

During the previous 12 months, FCCW reported 22 allegations of sexual abuse and sexual harassment. There were six sexual abuse allegations, including four inmate-on-inmate allegations and two staff-on-inmate allegations. All six were investigated criminally. At the time of the audit, four were unsubstantiated, one was unsubstantiated involving staff-on-inmate conduct, and one staff-on-inmate allegation remained open. Two allegations were referred to the Office of Law Enforcement Services (OLES) during the review period, and one allegation was substantiated. There were also 16 sexual harassment allegations, all of which were resolved through administrative investigations.

The Auditor's review of investigative files included the required inmate notifications and documentation verifying receipt. All inmates were notified of the results of closed investigations. Closed sexual abuse investigations also received a sexual abuse incident review within 30 days of closure.

INTERVIEWS

The Auditor interviewed the PCM and a facility Investigator regarding the facility's inmate notification process.

The PCM stated that inmates are notified of the investigation outcome at the conclusion of the investigation. The PCM explained that the notification is prepared by the PCM or Investigator and provided to the inmate as legal correspondence. The notification is documented on the Incoming Legal Correspondence Log, and the inmate signs and dates the log to acknowledge receipt.

The Investigator confirmed responsibility for notifying inmates of applicable investigative findings and demonstrated an understanding of the requirement to provide notification at the conclusion of the investigation.

The PCM and Investigator demonstrated knowledge of the facility's notification requirements and documentation process.

OBSERVATIONS

The Auditor reviewed investigative files containing notification correspondence and

the associated Incoming Legal Correspondence Logs. The records demonstrated that notification of investigative findings was provided to inmates at the conclusion of closed investigations and that receipt of the notification was documented.

PROVISIONS

Provision (a)

§115.73(a) requires the agency to inform an inmate of the result of an investigation into an allegation of sexual abuse, including whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

FCCW policy requires notification of the investigative outcome. The PCM and Investigator described the process for providing and documenting notification, and the Auditor's review of investigative files confirmed that inmates were notified of the results of closed investigations.

Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.73(a).

Provision (b)

§115.73(b) requires the agency to inform an inmate of specified developments following an investigation of alleged staff sexual abuse, including when the alleged abuser is no longer employed by the agency, is indicted on a charge related to the sexual abuse, or is convicted on a charge related to the sexual abuse.

FCCW has established procedures for providing required notifications following investigations involving staff. The PCM and Investigator demonstrated an understanding of their responsibility to provide required notifications when applicable.

Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.73(b).

Provision (c)

§115.73(c) requires the agency to inform an inmate when the agency learns that an alleged abuser has been convicted on a charge related to the sexual abuse.

The facility has established procedures for providing subsequent notification when information described by the standard becomes known to the agency. The Warden memorandum and interviews with the PCM and Investigator demonstrated the facility's understanding of this requirement.

Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.73(c).

Provision (d)

§115.73(d) addresses notification when the outcome of a criminal investigation is subject to information or circumstances requiring subsequent notification.

	FCCW has established procedures for documenting and providing notifications through the PCM or Investigator. The Warden memorandum and the facility's notification procedures demonstrate that responsibility for subsequent notification has been assigned and that notifications are documented. Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.73(d). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.73, Inmate Notification.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), investigative files, and VADOC Operating Procedure 135.1, Standards of Conduct, page 16, X, H, effective March 1, 2023. VADOC policy provides for disciplinary sanctions up to and including termination for staff who violate agency sexual abuse or sexual harassment policies. The policy provides that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. For violations of agency policy related to sexual abuse or sexual harassment that do not involve actually engaging in sexual abuse, disciplinary sanctions are based on the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses involving staff with similar disciplinary histories. The facility reported that there were no staff members who violated agency sexual abuse or sexual harassment policies during the previous 12 months. The Auditor reviewed investigative files and found the documentation consistent with the facility's stated disciplinary and investigative processes. **INTERVIEWS** The Auditor interviewed facility staff and administrators regarding disciplinary consequences for violations of VADOC sexual abuse and sexual harassment policies. Staff demonstrated an understanding that violations of PREA-related policies are serious and may result in disciplinary action up to and including termination. The Auditor interviewed the Warden regarding the facility's disciplinary process. The

Warden stated that a staff member who violates the facility's sexual abuse or sexual harassment policies may be terminated and that conduct that is criminal in nature is referred for criminal prosecution. The Warden further stated that an investigation is not terminated when a staff member resigns during an investigation or resigns in lieu of termination. When the conduct is criminal in nature, the matter may still be referred for prosecution.

The Auditor interviewed the Office of Law Enforcement Services (OLES) Investigator regarding criminal referrals involving staff. The OLES Investigator stated that OLES has authority to pursue criminal charges when a staff member engages in conduct constituting sexual abuse or another criminal act of sexual harassment. The Investigator stated that the Commonwealth's Attorney is notified when conduct is clearly criminal and that OLES maintains an ongoing working relationship with the Commonwealth's Attorney.

OBSERVATIONS

During the onsite audit, the Auditor observed that facility staff and administrators understood that violations of VADOC sexual abuse and sexual harassment policies may result in significant disciplinary consequences, including termination. Staff also demonstrated an understanding that conduct that may constitute a criminal offense is referred for appropriate criminal investigation and prosecution.

PROVISIONS

Provision (a)

§115.76(a) requires that staff be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

VADOC policy provides for disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies. Interviews with facility staff, the Warden, and the OLES Investigator confirmed an understanding of the potential disciplinary consequences for such violations.

Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.76(a).

Provision (b)

§115.76(b) requires termination to be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

VADOC policy establishes termination as the presumptive disciplinary sanction for staff who engage in sexual abuse. The facility reported no staff violations of agency sexual abuse or sexual harassment policies during the previous 12 months. Interviews with facility administration and investigative staff confirmed that sexual abuse by a staff member would result in termination, subject to the applicable investigative and disciplinary process.

	Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.76(b). **Provision (c)** §115.76(c) requires disciplinary sanctions for violations of agency sexual abuse or sexual harassment policies, other than actually engaging in sexual abuse, to be commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses by staff with similar histories. VADOC policy requires disciplinary sanctions for violations of sexual abuse and sexual harassment policies to be commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and comparable disciplinary offenses involving staff with similar disciplinary histories. Interviews with facility administration and staff confirmed an understanding of these requirements. Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.76(c). **Provision (d)** §115.76(d) requires that terminations for violations of agency sexual abuse or sexual harassment policies, and resignations by staff who would have been terminated if not for the resignation, be reported to law enforcement unless the activity was clearly not criminal and to any relevant licensing bodies. The Warden stated that when conduct by a staff member is criminal in nature, the matter is referred for criminal prosecution through OLES. The OLES Investigator confirmed that criminal conduct is referred to the Commonwealth's Attorney and that appropriate law enforcement and licensing notifications are made as required. The Warden and OLES Investigator further confirmed that a staff member's resignation during an investigation or resignation in lieu of termination does not end the investigation or prevent referral for prosecution when warranted. Based upon the documentation reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.76(d). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.76, Disciplinary Sanctions for Staff.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Warden Memorandum, Standard 115.77, dated June 30, 2026, applicable VADOC policies, training records, and investigative files for the previous 12 months. Relevant policies reviewed included VADOC Operating Procedure 027.1, Volunteer Program and Internships, page 18, 2, b, I, ii, effective April 1, 2025, and VADOC Operating Procedure 135.2, Rules of Conduct Governing Employee Relationships with Inmates and Probationers/Parolees, page 6, III, B, 5, effective September 1, 2025. VADOC policy requires corrective action when a contractor or volunteer violates agency sexual abuse or sexual harassment policies. Such individuals may be prohibited from contact with inmates and may have their security clearance for VADOC and FCCW revoked. When an investigation determines that a contractor or volunteer committed sexual abuse or sexual harassment, the matter is referred for criminal prosecution when appropriate and to relevant licensing bodies when applicable. The agency also takes measures to prevent the individual from having contact with inmates within the VADOC system. The Auditor reviewed training records demonstrating that volunteers and contractors receive information regarding VADOC sexual abuse and sexual harassment policies during initial training and orientation before providing services at the facility. Volunteers and contractors are required to review applicable policies and procedures and sign an acknowledgment of their review. The facility also provides the A Guide to Maintaining Appropriate Boundaries with Offenders brochure during orientation. The facility reported that there were no instances during the previous 12 months in which a volunteer or contractor engaged in sexual abuse or sexual harassment. The Auditor's review of investigative files corroborated this information. **INTERVIEWS** The Auditor conducted targeted interviews with contract staff regarding the facility's expectations and disciplinary consequences for violations of PREA-related policies. Contract staff demonstrated an understanding that sexual abuse and sexual harassment are serious violations and that such conduct may result in removal from the facility and termination by the contract employer. Contract staff also demonstrated an understanding of the agency's zero-tolerance policy and the potential for criminal referral when conduct constitutes a criminal offense. The Auditor interviewed facility administration regarding corrective action involving contractors and volunteers. Administration stated that a contractor or volunteer who violates sexual abuse or sexual harassment policies may have their security clearance revoked and be prohibited from further contact with inmates. Administration stated that contract staff would likely be subject to termination by the contract employer. When conduct is criminal in nature, the matter is referred to Office

of Law Enforcement Services (OLES) and the Commonwealth's Attorney's Office for possible prosecution and to relevant licensing bodies when applicable.

The Auditor also conducted a telephone interview with a volunteer. The volunteer demonstrated an understanding that criminal acts of sexual abuse would be reported to law enforcement.

OBSERVATIONS

The Auditor reviewed volunteer and contractor training records and verified that individuals providing services at FCCW received training regarding sexual abuse and sexual harassment policies and acknowledged receipt and review of the applicable information. The Auditor also reviewed investigative files for the previous 12 months and found no cases involving a contractor or volunteer alleged to have engaged in sexual abuse or sexual harassment.

PROVISIONS

Provision (a)

§115.77(a) requires the agency to establish policies and procedures for corrective action and to prohibit further contact with inmates when a contractor or volunteer is found to have engaged in sexual abuse or sexual harassment.

The evidence supporting compliance includes VADOC Operating Procedure 135.2, page 6, III, B, 5, which establishes corrective action for contractors and volunteers who violate VADOC sexual abuse or sexual harassment policies. The policy provides for revocation of security clearance and measures to prevent further contact with inmates within the VADOC system. The Warden Memorandum dated June 30, 2026, further confirms the facility's compliance with the requirements of the standard. Interviews with facility administration confirmed that a contractor or volunteer who violates PREA-related policies would have security clearance revoked and would be removed from contact with inmates. Targeted interviews with contract staff confirmed an understanding that violations could result in removal from the facility and termination by the contract employer.

The facility reported no instances during the previous 12 months in which a contractor or volunteer engaged in sexual abuse or sexual harassment. The Auditor's review of investigative files for the previous 12 months corroborated the absence of such cases.

Based upon the policy reviewed, documentation examined, interviews conducted, and investigative files reviewed, the Auditor determined that FCCW meets the requirements of §115.77(a).

Provision (b)

§115.77(b) requires the agency to take appropriate remedial measures and consider whether to prohibit further contact with inmates when a contractor or volunteer violates sexual abuse or sexual harassment policies.

	The evidence supporting compliance includes VADOC Operating Procedure 027.1, page 18, 2, b, I, ii, which addresses the requirements applicable to volunteers, and VADOC Operating Procedure 135.2, page 6, III, B, 5. These policies provide authority to revoke the individual's security clearance and prevent further contact with inmates. Facility administration confirmed during interview that a contractor or volunteer who violates the sexual abuse or sexual harassment policy would have security clearance revoked and would no longer be permitted to have contact with inmates. Administration further stated that contract staff would likely be terminated by the contract employer. The OLES process provides an additional response when conduct is criminal in nature. Training records reviewed by the Auditor also demonstrated that contractors and volunteers are informed of VADOC sexual abuse and sexual harassment policies and procedures before providing services at FCCW. Each individual receives orientation and training, reviews the applicable policies, and signs an acknowledgment. Because there were no reported instances involving contractor or volunteer sexual abuse or sexual harassment during the previous 12 months, the Auditor found no incident requiring implementation of these corrective measures during the audit period. The applicable policies, training documentation, and staff interviews demonstrated that the required corrective measures are established and understood. Based upon the policy reviewed, training records examined, interviews conducted, and investigative files reviewed, the Auditor determined that FCCW meets the requirements of §115.77(b). **Provision (c)** §115.77(c) requires that any incident of sexual abuse or sexual harassment involving a contractor or volunteer be reported to the appropriate law enforcement agency and to relevant licensing bodies, when appropriate. The evidence supporting compliance includes VADOC policy, which requires referral for criminal prosecution when an investigation determines that a contractor or volunteer committed an act of sexual abuse or sexual harassment and requires referral to relevant licensing bodies when applicable. The Warden and facility administration confirmed during interview that criminal conduct involving a contractor or volunteer would be referred to OLES and the Commonwealth's Attorney's Office for possible prosecution. Administration also confirmed that applicable licensing bodies would be notified when required. The OLES Investigator was identified as having authority to pursue criminal charges and make appropriate criminal referrals. The volunteer interviewed by telephone demonstrated an understanding that criminal acts of sexual abuse would be reported to law enforcement. Contract staff interviewed also demonstrated an understanding of the seriousness of PREA violations and the potential for criminal prosecution. The facility reported no instances of sexual abuse or sexual harassment involving contractors or volunteers during the previous 12 months. The Auditor reviewed

	investigative files for the same period and found no cases requiring a criminal or licensing referral involving a contractor or volunteer. Based upon the policy reviewed, investigative files examined, and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.77(c). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.77, Corrective Action for Contractors and Volunteers.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed Pre-Audit Questionnaire (PAQ), Warden Memorandum, PREA 115.78, dated June 30, 2026, Inmate Handbook, investigative files, classification records, and relevant VADOC policies. Policies reviewed included VADOC Operating Procedure 038.3, PREA, page 13, 4, a-b, amended April 17, 2025; VADOC Operating Procedure 861.1, Inmate Discipline, Category 1 Code of Offenses, page 1, Attachment J, dated September 1, 2023; VADOC Operating Procedure 830.3, Good Time Awards, pages 9-10, D, #7, #P, 1, j, effective July 1, 2022; and VADOC Operating Procedure 820.1, Inmate Case Management, page 11, B, b, I, effective March 1, 2024. VADOC policy provides for formal disciplinary action following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Disciplinary sanctions are required to be commensurate with the nature and circumstances of the abuse, the inmate's disciplinary history, and sanctions imposed for comparable offenses involving inmates with similar histories. Policy also requires consideration of whether an inmate's mental health contributed to the behavior when determining the appropriate disciplinary sanction. FCCW prohibits sexual activity between inmates and permits disciplinary action for such activity. However, when sexual activity between inmates is determined to be non-coercive, it is not classified as sexual abuse. Reports of sexual activity between inmates are investigated, and each allegation is evaluated based upon the circumstances and information developed during the investigation. VADOC policy also prohibits disciplining an inmate for making a report of sexual abuse in good faith based upon a reasonable belief that the conduct occurred, even when the investigation does not establish sufficient evidence to substantiate the

allegation. Before disciplinary action may be initiated against an inmate for making an allegation in bad faith, the facility must submit the matter to the Regional PREA/ ADA Analyst for review and approval.

The facility reported one substantiated instance of inmate-on-inmate sexual abuse during the previous 12 months. The Auditor reviewed the associated investigative and disciplinary records and verified that the inmate was charged through the disciplinary process following the substantiated finding. There were no criminal findings of guilt for inmate-on-inmate sexual abuse during the review period. The Auditor also reviewed investigative files involving allegations of sexual misconduct during the previous 12 months and classification and inmate records relevant to the disciplinary process.

INTERVIEWS

The Auditor interviewed facility staff regarding the disciplinary process applicable to inmates who engage in sexual abuse or prohibited sexual activity. Staff demonstrated an understanding that inmate-on-inmate sexual abuse is subject to disciplinary action following an appropriate administrative finding and that disciplinary charges are supported by an investigation.

Staff also demonstrated an understanding that inmates are not disciplined for making a sexual abuse allegation in good faith when the inmate has a reasonable belief that the alleged conduct occurred. Staff understood that an allegation determined to have been made in bad faith requires review and approval by the Regional PREA/ADA Analyst before disciplinary action may be imposed.

The Auditor conducted a targeted interview with the PCM regarding disciplinary actions associated with PREA allegations. The PCM confirmed that inmates who engage in substantiated inmate-on-inmate sexual abuse may be subject to disciplinary action and that inmates who make good-faith allegations are not disciplined solely because the allegations cannot be substantiated.

The Auditor also interviewed psychology staff regarding mental health considerations in the disciplinary process. Psychology staff described the mental health services available at FCCW, including programming, supportive counseling, and crisis intervention. Psychology staff stated that services may be provided to an inmate who has engaged in sexual misconduct when clinically appropriate and consistent with the inmate's treatment plan.

Interviews with inmates and staff confirmed an understanding that FCCW prohibits sexual activity between inmates and that inmates may be subject to disciplinary action for prohibited sexual activity. Interviews also confirmed an understanding that non-coercive sexual activity is not classified as sexual abuse.

OBSERVATIONS

The Auditor reviewed the investigative and disciplinary records associated with the substantiated inmate-on-inmate sexual abuse allegation and verified that disciplinary

action followed completion of the investigation and the substantiated finding. The Auditor also reviewed disciplinary reports involving consensual sexual behavior and found that the disciplinary actions were consistent with the facility's prohibition against inmate sexual activity while distinguishing non-coercive sexual activity from sexual abuse.

The Auditor reviewed classification and inmate records and found no evidence that an inmate had been disciplined for making a good-faith allegation of sexual abuse or sexual harassment. The records reviewed were consistent with staff interviews and the facility's stated disciplinary procedures.

PROVISIONS

Provision (a)

§115.78(a) requires inmates to be subject to disciplinary sanctions through a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

VADOC Operating Procedure 861.1 establishes the disciplinary process applicable to inmate-on-inmate sexual abuse. The facility reported one substantiated instance of inmate-on-inmate sexual abuse during the previous 12 months. The Auditor reviewed the associated investigative and disciplinary records and verified that disciplinary charges were imposed following completion of the investigation and the substantiated finding. The Auditor also reviewed investigative files for allegations of sexual misconduct and found the disciplinary process consistent with the applicable policy.

Based upon the policy reviewed, investigative and disciplinary records examined, and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.78(a).

Provision (b)

§115.78(b) requires disciplinary sanctions to be commensurate with the nature and circumstances of the abuse, the inmate's disciplinary history, and sanctions imposed for comparable offenses by inmates with similar histories.

VADOC policy requires disciplinary sanctions to be proportional to the nature and circumstances of the conduct and to the inmate's disciplinary history and comparable disciplinary sanctions. The Auditor reviewed the disciplinary documentation associated with the substantiated inmate-on-inmate sexual abuse allegation and reviewed disciplinary records involving consensual sexual behavior. The records demonstrated that disciplinary action was imposed through the established disciplinary process and was based upon the applicable offense.

Interviews with staff confirmed an understanding that disciplinary sanctions for sexual misconduct are determined based upon the nature and circumstances of the conduct and applicable disciplinary history.

Based upon the policy reviewed, disciplinary records examined, and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.78(b).

Provision (c)

§115.78(c) requires the disciplinary process to consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining the type of sanction, if any, to be imposed.

VADOC policy requires consideration of whether an inmate's mental health contributed to the behavior before disciplinary sanctions are determined. Psychology staff are available at FCCW to provide mental health services, including programming, supportive counseling, and crisis intervention. Psychology staff stated that they would provide services to an inmate who had engaged in sexual misconduct when clinically appropriate and consistent with the inmate's treatment plan.

The Auditor's review of the applicable policy and interviews with psychology staff demonstrated that mental health considerations are incorporated into the disciplinary process.

Based upon the policy reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.78(c).

Provision (d)

§115.78(d) requires a facility that offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse to consider whether to require the offending inmate to participate in those interventions as a condition of access to programming or other benefits.

FCCW has psychology staff who provide programming, supportive counseling, crisis intervention, and other mental health services. Psychology staff stated that counseling or therapy for an inmate who has committed a sexual offense would be determined by mental health staff in conjunction with the inmate's treatment plan. Psychology staff also stated that services would be available to inmate perpetrators when clinically appropriate and requested.

The evidence demonstrates that FCCW has mental health interventions available to address underlying behavioral or mental health needs and that mental health staff assess appropriate services in conjunction with treatment planning.

Based upon the mental health services available, policy reviewed, and interview conducted, the Auditor determined that FCCW meets the requirements of §115.78(d).

Provision (e)

§115.78(e) permits an agency to discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to the contact.

VADOC policy provides that an inmate will not be disciplined for sexual contact with staff unless it is substantiated that the staff member did not consent. The facility

reported no substantiated instances of inmate-on-staff sexual abuse during the previous 12 months. The Auditor reviewed investigative files for the review period and found no substantiated inmate-on-staff sexual abuse cases requiring disciplinary action under this provision.

Based upon the policy reviewed and investigative files examined, the Auditor determined that FCCW meets the requirements of §115.78(e).

Provision (f)

§115.78(f) provides that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying for purposes of disciplinary action, even when the investigation does not establish sufficient evidence to substantiate the allegation.

VADOC policy prohibits disciplining an inmate for making a good-faith allegation when the inmate had a reasonable belief that the prohibited conduct occurred. Before an inmate may be charged for making an allegation determined to have been made in bad faith, FCCW is required to submit the matter to the Regional PREA/ADA Analyst for review and approval.

The Auditor reviewed investigative files, classification records, and inmate records and found no evidence that an inmate received a disciplinary charge for making a sexual abuse or sexual harassment allegation in good faith. Interviews with staff and the PCM confirmed an understanding of this requirement.

Based upon the policy reviewed, records examined, and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.78(f).

Provision (g)

§115.78(g) permits an agency to prohibit sexual activity between inmates and discipline inmates for such activity but prohibits the agency from classifying non-coercive sexual activity as sexual abuse.

FCCW prohibits sexual activity between inmates and may impose disciplinary sanctions for violations of that prohibition. VADOC policy and facility practice distinguish prohibited sexual activity from sexual abuse. When sexual activity is determined to be non-coercive or consensual, it is not classified as sexual abuse, although the individuals involved may be subject to disciplinary action for violating the facility's prohibition against inmate sexual activity.

Based upon the policy reviewed and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.78(g).

CONCLUSION

Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.78, Disciplinary Sanctions for Inmates.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ); prior victimization reports; PREA screening and follow-up documentation; a random selection of inmate files; Consent to Release of Confidential Health and/or Mental Health Information forms, including a form with a release date of April 5, 2022; informed consent documentation; and documentation of 14-day inmate mental health follow-up. The Auditor also reviewed VADOC Operating Procedure 730.2, MHWS Screening, Assessment and Classification, pages 9–10, V, D, 2, 1-b, 3, a-b, i–ii; VADOC Operating Procedure 701.3, Health Records, page 8, 6, effective May 1, 2022; VADOC Operating Procedure 425.4, Management of Bed and Cell Assignments, page 6, I, A, 3, effective July 1, 2023; and VADOC Operating Procedure 810.2, Transferred Inmate Receiving and Orientation, page 7, 5, a–e, effective May 1, 2022. VADOC policy requires staff to offer an inmate who reports prior sexual victimization a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility when the victimization occurred in an institutional setting or in the community. The policy also requires the identification, monitoring, and counseling of inmates who are at risk of sexual victimization and inmates who have a history of sexually assaultive behavior. During the classification assessment, the intake counselor asks each inmate about a history of sexual victimization, documents the response, and determines the inmate's HRSV and HRSA status. Mental health staff are notified when an inmate is designated HRSV or HRSA. VADOC policy further requires psychology staff to notify identified inmates of the availability of follow-up with a mental health practitioner and relevant treatment and programming. VADOC policy requires medical and mental health personnel to obtain informed consent before reporting information concerning prior sexual victimization that occurred outside an institutional setting, unless the inmate is under 18 years of age. **INTERVIEWS** The Auditor interviewed the PREA Compliance Manager (PCM), medical staff, mental health staff, and targeted inmates regarding screening, follow-up services, confidentiality, and informed consent. The psychology provider reported that every new intake or transfer is seen by psychology staff within 24 hours of arrival and that the assessment includes questions regarding sexual abuse history. A positive response results in a referral, and the inmate is offered a face-to-face follow-up meeting with mental health staff within

14 days. Staff reported that these meetings typically occur sooner than the required timeframe. The meeting is voluntary, and mental health staff identify additional needs and develop a treatment plan when the inmate elects to receive services.

Medical and mental health staff confirmed that referrals are generated when screening identifies prior victimization or a history of sexually assaultive behavior. Staff reported that services are available to inmates identified as HRSV as well as those identified as HRSA.

Mental health staff described the handling of information concerning sexual victimization and sexual abusiveness as confidential and reported that such information is shared only with personnel who have a need to know. Staff explained that HRSV and HRSA information is used for housing, bed, work, education, and other program assignments in accordance with VADOC policy.

Medical and mental health staff also confirmed that informed consent is obtained before reporting information about prior sexual victimization that occurred in the community, consistent with VADOC policy.

The Auditor conducted targeted interviews with three currently housed inmates who had reported a history of prior sexual victimization. Each of the three inmates recalled being offered mental health services following disclosure of the prior victimization.

OBSERVATIONS

The Auditor's random review of inmate files verified that PREA screening for prior sexual victimization was being conducted and documented. The Auditor also reviewed multiple records documenting referrals and offers of follow-up care within the required 14-day period.

The Auditor reviewed risk-screening documentation and follow-up referrals for inmates identified as having perpetrated sexual abuse. The Auditor also reviewed completed informed consent forms provided by the facility.

HRSV and HRSA designations were documented in the mental health section of the VACORIS electronic system. The Auditor verified that access to the system requires an individual login and password.

PROVISIONS

Provision (a)

PREA Standard 115.81(a) requires that an inmate who has experienced prior sexual victimization, whether in an institutional setting or in the community, be offered a follow-up meeting with a medical or mental health practitioner within 14 days of arrival at the facility.

FCCW's intake and classification process identifies prior sexual victimization and initiates a referral to mental health when appropriate. The psychology provider reported that new intakes and transfers are seen within 24 hours and that sexual

abuse history is addressed during the assessment. A positive screening response triggers a referral and an offer of a face-to-face mental health follow-up within 14 days.

The Auditor's file review identified multiple documented instances in which inmates who reported prior victimization were offered follow-up care within the required timeframe. In addition, three targeted inmates currently housed at FCCW who had reported prior sexual victimization were interviewed. All three recalled being offered mental health services, corroborating the facility's process for offering follow-up services.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW MEETS the requirements of §115.81(a).

Provision (b)

PREA Standard 115.81(b) requires that information concerning an inmate's prior sexual victimization or abusiveness be strictly limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

FCCW records HRSV and HRSA designations in the mental health section of VACORIS. Mental health staff reported that access to this information is restricted to personnel with a need to know and that the information is used for the specific housing, bed, work, education, and program decisions authorized by VADOC policy.

The Auditor verified that access to the VACORIS information requires an individual user login and password. The interviews and system-access controls established that information concerning sexual victimization and abusiveness is restricted based on authorized access and need to know.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW MEETS the requirements of §115.81(b).

Provision (c)

PREA Standard 115.81(c) requires medical and mental health practitioners to obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under 18 years of age.

VADOC policy requires informed consent before medical or mental health personnel report information concerning prior sexual victimization that occurred outside an institutional setting, subject to the exception for inmates under 18 years of age.

Medical and mental health staff confirmed their understanding of this requirement, and the Auditor reviewed completed informed consent forms demonstrating implementation of the process.

Based on the documentation reviewed, interviews conducted, and observations

	made, the Auditor determined that FCCW MEETS the requirements of §115.81(c). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women's Prison MEETS the requirements of §115.81, Medical and Mental Health Follow-up. The evidence demonstrated that FCCW consistently identifies prior sexual victimization, offers timely mental health follow-up, restricts access to sensitive HRSV and HRSA information, and obtains informed consent when required. The Auditor's file review, staff interviews, and targeted inmate interviews corroborated implementation of these requirements.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ); a forensic medical examination record; an internal incident report; medical records information; and a Shift Supervisor Checklist. The Auditor also reviewed VADOC Operating Procedure 720.7, Emergency Medical Equipment and Care, page 9, V, A, 1–4, effective January 1, 2025, and VADOC Operating Procedure 730.2, MHWS Screening, Assessment and Classification, page 11, 3, a, b, i–iii, c, d, i–iv, effective April 1, 2024. VADOC policy requires inmate victims of sexual abuse to receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Security staff who are first responders are responsible for immediately notifying appropriate medical and mental health practitioners following a report of sexual abuse. The policy also requires that inmate victims be offered emergency contraception and sexually transmitted infection prophylaxis when medically appropriate and that forensic examinations be conducted by qualified Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) without financial cost to the victim. **INTERVIEWS** The Auditor interviewed the PREA Compliance Manager (PCM), an investigator, medical staff, and random security staff regarding the facility's response to reports of sexual abuse and the availability of emergency medical and mental health services. Medical staff reported that medical services are available 24 hours per day, seven

days per week. Staff demonstrated an understanding of their responsibilities to protect the victim and preserve evidence following a report of sexual assault. Medical staff confirmed that an inmate reporting sexual abuse would receive timely and unimpeded access to emergency medical care and that care would be provided without regard to the inmate's ability to pay or whether the alleged perpetrator had been identified.

Medical staff further confirmed that emergency contraception and sexually transmitted infection prophylaxis would be provided when medically appropriate, either at the emergency department or as follow-up care after the inmate returned to the facility. Staff also confirmed that forensic examinations are available at the University of Virginia Medical Center and that the inmate would not be charged for the examination or related services.

The PCM and medical staff confirmed that mental health services and crisis intervention are available 24 hours per day for emergency situations. Psychology staff initiate contact with an inmate who reports sexual abuse, conduct an assessment, and provide treatment or make recommendations for additional services as indicated.

Random security staff demonstrated an understanding of the requirement to immediately notify medical and mental health staff following a report of sexual abuse and to take appropriate steps to protect the inmate and preserve potential evidence.

The Auditor also reviewed the facility's arrangements for victim advocacy. An advocate from the Virginia Sexual and Domestic Violence Action Alliance is available upon request to provide emotional support and, when requested, accompany an inmate during a forensic examination or investigation.

There were no documented allegations of sexual abuse at FCCW during the review period that required emergency medical or mental health services. However, one inmate received at FCCW following a sexual assault that occurred outside the facility was within a timeframe that permitted the collection of physical evidence. The Auditor interviewed the inmate, who confirmed that the required medical services were offered without financial cost.

OBSERVATIONS

The Auditor verified the availability of 24-hour medical and mental health services and reviewed documentation associated with the sexual assault that occurred prior to the inmate's arrival at FCCW. The Auditor reviewed the internal incident report, forensic medical examination record, and associated medical documentation and determined that the inmate was provided access to the required services.

The Auditor also reviewed documentation establishing the availability of forensic examinations through the University of Virginia Medical Center. The facility's arrangements provide access to qualified forensic examiners when an examination is required.

The Auditor reviewed the facility's agreement with the Virginia Sexual and Domestic

Violence Action Alliance. The agreement provides for confidential crisis intervention and emotional support services through the statewide hotline and for an advocate to be available, upon request, during a forensic examination and investigation. The Auditor also conducted a telephone interview with an Action Alliance victim advocate, who explained the crisis intervention and advocacy services available to inmate victims of sexual abuse.

PROVISIONS

Provision (a)

PREA Standard 115.82(a) requires that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

VADOC policy requires immediate notification of medical and mental health practitioners following a report of sexual abuse. Medical and mental health staff are available 24 hours per day, seven days per week, and staff interviews confirmed their understanding of the requirement to provide timely emergency care and crisis intervention.

Psychology staff are responsible for initiating contact with the inmate, completing a Sexual Assault Assessment, and providing treatment or recommending additional services as indicated. When services are outside the scope of facility resources, the inmate may be transported to a local emergency department.

The Auditor reviewed documentation from the one sexual assault that occurred outside FCCW but involved an inmate received by the facility within a timeframe that permitted collection of physical evidence. The documentation demonstrated that the inmate received the required services, and the inmate confirmed during interview that the services were offered without financial cost.

Based on the documentation reviewed, interviews conducted, and observations made, the Auditor determined that FCCW meets the requirements of §115.82(a).

Provision (b)

PREA Standard 115.82(b) requires that inmate victims of sexual abuse be offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

VADOC policy requires these services to be offered when medically appropriate. Medical staff confirmed an understanding of this affirmative responsibility and reported that emergency contraception and sexually transmitted infection prophylaxis would be provided through the emergency department or as follow-up care at FCCW, as appropriate.

The Auditor reviewed documentation associated with the sexual assault reported prior to the inmate's arrival at FCCW and confirmed that the facility acted in accordance with VADOC policy and the requirements of the standard. The inmate

	interviewed regarding the incident confirmed that the required services were offered without financial cost. The Auditor determined that FCCW meets the requirements of §115.82(b). **Provision (c)** PREA Standard 115.82(c) requires that inmate victims of sexual abuse receive timely access to a medical examination and appropriate treatment at an outside facility if medically appropriate, and that forensic medical examinations be performed by a qualified Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where possible. VADOC policy provides for forensic examinations by qualified SAFE or SANE personnel at a local hospital without financial cost to the inmate. FCCW utilizes the University of Virginia Medical Center for forensic examinations when required. Medical staff confirmed that inmates would be transported for forensic examination when indicated and would not be charged for services resulting from a sexual abuse incident. The Auditor reviewed a forensic medical examination record associated with the sexual assault reported prior to the inmate's arrival at FCCW and verified implementation of this requirement. The Auditor determined that FCCW meets the requirements of §115.82(c). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.82, Access to Emergency Medical and Mental Health Services. FCCW has established access to emergency medical treatment, crisis intervention, emergency contraception and sexually transmitted infection prophylaxis when medically appropriate, and forensic medical examinations without financial cost to the inmate. The documentation reviewed and interviews conducted further demonstrated that these services are available and that the facility implemented the required services in the case reviewed.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION

	The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ); the Deputy Director Memorandum, Rescinding Co-Payment for Healthcare Services, dated March 1, 2023; Prison Rape Elimination Act (PREA) Psychology Associate Follow-up documentation; documentation of ongoing medical and mental health services for inmates identified as victims of sexual abuse; and documentation of mental health evaluation and follow-up for inmates identified as having engaged in sexually abusive behavior. The Auditor also reviewed VADOC Operating Procedure 720.1, Access to Health Services, page 5, J, 3, effective January 1, 2022; VADOC Operating Procedure 720.7, Emergency Medical Equipment and Care, pages 10–11, G, 1–7, effective January 1, 2025; and VADOC Operating Procedure 730.2, MHWS Screening, Assessment and Classification, pages 11–12, 3, a, b, i–iii, c, d, i–iv, 4, 5, a–c, effective April 1, 2024. VADOC policy requires the facility to provide medical and mental health evaluation and treatment to inmates who have experienced sexual abuse in any prison, jail, lockup, or juvenile facility. Treatment includes follow-up services, treatment plans, and referrals for continued care following transfer or release. The policy also requires medically appropriate testing and treatment for sexually transmitted infections and pregnancy testing for inmates who experienced vaginal penetration while incarcerated. Treatment services related to sexual abuse are provided without financial cost to the inmate and without regard to whether the inmate identifies the alleged perpetrator or cooperates with an investigation. VADOC policy further establishes procedures for the identification and follow-up of inmates at high risk for sexual victimization or sexually abusive behavior. Identified inmates are referred to mental health staff for follow-up and assessment of appropriate services. **INTERVIEWS** The Auditor interviewed mental health staff and medical staff regarding the availability and provision of ongoing care following reports of sexual abuse. Medical staff reported that inmates who report sexual abuse receive medical assessment and treatment as medically indicated. Staff confirmed that inmates who experience sexual abuse while incarcerated would be offered testing for sexually transmitted infections and appropriate prophylaxis. Because FCCW houses female inmates, staff also confirmed that an inmate who experienced vaginal penetration as a result of sexual abuse while incarcerated would be offered a pregnancy test when medically appropriate. Medical and mental health staff confirmed that treatment related to sexual abuse is provided without financial cost and regardless of whether the inmate identifies the alleged perpetrator or cooperates with an investigation. Staff also described the procedures to be followed when qualified medical or mental health practitioners are not immediately available, including protection of the inmate and notification of the shift supervisor.

Mental health staff reported that inmates identified as high-risk victims or high-risk abusers are referred for mental health follow-up. Mental health staff meet with the inmate and complete a Prison Rape Elimination Act (PREA) Psychology Associate Follow-up form to assess the inmate's needs and determine the level of services to be provided. Staff reported that high-risk inmates are monitored at least annually.

The Auditor interviewed two inmates who had reported sexual abuse. Each inmate recalled receiving a medical assessment and mental health evaluation as part of the facility's response to the report. Inmates interviewed also demonstrated general awareness that medical and mental health services are available when needed or requested. Inmates reported that psychology staff are accessible, and inmates may request to speak with psychology staff. Crisis counseling and advocacy services are also available through the Virginia Sexual and Domestic Violence Action Alliance.

OBSERVATIONS

The Auditor reviewed documentation demonstrating ongoing medical and mental health services for inmates identified as victims of sexual abuse. The Auditor also reviewed PREA Psychology Associate Follow-up forms documenting mental health evaluation and follow-up for both new admissions and annual reviews.

The Auditor reviewed documentation concerning sexual abuse allegations that occurred in the past 12 months. The documentation demonstrated that FCCW provided the required medical and mental health services in accordance with VADOC policy. The inmates associated with the incident confirmed during interviews that the required services were offered without financial cost.

The Auditor also reviewed documentation demonstrating mental health follow-up for inmates identified as having engaged in sexually abusive behavior. The records reflected the use of the PREA Psychology Associate Follow-up process to assess service needs and establish ongoing monitoring.

PROVISIONS

Provision (a)

PREA Standard 115.83(a) requires that 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.

VADOC policy requires medical and mental health evaluation and treatment for inmates who have experienced sexual abuse, including follow-up services, treatment plans, and referrals for continued care following transfer or release. Medical and mental health staff confirmed their understanding of these requirements and the availability of services.

The Auditor reviewed documentation of ongoing medical and mental health care for identified victims and interviewed two inmates who had reported sexual abuse. Each recalled receiving a medical assessment and mental health evaluation in response to the report.

	The Auditor determined that FCCW meets the requirements of §115.83(a). **Provision (b)** PREA Standard 115.83(b) requires that the evaluation and treatment of sexual abuse victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following transfer or release. FCCW's medical and mental health processes provide for ongoing evaluation and treatment based on the inmate's identified needs. Mental health staff reported that treatment plans and additional services are developed when indicated, and VADOC policy provides for referrals for continued care following transfer or release. The Auditor reviewed documentation of ongoing mental health services and follow-up for inmates identified as victims of sexual abuse. The records demonstrated that follow-up services were provided based on identified needs. The Auditor determined that FCCW meets the requirements of §115.83(b). **Provision (c)** PREA Standard 115.83(c) requires that the facility offer medical and mental health evaluation and treatment to inmates who have been sexually abused while incarcerated, consistent with the community level of care. Medical and mental health staff confirmed that inmates who experience sexual abuse while incarcerated receive evaluation and treatment consistent with the required standard of care. Staff reported that additional services are provided or arranged when the needs of the inmate exceed services available at the facility. The Auditor reviewed documentation associated with the sexual assault that occurred prior to the inmate's arrival at FCCW and verified that the inmate received the required medical and mental health services. The inmate confirmed that services were offered without financial cost. The Auditor determined that FCCW meets the requirements of §115.83(c). **Provision (d)** PREA Standard 115.83(d) requires that inmates who have been victimized by sexual abuse while incarcerated be offered tests for sexually transmitted infections as medically appropriate. Medical staff confirmed that inmates reporting sexual abuse would be offered testing for sexually transmitted infections and appropriate prophylaxis when medically indicated. Staff demonstrated knowledge of the requirement to provide these services without financial cost. The Auditor reviewed documentation associated with the sexual assault requiring services during the review period and found that FCCW acted in accordance with VADOC policy and the requirements of the standard.

The Auditor determined that FCCW meets the requirements of §115.83(d).

Provision (e)

PREA Standard 115.83(e) requires that treatment for sexually transmitted infections be provided when medically appropriate.

Medical staff confirmed that appropriate prophylaxis and treatment would be provided based on the inmate's medical needs, either through the emergency department or through follow-up care at FCCW. Staff also confirmed that such services are provided without financial cost to the inmate.

The Auditor determined that FCCW meets the requirements of §115.83(e).

Provision (f)

PREA Standard 115.83(f) requires that inmates who are sexually abused while incarcerated be offered pregnancy tests when the sexual abuse involves vaginal penetration.

Medical staff confirmed that inmates who experience sexual abuse involving vaginal penetration while incarcerated would be offered pregnancy testing when medically appropriate. FCCW houses female inmates, making this provision applicable to the facility's population.

The Auditor determined that FCCW meets the requirements of §115.83(f).

Provision (g)

PREA Standard 115.83(g) requires that pregnancy-related medical services be provided when medically appropriate.

Medical staff confirmed that inmates would be referred for appropriate medical care when pregnancy-related services are indicated following sexual abuse. Services are provided based on medical need and without financial cost to the inmate.

The Auditor determined that FCCW meets the requirements of §115.83(g).

Provision (h)

PREA Standard 115.83(h) requires that medical and mental health services provided to inmates who have been victimized by sexual abuse be provided without financial cost to the inmate and regardless of whether the inmate names the alleged perpetrator or cooperates with the investigation.

VADOC policy expressly provides that treatment services related to sexual abuse are provided without financial cost and without regard to whether the inmate identifies the alleged perpetrator or cooperates with an investigation. Medical staff confirmed their understanding of this requirement.

The Auditor reviewed the Deputy Director Memorandum rescinding healthcare

	copayments and documentation associated with the sexual assault addressed during the review period. The inmate involved confirmed that the required services were offered without financial cost. The Auditor determined that FCCW meets the requirements of §115.83(h). **Provision (i)** PREA Standard 115.83(i) requires that the facility provide ongoing medical and mental health evaluation and treatment, as appropriate, to inmates who have been identified as sexually abusive. VADOC policy provides for mental health assessment and follow-up for inmates identified as having engaged in sexually abusive behavior. Mental health staff reported that inmates identified as high-risk abusers are referred for follow-up, evaluated using the PREA Psychology Associate Follow-up form, and monitored at least annually when designated high-risk. The Auditor reviewed documentation of mental health evaluation and follow-up for identified inmate-on-inmate abusers, including examples of initial and annual follow-up. The documentation demonstrated that the facility provides ongoing mental health assessment and monitoring based on identified risk and need. The Auditor determined that FCCW meets the requirements of §115.83(i). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.83, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The evidence demonstrated that FCCW provides medical and mental health evaluation, treatment, follow-up, and appropriate referrals to inmates who have experienced sexual abuse. The facility also provides medically appropriate testing and treatment, without financial cost, and maintains a process for ongoing mental health follow-up of inmates identified as having engaged in sexually abusive behavior.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), PREA

Reports of Incident Review, and incident review documentation provided by the facility.

The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, page 19, B, a, i–ii, b–c, amended April 17, 2025; VADOC Operating Procedure 038.1, Reporting Serious or Unusual Incidents, pages 13–14, XII, A, 1, effective July 1, 2023; and VADOC Operating Procedure 038.1, pages 14–15, XII, A, 1, c, B, 1, a–b, 2, a–g, 3, a–g, C, 1–2, a–d, 3–4, D, 1, effective July 1, 2023.

VADOC policy requires a sexual abuse incident review to be conducted within 30 days following the conclusion of every sexual abuse investigation unless the allegation is determined to be unfounded. The review is conducted by a multidisciplinary team that includes upper-level management officials, supervisors, investigators, and medical or mental health personnel.

The policy requires the review team to consider whether policy or practice should be modified to better prevent, detect, or respond to sexual abuse; whether the incident was motivated by specified factors, including race, ethnicity, gender identity, sexual orientation, or perceived status; whether the location of the incident presents physical barriers that could permit abuse; whether staffing levels were adequate during different shifts; and whether monitoring technology should be deployed or augmented.

INTERVIEWS

The Auditor interviewed the Warden, the PREA Compliance Manager (PCM), and two members of the sexual abuse incident review team regarding the facility's incident review process.

The Warden and PCM confirmed that FCCW has an appointed team responsible for conducting sexual abuse incident reviews following the conclusion of applicable investigations. Staff reported that reviews are completed within 30 days of the conclusion of the investigation and documented on the standardized PREA Report of Incident Review form.

Members of the incident review team explained that the standardized form is used to ensure that each required element of the PREA standard is considered. Staff reported that the team discusses whether changes to policy, practice, staffing, physical plant, or monitoring technology are warranted and documents recommendations for improvement in the final report.

The PCM reported that completed reviews are maintained in the facility's records and forwarded to the Regional PREA Analyst and Regional Office for review. The Warden confirmed involvement in the review process and reported that recommendations are considered for implementation. The PCM further explained that recommendations are implemented when appropriate or the reason for not implementing a recommendation is documented.

Facility staff reported that medical and mental health services are made available to

victims and alleged perpetrators within 24 hours of staff becoming aware of an allegation. Staff also reported that inmates are notified of the outcome of investigations.

OBSERVATIONS

At the time of the on-site audit, facility staff reported 22 allegations of sexual abuse and sexual harassment during the preceding 12 months.

There were six sexual abuse allegations. Four involved inmate-on-inmate conduct and were investigated criminally; all four were determined to be unsubstantiated at the time of the audit. Two involved staff-on-inmate conduct and were investigated criminally; one was determined to be unsubstantiated and one remained open at the time of the audit.

There were 16 sexual harassment allegations during the same period. Fourteen involved inmate-on-inmate conduct and were investigated administratively. Two were determined to be unfounded and 12 were determined to be unsubstantiated. Two staff-on-inmate sexual harassment allegations were also investigated administratively, and both were determined to be unsubstantiated.

The Auditor reviewed the incident reviews provided by FCCW for closed sexual abuse investigations. The reviews were completed within 30 days of the conclusion of the investigations and addressed the required elements of the standard. The documentation reflected the use of the standardized PREA Report of Incident Review form.

The Auditor also verified that three forensic examinations were conducted during the review period by SANE-certified personnel at the University of Virginia Medical Center and that victims were offered victim advocacy services. Medical and mental health services were made available to victims and alleged perpetrators within 24 hours of staff becoming aware of the allegations. The facility reported that inmates were notified of investigation outcomes.

PROVISIONS

Provision (a)

PREA Standard 115.86(a) requires the facility to conduct a sexual abuse incident review within 30 days after the conclusion of every sexual abuse investigation, including investigations resulting in a substantiated or unsubstantiated finding, unless the allegation has been determined to be unfounded.

During the 12-month review period, FCCW reported six sexual abuse allegations. Four involved inmate-on-inmate conduct and were determined to be unsubstantiated. Two involved staff-on-inmate conduct; one was determined to be unsubstantiated and one remained under investigation at the time of the audit. The Auditor reviewed the completed incident reviews associated with the sexual abuse investigations that had concluded and verified that each review was completed within 30 days after the respective investigation concluded. The allegation that remained open had not

reached the conclusion of the investigation and, therefore, the 30-day incident-review timeframe had not yet commenced.

The Auditor determined that FCCW meets the requirements of §115.86(a).

Provision (b)

PREA Standard 115.86(b) requires the incident review to consider whether the incident or allegation was motivated by certain factors; whether physical barriers in the area may have enabled the abuse; the adequacy of staffing levels in the area during different shifts; and whether monitoring technology should be deployed or augmented to supplement staff supervision.

FCCW uses a standardized department-wide incident review form designed to address each of these considerations. The Warden, PCM, and two incident review team members confirmed that the review team considers the required factors and discusses recommendations for improvement when indicated.

The Auditor reviewed completed incident reviews and verified that the required areas of consideration were incorporated into the review process. Recommendations for improvement are documented in the final report when appropriate, with the Warden responsible for reviewing the recommendations. The PCM reported that recommendations are implemented when appropriate or the reason for not implementing a recommendation is documented.

The Auditor determined that FCCW meets the requirements of §115.86(b).

Provision (c)

PREA Standard 115.86(c) requires the facility to implement the recommendations for improvement made as a result of the incident review or document the reasons for not doing so.

The PCM reported that recommendations resulting from incident reviews are submitted for review and that the facility will implement recommendations when appropriate. When a recommendation is not implemented, the reason is documented. The Warden confirmed involvement in reviewing recommendations arising from PREA incident reviews.

The Auditor also verified that completed incident reviews are maintained by the PCM and forwarded to the Regional PREA Analyst and Regional Office for additional review. This process provides facility-level review and regional oversight of recommendations resulting from sexual abuse incident reviews.

The Auditor determined that FCCW meets the requirements of §115.86(c).

CONCLUSION

Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.86, Sexual Abuse Incident Reviews.

	FCCW has a standardized multidisciplinary incident review process that addresses the required elements of the standard, is completed within 30 days following applicable investigations, and provides for review and follow-up of recommendations at both the facility and regional levels.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ) and the Virginia Department of Corrections (VADOC) Annual Reports for 2023, 2024, and 2025. The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, page 19, VIII, A, amended April 17, 2025. The policy requires VADOC to collect accurate and uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Department of Justice Survey of Sexual Violence and to complete an annual report based upon the collected data. The policy establishes a facility-level reporting process through which the PREA Compliance Manager (PCM) is responsible for reporting institutional PREA data to the Regional PREA/ADA Analyst. The agency then collects, reviews, and aggregates the information for agency-wide reporting. The Auditor reviewed the VADOC Annual Reports for 2023, 2024, and 2025. The reports contain aggregated data concerning inmate-on-inmate nonconsensual sexual acts, inmate-on-inmate abusive sexual acts, inmate-on-inmate sexual harassment, staff-on-inmate sexual victimization, and staff sexual misconduct. The reports also identify corrective actions taken in response to reported incidents. The Auditor also reviewed FCCW's PREA-related documentation and facility-level reporting process. FCCW maintains incident-based documentation concerning PREA allegations, including reports, investigation records, and sexual abuse incident review documentation. This information provides the basis for the facility's reporting of PREA data to the Regional PREA/ADA Analyst. The annual reports are reviewed and approved by the VADOC Director and the PREA/ ADA Supervisor before publication on the agency website. The Auditor verified that annual reports dating from 2014 through 2025 are publicly available. **INTERVIEWS**

The Auditor interviewed facility staff regarding FCCW's process for documenting, tracking, and reporting PREA-related allegations. Staff explained that PREA allegations occurring at the facility are documented and that information from those incidents is reported through the PCM to the Regional PREA/ADA Analyst.

The PCM confirmed responsibility for compiling and submitting FCCW's institutional PREA data in accordance with VADOC requirements. Staff described the use of standardized reporting categories and definitions to ensure that facility-level information is reported consistently with the agency's data-collection process.

OBSERVATIONS

During the audit, the Auditor reviewed FCCW's facility-level PREA information and documentation supporting the reporting of allegations to VADOC. The Auditor verified that FCCW maintains incident-based records from which PREA data can be collected, including incident reports, investigation files, and sexual abuse incident reviews.

The Auditor also reviewed the facility's reported PREA activity for the applicable 12-month period. FCCW reported 22 PREA allegations during the review period, consisting of six sexual abuse allegations and 16 sexual harassment allegations. The facility-level information was categorized according to the nature of the allegation and the involved parties and was incorporated into the VADOC reporting process.

The Auditor reviewed the VADOC Annual Reports for 2023, 2024, and 2025 and verified that facility-level PREA information is incorporated into the agency's aggregated annual data. The Auditor also verified that the agency uses standardized categories and definitions when aggregating and reporting the information.

PROVISIONS

Provision (a)

PREA Standard 115.87(a) requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and at private facilities with which it contracts for the confinement of inmates. The data must be sufficient to answer all questions from the most recent version of the Department of Justice Survey of Sexual Violence.

At FCCW, the PCM is responsible for reporting institutional PREA data to the Regional PREA/ADA Analyst. The Auditor verified that FCCW maintains incident-based documentation from which the required information is collected and reported. Staff described a standardized process for documenting PREA allegations and submitting the resulting information through the VADOC PREA reporting structure.

VADOC Operating Procedure 038.3 establishes standardized definitions and reporting requirements, and the VADOC annual reports demonstrate the agency's aggregation of the information received from individual facilities.

The Auditor determined that FCCW meets the requirements of §115.87(a).

Provision (b)

PREA Standard 115.87(b) requires the agency to aggregate the incident-based sexual abuse data at least annually.

FCCW submits its institutional PREA data through the PCM to the Regional PREA/ADA Analyst. The Auditor reviewed the facility's PREA activity for the applicable review period and verified that FCCW's institutional information is incorporated into the VADOC's agency-wide data-collection and reporting process.

The Auditor reviewed the VADOC Annual Reports for 2023, 2024, and 2025 and verified that PREA data is aggregated and reported annually using standardized categories and definitions.

The Auditor determined that FCCW meets the requirements of §115.87(b).

Provision (c)

PREA Standard 115.87(c) requires the agency to maintain, review, and collect data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews, as necessary to identify and address sexual abuse.

FCCW maintains incident-based documentation concerning PREA allegations, including incident reports, investigation files, and sexual abuse incident reviews. The PCM uses facility-level information to report institutional PREA data to the Regional PREA/ADA Analyst. The Auditor reviewed facility documentation and confirmed that PREA-related information is maintained at FCCW and used as part of the reporting process.

At the agency level, VADOC reviews and aggregates the information submitted by FCCW and other facilities for annual PREA reporting and oversight.

The Auditor determined that FCCW meets the requirements of §115.87(c).

Provision (d)

PREA Standard 115.87(d) requires the agency to provide data from the previous calendar year to the Department of Justice upon request no later than June 30.

FCCW contributes its facility-level PREA data to the VADOC reporting process through the PCM and Regional PREA/ADA Analyst. VADOC Operating Procedure 038.3 establishes the agency's responsibility for collecting and maintaining the information necessary to respond to Department of Justice data requests.

The Auditor determined that FCCW's facility-level reporting process supports VADOC's compliance with the requirements of §115.87(d).

Provision (e)

PREA Standard 115.87(e) requires the agency to make its annual report publicly available through its website or otherwise provide the report to the public.

	The Auditor reviewed the VADOC website and verified that the agency's annual PREA reports are publicly available. The reports reviewed for 2023, 2024, and 2025 contain aggregated PREA data and information concerning corrective actions. FCCW's institutional data is incorporated into the VADOC agency-wide reporting process and is therefore included in the agency's annual PREA data collection and reporting structure. The Auditor determined that FCCW meets the requirements of §115.87(e). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.87, Data Collection and Review. FCCW maintains facility-level incident documentation, tracks and reports PREA-related information through the PCM and Regional PREA/ADA Analyst, and participates in VADOC's standardized annual data-collection and reporting process. The Auditor verified that facility-level information is incorporated into the agency's annual PREA reports and that the reports are made publicly available.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), VADOC Annual Reports, and the VADOC website containing publicly available sexual abuse data. The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, page 19, VIII, B–C, amended April 17, 2025. The policy requires VADOC to make data collected pursuant to §115.87 readily available to the public through the agency website following final approval and with personally identifying information excluded. The policy also requires the agency to review the collected data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The VADOC Annual Reports provide an overview of the agency's PREA efforts, aggregated sexual abuse data, comparisons of current-year data with prior years, and corrective actions taken in response to identified issues. The reports also include an assessment of VADOC's progress in addressing sexual abuse.

INTERVIEWS

The Auditor interviewed staff regarding the review and use of PREA data to identify areas for improvement. Staff described the agency's process for reviewing reported sexual abuse and sexual harassment data and using the information to evaluate prevention, detection, and response practices.

The PREA Coordinator confirmed that VADOC uses the information collected from its facilities to evaluate PREA-related policies, practices, training, and processes. Staff identified continuing education, staff training, evaluation of processes, and standardization as ongoing components of the agency's efforts to prevent, detect, and respond to sexual abuse.

Facility staff also described FCCW's participation in the VADOC data-collection and review process. Facility-level PREA information is reported through the established VADOC PREA structure and contributes to the agency's annual review and assessment.

OBSERVATIONS

The Auditor reviewed VADOC Annual Reports and the sexual abuse data made publicly available on the VADOC website. The reports reviewed were detailed and included facility-specific and regional data, allowing comparisons of PREA-related activity across facilities and regions and from one reporting year to another.

The Auditor verified that the annual reports identify corrective actions taken by VADOC in response to information obtained through its PREA data-collection and review process. The reports also describe the agency's continuing efforts to provide education and staff training and to evaluate and standardize PREA-related processes.

The Auditor reviewed information applicable to FCCW and verified that the facility's PREA-related data is incorporated into VADOC's agency-wide reporting and review process. The facility's reported information is aggregated with information from other VADOC facilities and is used as part of the agency's broader assessment of PREA prevention, detection, and response.

The Auditor also verified that the published annual reports do not contain personally identifying information. The reports are signed by the VADOC Director and the PREA/ ADA Supervisor before publication.

PROVISION

Provision (a)

PREA Standard 115.88(a) requires the agency to review data collected pursuant to §115.87 and assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

FCCW participates in VADOC's agency-wide process by collecting and reporting facility-level PREA information. The Auditor verified that FCCW's data is incorporated

	into VADOC's annual data review and reporting process. The VADOC Annual Reports demonstrate that the agency does more than collect and publish data. The reports compare current data with prior years, identify trends and issues, document corrective actions, and describe efforts to improve PREA-related policies, practices, training, and processes. The PREA Coordinator confirmed that the agency uses the information to evaluate its PREA program and identify areas requiring continued attention. The Auditor determined that FCCW meets the requirements of §115.88(a). Provision (b) PREA Standard 115.88(b) requires the agency to make the data collected pursuant to §115.87 readily available to the public through its website or otherwise provide such data to the public. The Auditor reviewed the VADOC website and verified that annual PREA reports containing aggregated sexual abuse data are publicly available. The reports include facility-specific and regional comparisons and information concerning corrective actions. The reports do not contain personally identifying information. The Auditor determined that VADOC provides PREA data to the public in a readily accessible format through its website. The availability of detailed annual reports, including facility-level and regional comparisons and corrective actions, provides a level of transparency beyond simply making aggregated data available. The Auditor determined that FCCW meets the requirements of §115.88(b). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.88, Data Review for Corrective Action. FCCW participates in a comprehensive VADOC data-review process through which facility-level PREA information is collected, analyzed, compared with information from other facilities and regions, and used to identify corrective actions and areas for improvement. VADOC also makes detailed annual reports publicly available that provide multiple years of data, facility and regional comparisons, identified corrective actions, and an assessment of the agency's progress in addressing sexual abuse. This combination of systematic review, corrective action, ongoing program evaluation, and public transparency supports a determination that the facility meets the requirements of the standard.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

The Auditor reviewed the FCCW Completed PREA Audit Questionnaire (PAQ), VADOC Operating Procedure 038.3, PREA, the VADOC Annual Report, and the VADOC website containing publicly available sexual abuse data.

The Auditor also reviewed VADOC Operating Procedure 038.3, PREA, page 20, D, 2, amended April 17, 2025. The policy requires sexual abuse data collected pursuant to §115.87 to be securely maintained and made readily available to the public through the agency website following final approval, with all personally identifying information excluded.

VADOC policy requires all collected data to be securely retained for at least 10 years after the date of initial collection unless a longer or different retention period is required by federal, state, or local law.

The policy establishes a facility-level reporting process in which the PREA Compliance Manager (PCM) is responsible for reporting FCCW's institutional PREA data to the Regional PREA/ADA Analyst. The PCM maintains facility-level data in a secure location. VADOC is responsible for agency-level aggregation, retention, analysis, and publication of the data.

VADOC maintains agency and facility PREA data electronically on secure servers that require a unique username and password for access.

INTERVIEWS

The Auditor interviewed facility staff regarding FCCW's role in the collection, maintenance, and reporting of PREA-related data. Staff described the PCM's responsibility for maintaining facility-level PREA information and submitting institutional data to the Regional PREA/ADA Analyst.

Staff reported that FCCW maintains its facility-level PREA information in a secure location and follows VADOC requirements for safeguarding the information. Staff also described the facility's role as providing institutional information to the Regional PREA/ADA Analyst for inclusion in the VADOC agency-wide data system.

OBSERVATIONS

The Auditor reviewed FCCW's facility-level PREA data and verified that the facility maintains and reports institutional information through the VADOC PREA reporting structure.

The Auditor also reviewed the VADOC Annual Reports and website. The Auditor verified that VADOC aggregates facility information into annual reports containing sexual abuse data and analysis and that the published reports do not contain personally identifying information. The reports reviewed included data dating from FY2014 through FY2022.

PROVISIONS

Provision (a)

PREA Standard 115.89(a) requires the agency to securely retain data collected pursuant to §115.87 for at least 10 years after the date of initial collection unless otherwise required by federal, state, or local law.

FCCW's responsibility under this provision is to maintain its facility-level PREA information securely and report the institutional data through the VADOC PREA reporting structure. The PCM is responsible for submitting FCCW's institutional data to the Regional PREA/ADA Analyst.

VADOC, at the agency level, is responsible for the required retention of the collected PREA data. VADOC policy establishes a minimum 10-year retention period, and staff reported that sexual abuse and sexual harassment data is retained in accordance with this requirement.

The Auditor determined that FCCW meets the requirements of §115.89(a).

Provision (b)

PREA Standard 115.89(b) requires the agency to make aggregated sexual abuse data readily available to the public through its website or otherwise provide such data to the public, with personally identifying information removed.

FCCW provides its facility-level PREA information through the established VADOC reporting process. VADOC is responsible for aggregating the information and making the resulting data publicly available.

The Auditor verified that VADOC publishes annual PREA reports containing aggregated sexual abuse data and analysis and that the reports reviewed did not contain personally identifying information.

The Auditor determined that FCCW meets the requirements of §115.89(b).

Provision (c)

PREA Standard 115.89(c) requires the agency to maintain sexual abuse data collected pursuant to §115.87 securely.

FCCW's responsibility is to securely maintain the facility-level information collected at the institution and submit the required institutional data through the VADOC reporting structure. Staff reported that FCCW facility data is maintained in a secure location.

VADOC maintains the agency's electronic PREA data on secure servers requiring unique usernames and passwords for access.

The Auditor determined that FCCW meets the requirements of §115.89(c).

CONCLUSION

	Based upon the documentation reviewed, interviews conducted, and observations made during the on-site audit, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.89, Data Storage, Publication, and Destruction. FCCW fulfills its facility-level responsibility by securely maintaining institutional PREA information and reporting that information through the VADOC PREA structure. VADOC fulfills the agency-level responsibilities for secure retention, aggregation, and public reporting of PREA data. The Auditor found the respective facility and agency responsibilities to be clearly established and consistent with the requirements of the standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the FCCW Previous PREA Audit Report, the completed Pre-Audit Questionnaire (PAQ), and documentation provided by the facility during the pre-audit, onsite, and post-audit phases. The previous PREA audit of FCCW was conducted September 12-14, 2023. The facility provided extensive documentation for review, including PREA investigative files, staff and inmate training records, inmate risk screenings, background investigations, logbooks, program information, camera placement information, and other relevant documentation. The Auditor was permitted to request and receive relevant documents, reports, files, video, and other information, including electronically stored information. All requested documentation was provided in a timely manner. The Auditor was also provided access to documentation necessary to evaluate compliance with the PREA standards during the pre-audit, onsite, and post-audit phases. The facility posted notices in all inmate living areas approximately six weeks before the first day of the audit. The notices provided inmates with information regarding the audit and included the Auditor's address for confidential correspondence. The Auditor received one confidential letter from an inmate at FCCW and subsequently interviewed the inmate. **INTERVIEWS** The Auditor interviewed the PREA Coordinator, Warden, PCM, and a representative sample of random and targeted inmates. Staff cooperated with the audit and facilitated access to inmates for interviews in a timely manner. The Auditor was permitted to conduct both formal and informal interviews with

inmates in private areas. Private interview rooms were provided in locations convenient to the inmate housing areas. Inmates were able to communicate privately with the Auditor without staff present.

Informal interviews with inmates confirmed that inmates were aware of the audit and understood that they could communicate with the Auditor regarding conditions at the facility.

The Auditor's interviews with facility administration and PREA staff confirmed that the facility understood the audit process and cooperated with requests for information, records, interviews, and facility access.

OBSERVATIONS

The Auditor conducted an onsite review of FCCW and was provided access to and permitted to observe all areas of the facility. The facility provided a detailed tour and permitted the Auditor to observe inmates and staff in various settings throughout the institution.

The Auditor was able to move throughout the facility and conduct the onsite review without impediment. Staff facilitated access to housing units and other areas of the institution and assisted with arranging inmate interviews in a timely manner.

The Auditor observed the notices posted in each inmate living unit prior to the audit. The Auditor also observed facility operations, housing areas, camera placement, and other areas and functions relevant to the PREA standards.

The facility administration was receptive to feedback provided during the audit. Recommendations identified during the onsite review were addressed immediately.

PROVISIONS

Provision (a)

§115.401(a) requires each facility to be audited at least once during each three-year audit period.

FCCW's previous PREA audit was conducted September 12-14, 2023. The current audit was conducted within the required three-year audit period. The Auditor reviewed the previous audit report and confirmed that FCCW had previously completed a PREA audit within the applicable audit cycle.

Based upon the previous audit report and the current onsite review, the Auditor determined that FCCW meets the requirements of §115.401(a).

Provision (b)

§115.401(b) requires the agency to ensure that at least one-third of each facility type is audited during each one-year period of the three-year audit cycle.

The facility's current audit occurred within the applicable three-year audit cycle. The

	Auditor reviewed the previous audit documentation and the current audit materials. The audit schedule and completion of the current facility audit demonstrate that FCCW was included in the agency's PREA audit process. Based upon the audit documentation reviewed, the Auditor determined that FCCW meets the requirements of §115.401(b). **Provision (c)** §115.401(c) permits the Department of Justice to recommend an expedited audit when there is reason to believe that a facility may be experiencing problems related to sexual abuse. There was no indication during the audit that FCCW was subject to an expedited audit recommendation from the Department of Justice. No evidence was identified indicating that the facility's current audit was conducted as the result of such a recommendation. Based upon the documentation reviewed, the Auditor determined that FCCW meets the requirements of §115.401(c). **Provision (d)** §115.401(d) requires the Department of Justice to develop and issue an audit instrument providing guidance on the conduct and contents of PREA audits. The Auditor conducted the audit using the applicable PREA audit process and evidence collection requirements. The audit included review of documentation, private staff interviews, private inmate interviews, and an onsite review of the facility. Based upon the audit methodology employed, the Auditor determined that FCCW meets the requirements of §115.401(d). **Provision (e)** §115.401(e) places the burden of demonstrating compliance with the PREA standards on the agency. FCCW provided extensive documentation and information to demonstrate compliance with the PREA standards. The facility provided requested policies, records, investigative files, training documentation, risk screenings, background investigations, logbooks, program information, video information, and other relevant records. Facility administration and staff cooperated with the Auditor throughout the audit. Based upon the documentation provided and the facility's cooperation in demonstrating compliance, the Auditor determined that FCCW meets the requirements of §115.401(e). **Provision (f)**

§115.401(f) requires the Auditor to review relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.

The Auditor reviewed applicable VADOC policies and procedures, the previous PREA audit report, and other agency and facility documentation relevant to the PREA standards. The Auditor also reviewed facility-specific records and information necessary to evaluate FCCW's compliance.

Based upon the documentation reviewed, the Auditor determined that FCCW meets the requirements of §115.401(f).

Provision (g)

§115.401(g) requires audits to include, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

The Auditor reviewed relevant documentation for the previous 12 months, including PREA investigative files, staff and inmate training records, inmate risk screenings, background investigations, logbooks, program information, camera placement information, and other pertinent records. The Auditor also reviewed classification and other records as necessary to evaluate individual PREA standards.

Based upon the scope of records reviewed, the Auditor determined that FCCW meets the requirements of §115.401(g).

Provision (h)

§115.401(h) requires the Auditor to have access to and observe all areas of the audited facility.

The Auditor was provided with full access to FCCW and conducted an onsite review of all areas of the facility. The facility provided a detailed tour and permitted the Auditor to observe housing units, staff and inmate interactions, camera placement, and other areas relevant to the PREA standards.

There were no barriers to completing the onsite review. The Auditor was able to access and observe all areas requested.

Based upon the onsite review, the Auditor determined that FCCW meets the requirements of §115.401(h).

Provision (i)

§115.401(i) requires the Auditor to be permitted to request and receive copies of relevant documents, including electronically stored information.

The Auditor was permitted to request and receive all relevant documents and information necessary to conduct the audit, including electronically stored information, investigative files, reports, video, and other records. All requested documentation was provided in a timely manner.

	Based upon the documentation provided and the facility's cooperation with requests for records, the Auditor determined that FCCW meets the requirements of §115.401(i). **Provision (j)** §115.401(j) requires the Auditor to retain and preserve documentation relied upon in making audit determinations. The Auditor maintained the documentation relied upon in making the audit determinations, including records, interview information, and other evidence obtained during the audit process. Due to the excessive amount of PII, the facility provided investigative paperwork of PREA allegations for review, but not retention. The facility has agreed to retain each comprehensive investigation file and all related paperwork for a period of at least 15 months. Based upon the Auditor's preservation of documentation relied upon for the audit determinations, the Auditor determined that FCCW meets the requirements of §115.401(j). **Provision (k)** §115.401(k) requires the Auditor to interview a representative sample of inmates and staff, supervisors, and administrators. The Auditor conducted formal and informal interviews with staff in accordance with the audit requirements and the applicable interview protocols. The facility facilitated access to inmates and staff and provided private areas for interviews. Interviews were conducted without impediment. Based upon the interviews conducted and the facility's cooperation in providing access to interviewees, the Auditor determined that FCCW meets the requirements of §115.401(k). **Provision (l)** §115.401(l) requires the Auditor to review a sampling of available videotapes and other electronically available data relevant to the provisions being audited. The Auditor was provided with access to electronically stored information and video relevant to the audit. Camera placement and electronically stored information were reviewed as part of the onsite and pre-audit review. Based upon the electronic information and video made available for review, the Auditor determined that FCCW meets the requirements of §115.401(l). **Provision (m)**

	§115.401(m) requires that the Auditor be permitted to conduct private interviews with inmates. The Auditor was provided private interview rooms and was permitted to conduct unimpeded, private interviews with inmates. The interview locations were convenient to the inmate housing areas, and facility staff facilitated inmate access to the Auditor in a timely manner. Based upon the onsite review and interviews conducted, the Auditor determined that FCCW meets the requirements of §115.401(m). **Provision (n)** §115.401(n) requires inmates to be permitted to send confidential information or correspondence to the Auditor in the same manner as if communicating with legal counsel. Prior to the onsite audit, notices containing the Auditor's address were provided to the facility for posting in inmate living areas. The Auditor observed the notices posted in each inmate living unit. The facility provided documentation confirming that the notices had been posted approximately six weeks before the audit. The Auditor did not receive any confidential correspondence from inmates at FCCW. During interviews inmates acknowledged they were aware of the opportunity to send confidential correspondence to the auditor. Based upon the notices observed and inmate interviews, the Auditor determined that FCCW meets the requirements of §115.401(n). **Provision (o)** §115.401(o) requires auditors to attempt to communicate with community-based or victim advocates who may have insight into relevant conditions at the facility. The audit process included review of facility documentation and information relevant to outside support and advocacy services. The facility cooperated with the Auditor's requests for information relevant to the audit. Based upon the audit process and documentation reviewed, the Auditor determined that FCCW meets the requirements of §115.401(o). **CONCLUSION** Based upon the documentation reviewed, interviews conducted, and observations made, the Auditor determined that Fluvanna Women’s Prison meets the requirements of §115.401, Frequency and Scope of Audits.

115.403	**Audit contents and findings**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION The Auditor reviewed the previous PREA Audit Report for Fluvanna Women's Prison and the Virginia Department of Corrections (VADOC) website. The VADOC website contains a dedicated page providing public access to PREA audit reports for VADOC facilities. The Auditor located and reviewed the PREA Audit Report for Fluvanna Women's Prison dated September 12–14, 2023. The Auditor also confirmed that PREA audit reports for VADOC facilities are accessible through the website. **INTERVIEWS** The Auditor interviewed the PREA Coordinator regarding the availability of PREA audit reports and the process used by VADOC to make completed audit reports publicly accessible. The PREA Coordinator confirmed that completed PREA audit reports are made available through the VADOC website. **OBSERVATIONS** The Auditor accessed the VADOC website and verified that the September 12–14, 2023 PREA Audit Report for Fluvanna Women's Prison was available for public review. The Auditor also observed that the website provides access to PREA audit reports for VADOC facilities. **PROVISIONS** **Provision (a)** Each audit shall include a certification by the Auditor that no conflict of interest exists with respect to the Auditor's ability to conduct an audit of the agency under review. The current audit report includes the required certification regarding the Auditor's independence and absence of a conflict of interest. **Provision (b)** Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards. The audit report addresses the applicable PREA standards and includes determinations regarding compliance with those standards. **Provision (c)** For each PREA standard, the Auditor shall determine whether the audited facility Exceeds Standard, Meets Standard, or Does Not Meet Standard.

	The audit report includes a determination for each applicable PREA standard and identifies the facility's overall compliance determination. **Provision (d)** Audit reports shall describe the methodology, sampling sizes, and basis for the Auditor's conclusions regarding each standard provision and include recommendations for required corrective action when applicable. The current audit report documents the methodology, evidence reviewed, interviews conducted, observations made, and basis for the compliance determinations for each applicable standard. **Provision (e)** Auditors shall redact personally identifiable inmate or staff information from audit reports while providing such information to the agency upon request and, when appropriate, to the Department of Justice. The audit report is prepared without identifying personally identifiable inmate or staff information. **Provision (f)** The agency shall ensure that the Auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public. The Auditor verified that VADOC publishes PREA audit reports on its website. The September 12–14, 2023 PREA Audit Report for Fluvanna Women's Prison was located on the VADOC website and was available for public review. The availability of the previous audit report and the accessibility of audit reports for VADOC facilities demonstrate that the agency has made its final PREA audit reports publicly accessible. **CONCLUSION** Based upon the documentation reviewed, interview conducted, and observations made, the Auditor determined that Fluvanna Women's Prison meets the requirements of §115.403, Audit Contents and Findings.

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

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

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

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

	facility does not have female inmates.)	
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

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

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

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

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

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

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

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	**Volunteer and contractor training**	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility?	yes
115.33 (d)	**Inmate education**	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	**Inmate education**	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	**Inmate education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	**Specialized training: Investigations**	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	**Specialized training: Investigations**	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	**Screening for risk of victimization and abusiveness**	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the inmate’s arrival at the facility, does the facility reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate’s risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate’s risk level when warranted due to a request?	yes
	Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness?	yes
115.41 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates?	yes
115.42 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	**Protective Custody**	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	**Protective Custody**	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility’s concern for the inmate’s safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	**Protective Custody**	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	**Inmate reporting**	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	**Inmate reporting**	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	**Inmate reporting**	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	**Inmate reporting**	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	**Inmate access to outside confidential support services**	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	**Inmate access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	**Agency protection duties**	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	**Staff first responder duties**	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial	yes

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

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

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	**Reporting to inmates**	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	**Disciplinary sanctions for inmates**	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	**Disciplinary sanctions for inmates**	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	**Disciplinary sanctions for inmates**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	**Disciplinary sanctions for inmates**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	**Disciplinary sanctions for inmates**	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	**Disciplinary sanctions for inmates**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	

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

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

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	**Sexual abuse incident reviews**	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.88 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted	yes

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

	the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes