

# PREA Facility Audit Report: Final

**Name of Facility:** J. Reuben Long Detention Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/26/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Darla P. O'Connor	<b>Date of Signature:</b> 05/26/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	OConnor, Darla
<b>Email:</b>	doconnor@strategicjusticesolutions.com
<b>Start Date of On-Site Audit:</b>	04/21/2026
<b>End Date of On-Site Audit:</b>	04/23/2026

FACILITY INFORMATION	
<b>Facility name:</b>	J. Reuben Long Detention Center
<b>Facility physical address:</b>	4150 J Reuben Long Avenue, Conway, South Carolina - 29526
<b>Facility mailing address:</b>	4150 J Reuben Long Ave, Conway,

Primary Contact
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<b>Name:</b>	Lisa Piccone
<b>Email Address:</b>	picconel@horrycountysc.gov
<b>Telephone Number:</b>	843-915-6909

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Marcus Rhodes
<b>Email Address:</b>	rhodesma@horrycountysc.gov
<b>Telephone Number:</b>	843-915-6861

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Beth Lawson
<b>Email Address:</b>	lawsonbe@musc.edu
<b>Telephone Number:</b>	843-915-8934

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1059
<b>Current population of facility:</b>	881
<b>Average daily population for the past 12 months:</b>	871
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys

<b>Age range of population:</b>	17-78
<b>Facility security levels/inmate custody levels:</b>	minimum to maximum
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	324
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	42
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	143

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Horry County Sheriff's Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1301 2nd Avenue, Conway, South Carolina - 29526
<b>Mailing Address:</b>	4150 J Reuben Long Ave., Conway, South Carolina - 29526
<b>Telephone number:</b>	8439155140

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Sheriff Phillip Thompson
<b>Email Address:</b>	thomps@horrycountysc.gov
<b>Telephone Number:</b>	8439155450

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Lisa Piccone	<b>Email Address:</b>	picconel@horrycountysc.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:

2

- 115.31 - Employee training
- 115.65 - Coordinated response

#### Number of standards met:

43

#### 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:**

2026-04-21

**2. End date of the onsite portion of the audit:**

2026-04-23

### 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:**

**Just Detention International, (JDI)**

Just Detention International (JDI), a national organization dedicated to ending sexual abuse in detention, was consulted to determine whether any incarcerated individuals or facility staff had contacted the organization during the previous 12 months. Publicly available JDI materials confirm that the organization provides support and informational resources to people in detention who have experienced sexual abuse, including confidential legal mail and survivor assistance contacts. A representative of JDI advised that its records reflected no contact or communication from either incarcerated individuals or staff associated with this facility during the past year. Accordingly, there were no known attempts during the audit period to seek external support from JDI.

**SANE information**

Conway Medical Center Emergency Department, located at 300 Singleton Ridge Road, Conway, South Carolina 29526, can be reached at 843-347-7111 and operates continuously. The hospital serves as the community medical provider identified for emergency treatment and forensic response. According to the facility, Sexual Assault Nurse Examiner (SANE) services are available through Conway Medical Center to provide specialized medical care and forensic examinations for sexual assault survivors. These services include injury assessment, forensic evidence collection, and documentation in a clinical setting designed to support survivor safety, privacy, and informed decision-making.

Facility information further indicates that SANE nurses are available on an on-call basis to provide timely care when needed.

Survivors may receive a forensic medical examination without being required to make an immediate report to law enforcement, which supports access to care even when a victim is not yet prepared to pursue a formal complaint.

**Horry County Non-Emergency Dispatch**

The Auditor also contacted Horry County Non-Emergency Dispatch (HCNED), which the facility identified as an outside support resource. Horry County's public police directory lists Non-Emergency Dispatch at 843-248-1520. HCNED confirmed that it does not maintain a separate formal memorandum of understanding with the facility because it functions as a county department entity. HCNED further confirmed that its telephone line remains available 24 hours a day to individuals seeking information, guidance, or assistance and that support remains accessible regardless of when the sexual victimization occurred. Representatives stated that they had not received direct contacts from the facility during the previous year. This information supports the facility's representation that outside support remains available through HCNED even without a separate formal MOU.

**Rape Crisis Center of Georgetown and Horry Counties**

Additional outreach to the Rape Crisis Center of Horry and Georgetown Counties confirmed the availability of community-based advocacy services. The Center publicly identifies a 24-hour crisis hotline at 843-448-7273 and states that trained staff advocates provide crisis intervention, emotional support, information, referrals, and other confidential services for survivors and their loved ones. The Center also states that its services are available regardless of whether the victimization occurred recently or many years earlier. External communication with the Center further confirmed that a memorandum of understanding is currently in place and that it remains willing to continue providing advocacy and support services to survivors. This information supports the conclusion that inmates have access to confidential emotional support through a qualified community-based provider.

**AUDITED FACILITY INFORMATION**

<b>14. Designated facility capacity:</b>	1059
<b>15. Average daily population for the past 12 months:</b>	947
<b>16. Number of inmate/resident/detainee housing units:</b>	21
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	800
<b>24. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>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:</b>	1
<b>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:</b>	1

<b>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:</b>	2
<b>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:</b>	1
<b>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:</b>	2
<b>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:</b>	2
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0

<p><b>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):</b></p>	<p>During the onsite portion of the audit, the Auditor confirmed the presence of inmates within targeted populations. A total of nine inmates representing these categories were interviewed during the audit process. The inmates interviewed consistently reported feeling safe within the facility. They indicated that their identified needs were being appropriately addressed by both staff and contracted service providers. Importantly, no inmates reported feeling targeted, disadvantaged, or neglected due to personal characteristics or identified vulnerabilities. Interviewees also confirmed that they received PREA education in formats they could understand, including necessary accommodations, and were provided meaningful opportunities to ask questions and seek clarification.</p> <p>No significant issues were identified regarding the tracking or identification of vulnerable populations. Existing systems appear effective in capturing relevant characteristics and ensuring appropriate follow-up. The facility is well-positioned to maintain compliance with PREA standards while providing a safe and supportive environment for all individuals in custody.</p>
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**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

<p><b>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:</b></p>	<p>324</p>
<p><b>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:</b></p>	<p>143</p>
<p><b>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:</b></p>	<p>42</p>

<p><b>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:</b></p>	<p>The facility reported that it maintains approval for 42 contractors and 143 volunteers to enter the facility and interact with inmates. Facility leadership clarified that while all contractors are actively engaged in providing services, not all approved volunteers are currently active. However, all individuals—regardless of activity status—have been properly vetted, approved, and trained in accordance with facility requirements prior to being authorized to enter the institution and have contact with inmates.</p> <p>To assess compliance with PREA training requirements, the Auditor conducted a targeted, representative review of training documentation. Each file contained appropriate documentation, including signed acknowledgments verifying completion of required annual PREA training. Records were well organized, consistently maintained, and readily accessible for review.</p> <p>The documentation demonstrates that the facility has established and implemented a reliable process to ensure that all contractors and volunteers receive PREA education prior to engaging with inmates, as well as ongoing annual training to reinforce expectations. This process supports the facility’s commitment to maintaining a safe environment by ensuring that all individuals entering the institution are informed of their responsibilities related</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>21</p>

<p><b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>At the time of the onsite audit, nine inmates assigned to the facility fell within targeted categories. With a total population of 800, the PREA Auditor Handbook requires a minimum of 30 inmate interviews, including 15 targeted and 15 random.</p> <p>To meet the required total of 30 interviews, additional random interviews were conducted. In total, nine targeted interviews and 21 random interviews were completed.</p>
<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>At the time of the onsite Prison Rape Elimination Act (PREA) audit, the facility reported a total population of 800 individuals in custody. In accordance with the PREA Auditor Handbook, a facility of this size is required to conduct a minimum of 30 inmate interviews.</p> <p>Due to the limited number of inmates within targeted categories, random inmates were oversampled to meet the required total. In all, nine targeted inmates and 21 random inmates were interviewed.</p>

<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	9
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>46. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</b>	<p>The facility reported that there were no inmates in custody who fell into this category during the audit period. Observation during the facility tour and review of classification and housing documentation did not indicate the presence of any individuals from this group in the inmate population. Accordingly, no inmates from this category were interviewed during the onsite audit.</p>

<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>2</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The facility reported that there were no inmates in custody who fell into this category during the audit period. Observation during the facility tour and review of classification and housing documentation did not indicate the presence of any individuals from this group in the inmate population. Accordingly, no inmates from this category were interviewed during the onsite audit.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>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).</b></p>	<p>The facility reported that there were no inmates in custody who fell into this category during the audit period. Observation during the facility tour and review of classification and housing documentation did not indicate the presence of any individuals from this group in the inmate population. Accordingly, no inmates from this category were interviewed during the onsite audit.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The facility reported that there were no inmates in custody who fell into this category during the audit period. Observation during the facility tour and review of classification and housing documentation did not indicate the presence of any individuals from this group in the inmate population. Accordingly, no inmates from this category were interviewed during the onsite audit.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The facility reported that there were no inmates in custody who fell into this category during the audit period. Observation during the facility tour and review of classification and housing documentation did not indicate the presence of any individuals from this group in the inmate population. Accordingly, no inmates from this category were interviewed during the onsite audit.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>At the time of the onsite Prison Rape Elimination Act (PREA) audit, the facility reported a total population of 800 individuals in custody. In accordance with the PREA Auditor Handbook, a facility of this size is required to conduct a minimum of 30 inmate interviews.</p> <p>Due to the limited number of inmates within targeted categories, random inmates were oversampled to meet the required total. In all, nine targeted inmates and 21 random inmates were interviewed.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>15</p>

**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

<p><b>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):</b></p>	<p>In conducting interviews with randomly selected staff, the Auditor used an inclusive approach to capture a broad range of employee perspectives. Staff were selected across multiple shifts, departments, and disciplines, including custody, medical, education, programming, and support services. Participants represented varying levels of tenure, offering insight into how PREA principles are understood and applied throughout the facility.</p> <p>This diversity provided a balanced view of institutional operations, reflecting both direct inmate interaction and behind-the-scenes functions. Staff consistently demonstrated a strong understanding of PREA standards, including prevention, reporting, and response responsibilities. They were able to clearly describe required actions when receiving an allegation and identified multiple internal and external reporting avenues.</p> <p>Interviews were conducted without issue, and staff were engaged, candid, and professional. Many expressed confidence in the facility's zero-tolerance policy and emphasized the importance of ongoing training and leadership support. Overall, the interviews provided credible evidence that PREA policies are effectively implemented and supported by a culture of accountability, professionalism, and shared responsibility for safety.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>21</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<b>a. Explain why it was not possible to interview the Agency Head:</b>	The Agency Head and the Facility Head are the same individual. The "agency" is this one facility. When discussing this with the individual it was determined to use the Facility Head protocol, as it was more appropriate for this particular situation.
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Classification Staff Food Service Staff
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

**70. Provide any additional comments regarding selecting or interviewing specialized staff.**

When selecting and interviewing specialized staff, the Auditor focused on individuals with direct responsibilities related to PREA compliance, including the PREA Coordinator, facility leadership, investigators, classification staff, medical and mental health professionals, case managers, and training personnel.

These interviews were designed to assess specialized procedures, data management, investigative practices, victim services, and interdisciplinary coordination. Staff demonstrated a strong understanding of their roles and clearly articulated processes for prevention, reporting, response, and ongoing training.

No issues were encountered during the interview process. Staff were professional, knowledgeable, and forthcoming, reinforcing confidence in the facility's ability to effectively manage PREA-related responsibilities.

Overall, interviews with specialized staff confirmed a comprehensive and well-coordinated approach to PREA compliance and a continued commitment to maintaining a safe and accountable environment.

## **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

<b>Was the site review an active, inquiring process that included the following:</b>	
<b>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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> 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).**

#### FACILITY TOUR AND OBSERVATIONS

The Horry County Sheriff's Office assumed operational control of the J. Reuben Long Detention Center (JRLDC) on July 1, 1999, transitioning oversight from Horry County Government. Since that time, the facility has maintained a clear mission of promoting safer communities through secure and effective custodial supervision. This objective is supported through ongoing collaboration with the Horry County criminal justice system, providing individuals in custody with opportunities to successfully reintegrate as productive members of the community. JRLDC operates as a coeducational facility with minimum, medium, and maximum security classifications and utilizes a direct supervision model throughout its housing units. The facility has a rated capacity of 1,059 inmates, with a population of 800 on the day of the onsite audit. Individuals in custody ranged in age from 17 to 78. In accordance with South Carolina law, 17-year-old inmates are housed as adults; however, the facility ensures sight and sound separation from those 18 and older by assigning male youthful inmates to a dedicated housing unit (A3). Female youthful offenders are assessed case by case because we rarely have a 17 year old female who is incarcerated. Male youthful offenders are more frequent, and therefore the A3 housing unit is dedicated to males if filled.

The facility does not contract with other jurisdictions for inmate housing and does not detain individuals solely for immigration purposes. Entry into the facility is controlled through a centralized lobby where all visitors are screened. The lobby operates daily from approximately 7:00 a.m. to 7:00 p.m., with security staff available to assist visitors with bond hearings, property transactions, and general inquiries. All visitors are subject to applicable laws and facility regulations, including searches of persons, property, and vehicles. Screening procedures include the use of metal detectors and x-ray equipment

to prevent the introduction of contraband. Visitation services are managed by staff assigned within the Administrative Division, who facilitate video visitation between inmates and their approved contacts. Magistrate bond hearings are conducted onsite, with a designated courtroom located adjacent to the intake area. Administrative offices, training areas, and staff spaces are secured and accessible only through controlled key card entry.

The facility is comprised of four buildings and includes five single-cell housing units, ten multiple-occupancy units, and six open-bay dormitory units, along with 56 segregation cells designated for disciplinary and administrative housing. The Auditor toured all housing areas, which include a combination of single-cell, double-cell, and dormitory-style configurations. Most housing units are multi-level and incorporate directly supervised dayroom areas equipped with telephones, televisions, and kiosks. Services such as meals, commissary, medication distribution, library access, programming, and religious activities are primarily delivered within the housing units, with movement outside the units generally limited to court appearances and offsite medical care.

Specialized housing areas, including disciplinary and administrative segregation units, were also reviewed. These units consist of celled housing with in-cell plumbing fixtures and access to showers located outside the cells. Placement in these units is based on behavioral concerns, safety risks, or the need for separation from the general population.

The annex housing area is designated for female general population housing. One of the two open-bay dorms holds female general population inmates who are participating in the Next Steps treatment program that is offered to pre-trial inmates.

Additional areas toured included the medical clinic, dental suite, pharmacy, visitation areas, commissary, religious and library

services, intake and property processing, control rooms, recreation yards, and administrative offices. Throughout the tour, the Auditor engaged in informal discussions with staff and inmates, assessed camera placement and monitoring systems, identified potential blind spots, and evaluated bathroom and shower areas for cross-gender viewing concerns.

Inmates were observed under appropriate supervision and engaged in routine activities. The facility was clean, orderly, and adequately staffed. Work areas were assessed to ensure proper supervision and to confirm that inmates were not placed in positions of authority over others.

PREA-related materials, including informational posters and audit notices, were prominently displayed throughout the facility. The Auditor tested the inmate telephone system by placing a call to the PREA reporting hotline; all phones tested were operational. Hotline services are available in both English and Spanish, and interpretation services are accessible for individuals with additional language needs. The facility also utilizes a kiosk-based system for grievance reporting, with kiosks available in each housing unit. Interviews confirmed that inmates are familiar with and able to use this system.

Private and appropriate spaces were made available for all interviews conducted during the audit, ensuring confidentiality and supporting the integrity of the audit process.

**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.).**

**PERSONNEL AND TRAINING RECORDS**

As part of the audit process, the Auditor conducted a detailed review of fifty staff personnel files to verify compliance with PREA Standard 115.17. Each file was complete, well organized, and securely maintained, containing required documentation such as pre-employment criminal background checks, verification of employment eligibility, reference checks, documented inquiry into prior sexual misconduct, and administrative adjudication forms when applicable. The review confirmed that JRLDC utilizes a consistent and structured approach to hiring practices that emphasizes institutional safety and integrity.

The facility also demonstrated compliance with ongoing monitoring requirements under PREA Standard 115.17. Criminal background checks are completed at hire of employees, contractors, and for volunteers prior to approval of entry. The PREA Coordinator conducts the criminal background checks for the above (volunteers are handled by the Programs and Services supervisor) every 5 years.

A review of fifty staff training records confirmed compliance with PREA Standard 115.31. Each file included documentation of completed training, training dates, instructor verification, and signed PREA acknowledgment forms. Records demonstrated that staff receive training on zero-tolerance policy, reporting obligations, professional boundaries, cross-gender searches, recognition of abuse indicators, first responder responsibilities, and retaliation prevention. Overall, documentation indicates that staff are well trained and prepared to maintain a safe and professional environment.

**Volunteer Training**

The Auditor reviewed twenty-five volunteer training records to assess compliance with PREA Standard 115.32. Each record included documentation of completed training and signed acknowledgment forms. Files were consistent and well maintained, confirming

that volunteers receive PREA education prior to engaging with inmates and understand reporting responsibilities and appropriate professional conduct.

**Contractor Training**

The Auditor reviewed ten non-medical contractor files, each containing documentation of PREA training completion and signed acknowledgment forms. These records confirm that contractors are trained in PREA requirements prior to facility access. Additionally, twenty-five medical contractor files were reviewed. Each included documentation of PREA training and signed acknowledgments. Records were organized and complete, demonstrating that medical contractors are prepared to provide services in a safe, professional, and trauma-informed manner.

**Specialized Training**

Specialized training records for six investigators were reviewed in accordance with PREA Standard 115.34. Documentation confirmed completion of required training in conducting sexual abuse investigations in confinement settings, including evidence collection, interviewing techniques, and coordination with prosecutorial authorities. The Auditor also reviewed training records for twenty-five medical and mental health practitioners under PREA Standard 115.35. Files verified completion of training related to identifying abuse, preserving evidence, and providing trauma-informed, victim-centered care. These records confirm that clinical staff are equipped to respond appropriately to allegations.

**Inmate Records**

A sample of forty inmate files from the previous twelve months was reviewed to assess compliance with PREA Standard 115.33. Each file contained documentation confirming receipt of PREA education, including acknowledgment forms, orientation materials, and access to PREA informational resources. Interviews and documentation confirmed that all inmates received required

PREA education during intake.

**Risk Assessments and Reassessments**

The Auditor reviewed forty inmate files for compliance with PREA Standard 115.41. Each file documented completion of an initial risk screening within 72 hours of intake and a reassessment within 30 days. Records were consistent and demonstrated a structured approach to identifying and monitoring risk.

**Grievances**

According to the Pre-Audit Questionnaire and staff interviews, zero grievances related to sexual abuse or sexual harassment were filed during the audit period. Documentation confirmed that any related concerns were referred directly to the PREA process to ensure appropriate and timely response in accordance with PREA Standards 115.52 and 115.71.

**Incident Reports**

Documentation and interviews confirmed that JRLDC recorded fourteen sexual abuse allegations during the previous twelve months. Ten involved inmate-on-inmate conduct and were investigated criminally; four were determined to be unfounded, four unsubstantiated, and two substantiated. The substantiated cases were referred for prosecution and remained pending at the time of the audit.

The remaining four allegations involved staff-on-inmate conduct and were investigated criminally, with all four determined to be unfounded.

During the same period, fifteen allegations of sexual harassment were reported. Five involved inmate-on-inmate conduct and were investigated administratively; four were unfounded and one was substantiated. The remaining ten involved staff-on-inmate conduct and were investigated administratively, with all determined to be unfounded.

**Investigation Records**

The Auditor reviewed fifteen investigative files, including twelve sexual abuse and three sexual harassment cases, to assess

compliance with PREA Standard 115.71. Each file contained comprehensive documentation, including reports, evidence, witness statements, and findings. Investigations were initiated promptly, conducted thoroughly, and completed within required timeframes. Overall, the review of investigative records demonstrates a consistent, structured, and compliant approach to managing allegations. Documentation reflected adherence to PREA standards and supports the facility's commitment to accountability, transparency, and effective response practices.

## **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
<b>Inmate-on-inmate sexual abuse</b>	10	10	0	0
<b>Staff-on-inmate sexual abuse</b>	4	4	0	0
<b>Total</b>	14	14	9	9

**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
<b>Inmate-on-inmate sexual harassment</b>	5	0	5	0
<b>Staff-on-inmate sexual harassment</b>	10	0	10	0
<b>Total</b>	15	0	15	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
<b>Inmate-on-inmate sexual abuse</b>	0	0	2	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	4	4	2
<b>Staff-on-inmate sexual abuse</b>	0	4	0	0
<b>Total</b>	0	8	4	2

### 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	4	0	1
<b>Staff-on-inmate sexual harassment</b>	0	10	0	0
<b>Total</b>	0	14	0	2

**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:**

15

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>8</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
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<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
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<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
<b>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.</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No

**Non-certified Support Staff**

<p><b>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.</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</b></p>	<p>1</p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p><b>108. Who paid you to conduct this audit?</b></p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW:</u></b></p> <p>To assess compliance with PREA Standard §115.11, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. This review focused on the agency’s PREA leadership structure, authority, and oversight mechanisms to ensure alignment with the requirements of this standard. Particular attention was given to whether the agency has established a zero-tolerance policy and designated a PREA Coordinator with sufficient authority, independence, and organizational support to oversee PREA compliance efforts.</p> <p>The Auditor examined Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, as well as JRLDC Policies and Procedures, Chapter 500, Inmate Programs, Activities and Discipline, Inmate Discipline, Policy 500.0, revised August 29, 2024. The Organizational Chart was also reviewed to confirm reporting relationships and the placement of PREA</p>

oversight within the agency's leadership structure. This document review confirmed that written policy and organizational design support a coordinated, agency-wide approach to PREA compliance consistent with §115.11.

**INTERVIEWS:**

As part of the compliance assessment, the Auditor conducted interviews with the PREA Coordinator and facility leadership to evaluate how PREA authority and responsibilities are exercised in practice.

**PREA Coordinator**

The PREA Coordinator described a well-defined and supported role with sufficient time, authority, and access to carry out PREA-related responsibilities effectively. The coordinator reported direct communication with executive leadership and the ability to address PREA-related concerns without undue barriers. Responsibilities include overseeing policy implementation, coordinating training, maintaining compliance documentation, and ensuring appropriate response to allegations of sexual abuse and sexual harassment. The coordinator also described regular communication with facility leadership to support consistent application of PREA standards across all operational areas.

Facility leadership confirmed that the PREA Coordinator is integrated into the agency's administrative structure in a manner that supports independence and effective oversight. Leadership described an environment in which PREA compliance is prioritized and supported through collaboration, clear communication, and accountability at all levels of the organization. These interviews demonstrated that PREA responsibilities are clearly defined and actively supported, consistent with the intent of §115.11.

**PROVISIONS**

**Provision (a): Comprehensive Zero-Tolerance Policy and Agency-Wide Sexual Safety Framework**

Provision (a) requires the agency to establish and enforce a written zero-tolerance policy toward all forms of sexual abuse and sexual harassment and to outline its approach to preventing, detecting, and responding to such conduct.

Policy 108.0 establishes the agency's zero-tolerance stance and provides a comprehensive framework for PREA compliance. The policy includes clear definitions of prohibited behaviors, including sexual abuse and sexual harassment, and outlines procedures for reporting, investigation, and response. The Pre-Audit Questionnaire confirms that disciplinary sanctions are in place for individuals who engage in prohibited conduct, reinforcing accountability and consistency in enforcement. Sanctions applicable to inmates are addressed in JRLDC Policies and Procedures, Chapter 500, Inmate Programs, Activities and Discipline, Inmate Discipline, Policy 500.0, revised August 29, 2024. Together, these policies reflect a coordinated and prevention-focused approach to inmate sexual safety, consistent with PREA

requirements.

### **Relevant Policies**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025.
- JRLDC Policies and Procedures, Chapter 500, Inmate Programs, Activities and Discipline, Inmate Discipline, Policy 500.0, revised August 29, 2024.

### **Provision (b): Designated PREA Coordinator with Authority and Organizational Placement**

Provision (b) requires the designation of an upper-level PREA Coordinator with sufficient time and authority to develop, implement, and oversee PREA compliance efforts.

Policy 108.0 clearly identifies the PREA Coordinator as the individual responsible for overseeing PREA compliance. The coordinator is positioned within the agency's leadership structure with direct access to executive decision-makers, as confirmed through review of the Organizational Chart. This placement ensures that PREA-related concerns can be elevated and addressed efficiently and that the coordinator has the authority necessary to implement corrective actions when needed. Interview findings further support that the coordinator operates with sufficient independence, resources, and organizational support to fulfill these responsibilities. This structure aligns with PREA guidance emphasizing the importance of leadership access, authority, and accountability in maintaining compliance.

### **Relevant Policies**

- Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025.

### **Provision (c): Facility-Level PREA Coordination and Implementation Oversight**

Provision (c) requires that, where applicable, facilities designate personnel with sufficient time and authority to coordinate PREA compliance efforts at the institutional level.

Policy 108.0 outlines the responsibilities of the PREA Coordinator in coordinating PREA-related activities across the facility. These responsibilities include monitoring compliance, maintaining required documentation, coordinating training initiatives, and ensuring timely communication of PREA-related information to agency leadership. The policy further requires that designated personnel have sufficient authority and resources to effectively manage these responsibilities.

The Organizational Chart and interview findings confirm that the PREA Coordinator

	<p>maintains direct communication with facility leadership and executive administration on matters involving sexual abuse and sexual harassment. This reporting structure supports accountability, promotes consistency in implementation, and ensures that PREA considerations remain integrated into daily operations. The coordinated approach described in policy and practice reflects a stable and effective system for sustaining PREA compliance.</p> <p><b>Relevant Policies</b></p> <ul style="list-style-type: none"> <li>• Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025.</li> <li>• Chapter 100, Administration, Management and Training, Policy 104.0, Organizational Chart, revised February 11, 2026.</li> </ul> <p><b>CONCLUSION:</b></p> <p>Based on the review of documentation, applicable policies, and information obtained through interviews, the Auditor determines that the facility meets the requirements of PREA Standard §115.11. The agency has established a clear zero-tolerance policy and has designated a PREA Coordinator with sufficient authority, access, and organizational support to oversee and coordinate PREA compliance efforts. The structure, policies, and practices in place reflect alignment with PREA standards and support a comprehensive approach to protecting inmates from sexual abuse and sexual harassment.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW:</b></p> <p>To evaluate compliance with PREA Standard §115.12, the Auditor reviewed the Pre-Audit Questionnaire and supporting documentation submitted by the agency to determine whether any contracts exist for the confinement of inmates and, if so, whether those arrangements include the PREA protections required by the standard. PREA Standard §115.12 requires that any new contract or contract renewal for the confinement of inmates obligate the contracting entity to adopt and comply with PREA standards and provide for contract monitoring to ensure compliance.</p> <p>The Auditor examined Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, as well as Chapter 100, Administration, Management and Training, Policy 111.0, Employee Training Requirements, revised October 25, 2023. This review was conducted to confirm how the agency incorporates PREA expectations into its administrative framework and</p>

training practices, including expectations applicable to contractors who may work within the facility environment. Documentation reflected that the agency's PREA structure is grounded in a zero-tolerance approach and maintains requirements intended to ensure that any contractual relationship affecting inmate confinement would be subject to PREA compliance expectations.

### **INTERVIEWS**

To supplement the document review, the Auditor interviewed the Facility Head regarding whether the agency contracts with any outside entity for the confinement of inmates and how PREA obligations would be addressed in such arrangements.

#### **Facility Head**

The Facility Head reported that JRLDC does not contract with private agencies or other entities for the confinement of inmates. According to the interview, all inmates housed under the authority of the agency remain within facilities directly operated by the agency, and there are no current contractual arrangements for inmate housing in privately operated or externally managed institutions. This information was consistent with the Pre-Audit Questionnaire and established that the facility's compliance with §115.12 is presently assessed in the context of the absence of such contracts rather than through active contract monitoring requirements.

### **PROVISIONS**

#### **Provision (a): Contractual PREA Obligations for Outside Confinement Arrangements**

Provision (a) requires that when a public agency contracts with a private agency or another entity for the confinement of its inmates, any new contract or contract renewal must include the entity's obligation to adopt and comply with the PREA standards.

The Pre-Audit Questionnaire and the interview with the Facility Head confirmed that JRLDC does not currently contract with any outside entity for the confinement of inmates. Because no such contracts or renewals exist, there was no triggering event during the audit period requiring the agency to demonstrate PREA contract language in an active agreement. Even so, the agency's PREA framework reflects an understanding that if such a confinement arrangement were established in the future, the contract would need to include an express obligation for the outside entity to adopt and comply with PREA standards, consistent with the plain requirements of §115.12(a).

#### **Provision (b): Contract Monitoring Requirements for PREA Compliance**

Provision (b) requires that any new contract or contract renewal for the confinement of inmates provide for agency contract monitoring to ensure that the contractor is complying with PREA standards.

Because JRLDC does not maintain any contracts with outside entities for the

	<p>confinement of inmates, there are currently no contract-monitoring duties to implement under this provision. The PREA Resource Center explains that when such contracts do exist, the contracting agency must verify compliance through audits and active monitoring between audits. In the absence of contract confinement arrangements, JRLDC remains responsible only for PREA compliance within its own operations, while maintaining a policy framework that would support contract monitoring obligations if outside confinement agreements were executed in the future.</p> <p><b>CONCLUSION:</b></p> <p>Based on the review of the Pre-Audit Questionnaire, applicable policies, and the interview with the Facility Head, the Auditor determines that JRLDC meets the requirements of PREA Standard §115.12. The agency does not currently contract with private agencies or other entities for the confinement of inmates, and therefore no new or renewed confinement contracts were subject to the PREA contract and monitoring requirements set out in §115.12 during the audit period. The agency’s administrative framework nonetheless reflects awareness that any future confinement contract would be required to include PREA compliance language and monitoring provisions consistent with the standard.</p>
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<b>115.13 Supervision and monitoring</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW:</b></p> <p>To assess compliance with PREA Standard §115.13, the Auditor conducted a detailed review of the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. The PAQ and accompanying records were used to evaluate whether JRLDC has developed, documented, and implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates from sexual abuse and sexual harassment, as required by this standard.</p> <p>The Auditor reviewed J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025; JRLDC Policies and Procedures, Chapter 500, Inmate Programs, Activities, and Discipline, Inmate Discipline, revised August 29, 2024; JRLDC Policies and Procedures, Chapter 100, Administration, Policy 102.0, Staffing Plans, revised September 16, 2022; and the facility staffing plan. Together, these materials were examined to determine whether the facility’s written practices reflect PREA requirements related to adequate staffing, documentation of deviations, annual staffing-plan review in consultation with the PREA Coordinator, and</p>

unannounced supervisory rounds to identify and deter staff sexual abuse and sexual harassment.

### **INTERVIEWS**

Audit interviews further corroborated the consistency of supervision and monitoring practices throughout the facility. The Auditor interviewed the Facility Head, the PREA Coordinator, supervisory staff, line staff, and inmates to better understand how staffing, monitoring technology, and supervisory practices operate in the daily life of the institution.

#### **PREA Coordinator (PC)**

The PREA Coordinator described an active and ongoing role in the facility's supervision and monitoring structure. The PC explained that PREA-related responsibilities include reviewing staffing patterns, assessing the adequacy of video monitoring coverage, and coordinating prompt responses to technical failures or interruptions in surveillance capability. The PC also reported participation in the facility's annual staffing review, which considers inmate population trends, housing-unit design, blind spots, program needs, and emerging operational concerns that may affect sexual safety.

The PC further stated that staffing levels are evaluated not only for basic security coverage but also for their ability to support programming and inmate access to services while maintaining adequate protection from sexual abuse and sexual harassment. When vulnerabilities are identified, the PC works with facility leadership to initiate adjustments in staffing deployment or monitoring practices. This reflects the PREA expectation that staffing and monitoring decisions remain dynamic and responsive to institutional risk.

#### **Facility Head and Leadership Perspectives**

The Facility Head described staffing as a central component of both safety and orderly operations. Decisions regarding staffing patterns were said to be guided by inmate activity schedules, housing design, physical plant considerations, and daily operational demands. The Facility Head emphasized the importance of maintaining adequate supervision while also ensuring that inmates continue to have access to education, programs, and services, which reflects a balanced and practical approach to facility management.

The Facility Head also explained that staffing assessments include input from line staff, supervisors, and the PREA Coordinator. According to the Facility Head, deviations from the staffing plan are documented and analyzed so the facility can identify trends and make informed operational adjustments when needed. The expansion of the video monitoring system was identified as a major enhancement to situational awareness and investigative efficiency, consistent with PREA's recognition that monitoring technology can augment direct staff supervision.

#### **Supervisory Staff**

Intermediate- and higher-level supervisors reported that unannounced rounds are conducted on every shift and are intentionally varied so they remain unpredictable. Supervisors described these rounds as an important tool for identifying and deterring staff sexual abuse and sexual harassment, while also allowing direct observation of staff conduct, post-performance, and housing-unit conditions. They further explained that the rounds create opportunities for coaching, immediate intervention, and reinforcement of PREA expectations.

Supervisors also stated that the unpredictability of these rounds helps reduce complacency and strengthens accountability throughout the facility. Their descriptions were consistent with PREA guidance emphasizing that unannounced supervisory rounds must be used as a deterrent to sexual misconduct and must occur on all shifts.

### **Line Staff and Inmates**

Line staff interviews confirmed a shared understanding of PREA-specific monitoring responsibilities. Staff described supervisory presence as routine and expected and uniformly stated that advance notice of supervisory rounds is strictly prohibited. According to staff, this prohibition is clearly understood and consistently enforced as part of the facility's PREA supervision practices.

### **Random Inmates**

Inmates corroborated these observations. They described supervisors, including the PREA Coordinator, as visible, professional, and approachable throughout the facility. Many inmates reported that supervisory presence promotes fairness, responsiveness, and a greater sense of safety, which supports the conclusion that monitoring practices are not merely formal requirements but visible components of the facility's sexual safety strategy.

## **PROVISIONS**

### **Provision (a): PREA-Based Staffing Plan and Monitoring Framework**

According to the PAQ, the facility makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse and sexual harassment. The PAQ indicates that the facility has a staffing plan and that the plan addresses each of the factors required by PREA Standard §115.13(a), including institutional layout, inmate population, prevalence of sexual abuse, and the availability of monitoring technology.

The facility staffing plan further states that it is the policy of the facility to ensure that all relieved posts are staffed at the times specified. The PAQ confirms that the average daily number of inmates during the past twelve months was 779 and that the average daily number of inmates on which the staffing plan was predicated was also 779. This demonstrates that the staffing plan is based on actual operating conditions and that the facility has aligned planned staffing levels with its current inmate

population.

**Relevant Policies**

- Chapter 100, Administration, Policy 102.0, Staffing Plans, revised September 16, 2022
- Staffing Plan

**Provision (b): Documentation and Justification of Staffing Plan Deviations**

According to the PAQ, the agency requires the facility to document and justify all deviations from the staffing plan. This requirement is consistent with §115.13(b), which mandates that whenever the staffing plan is not complied with, the facility must record and explain the deviation.

The facility reported zero deviations from the staffing plan during the past twelve months, and this was confirmed by the facility head. Even in the absence of deviations during the audit period, the requirement for documentation and justification establishes a clear framework for accountability and ensures that, if deviations occur, the facility has a process in place to evaluate their cause and impact on inmate sexual safety.

**Provision (c): Annual Staffing Review in Consultation with the PREA Coordinator**

Per the PAQ, at least once every year the facility or agency, in consultation with the PREA Coordinator, reviews the staffing plan to determine whether adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility or agency resources necessary to commit to the staffing plan. This requirement directly reflects §115.13(c), which calls for an annual documented assessment of whether changes are needed to maintain compliance and adequate protection for inmates.

The information obtained through interviews supports the conclusion that this annual review is meaningful and operationally informed. The PC and facility leadership described a process that takes into account population trends, architectural design, operational changes, and surveillance coverage, thereby supporting ongoing refinement of the facility's supervision and monitoring strategies. This demonstrates a PREA-informed approach to continuous assessment rather than a static staffing model.

**Provision (d): Unannounced Supervisory Rounds as a Deterrent to Sexual Misconduct**

Per the PAQ, the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. JRLDC Policies and Procedures, Chapter 100, Administration, Management, and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 7, procedure number 5(C), addresses this requirement and supports the facility's

	<p>formal expectation that such rounds occur as part of its supervision practices.</p> <p>Interviews with supervisory staff, line staff, and inmates confirmed that these rounds are conducted on every shift and are intentionally unpredictable. Staff consistently affirmed that advance notice of rounds is prohibited, and inmates described supervisory visibility as routine and reassuring. These practices are consistent with PREA’s requirement that unannounced rounds function as a real deterrent to staff sexual abuse and sexual harassment rather than a symbolic or irregular practice.</p> <p><b>Relevant Policies</b></p> <ul style="list-style-type: none"> <li>• Chapter 700, Security, Policy 700.0, Supervision Rounds and Counts, revised July 14, 2025, p. 3, E</li> <li>• Chapter 100, Administration, Management, and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025</li> </ul> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.13. The facility has developed and implemented a staffing plan that addresses PREA-required considerations, requires documentation of any staffing-plan deviations, conducts annual staffing reviews in consultation with the PREA Coordinator, and maintains unannounced supervisory rounds to identify and deter staff sexual abuse and sexual harassment. Accordingly, the facility is found to be compliant with this standard.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.14, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. This review focused on whether JRLDC has established and implemented practices that protect youthful inmates from sexual abuse and sexual harassment through required sight, sound, and physical separation from adult inmates, the use of direct staff supervision where necessary, and limitations on the use of isolation for protective purposes. The review was designed to determine not only what the policies state, but also how those policies would operate in practice when youthful inmates are present.</p> <p>The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, along with JRLDC Policies and Procedures, Chapter 300, Classification, Inmate Classification Plan, Policy 300.0,</p>

revised May 30, 2015. These documents were reviewed to confirm how the facility addresses youthful inmate housing assignments, required separation from adults, supervision expectations, and access to services and programming. The policies were analyzed in relation to §115.14, which prohibits placing a youthful inmate in a housing unit where that youthful inmate will have sight, sound, or physical contact with an adult inmate, and requires either sight and sound separation or direct staff supervision whenever youthful and adult inmates are in proximity outside housing areas.

### **OBSERVATIONS**

During the onsite visit, the Auditor toured all housing units, the medical department, program areas, and other locations where a youthful inmate might be housed, receive services, or be transported during routine operations. The inspection included living units, dayrooms, program and service spaces, and circulation corridors, with attention to how the physical plant and operational practices would support compliance with PREA's separation requirements for youthful inmates.

No individual observed during the walkthrough appeared to be under the age of 18. To confirm this observation, the Auditor conducted a follow-up review of intake, admission, classification, and inmate roster records. That review verified that no youthful inmates were assigned to the facility at the time of the onsite audit and that no listed inmate had a birthdate indicating they were under 18. These findings confirmed that the facility was not housing a youthful inmate during the onsite portion of the audit. However, policy and interview information established that the facility has housed youthful inmates during the audit period and that the youthful inmate provisions are not merely theoretical but have been applied in practice.

### **INTERVIEWS**

As part of the compliance assessment, the Auditor interviewed the PREA Coordinator and the Facility Head regarding the facility's practices for managing youthful inmates. Because no youthful inmates were housed at JRLDC during the onsite audit, no inmate interviews were conducted under this standard.

### **PREA Coordinator**

The PREA Coordinator confirmed that there were no youthful inmates assigned to the facility at the time of the onsite visit. The PC explained that when a youthful inmate is assigned, staff implement the facility's PREA-driven requirements for strict separation from adult inmates. This includes ensuring the youthful inmate is housed in a separate unit and that, in any area outside the housing unit where contact with adult inmates might otherwise occur, direct staff supervision is used to prevent sight, sound, or physical contact. The PC noted that these expectations are clearly outlined in policy and reinforced with staff responsible for intake, classification, housing, movement, and supervision. The description provided by the PC reflects PREA's emphasis on protecting youthful inmates through a combination of physical separation and direct supervision.

## **Facility Head**

The Facility Head confirmed that the facility does house youthful inmates when such placements are made and reported that JRLDC maintains a dedicated unit for youthful inmates. The Facility Head indicated that four youthful inmates had been housed at JRLDC during the past twelve months, demonstrating that the facility's youthful inmate procedures have been implemented in real cases during the audit period. The Facility Head further described how classification and housing decisions for youthful inmates are coordinated with supervisory and custody staff to ensure that separation requirements are honored and that youthful inmates retain access to education, recreation, and other services, consistent with safety and PREA obligations.

## **PROVISIONS**

### **Provision (a): Dedicated Housing and Structural Separation for Youthful Inmates**

Provision (a) requires that a youthful inmate not be placed in a housing unit where the youthful inmate will have sight, sound, or physical contact with any adult inmate through a shared dayroom, common space, shower area, or sleeping quarters. The standard emphasizes structural separation and careful housing assignment as primary tools for preventing sexual abuse and sexual harassment of youthful inmates by adults.

The Pre-Audit Questionnaire indicates that JRLDC does house youthful inmates, and this was confirmed during interviews with the Facility Head. The Facility Head reported that the facility maintains a dedicated housing unit for youthful inmates, thereby providing an inherent separation from the adult population. This dedicated unit serves as the primary means of ensuring that youthful inmates do not share dayrooms, common spaces, shower areas, or sleeping quarters with adults. The Auditor's review of JRLDC Policies and Procedures, Chapter 300, Classification, Inmate Classification Plan, Policy 300.0, supports this arrangement by documenting procedures that direct classification staff to assign youthful inmates to separate housing and to maintain protective separation as a matter of policy. Although no youthful inmate was present during the onsite audit, the combination of written policy and leadership testimony demonstrates that the facility has a structured, PREA-consistent approach to housing youthful inmates in a separate and protective environment.

### **Relevant Policies**

JRLDC Policies and Procedures, Chapter 300, Classification, Inmate Classification Plan, Policy 300.0, revised May 30, 2015.

### **Provision (b): Sight and Sound Separation and Direct Staff Supervision Outside Housing Areas**

Provision (b) requires that in areas outside housing units, agencies either maintain sight and sound separation between youthful and adult inmates or ensure that

youthful inmates are under direct staff supervision when such separation cannot be maintained. This provision recognizes that movement, programming, and service delivery often occur in shared or adjacent spaces and therefore requires operational safeguards to prevent exposure to adult inmates.

According to the Pre-Audit Questionnaire, JRLDC maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas outside the housing unit whenever possible. The PAQ further notes that when youthful and adult inmates might otherwise have sight, sound, or physical contact outside housing areas—for example, in medical, visitation, or program spaces—the facility provides direct staff supervision to ensure that contact does not occur. JRLDC Policies and Procedures, Chapter 300, Classification, Inmate Classification Plan, Policy 300.0, addresses these expectations by describing classification-based placement, movement protocols, and supervision requirements for youthful inmates. Policy references, including page 2, Procedure 1, A(4), and page 8, Attachment A, outline the mechanisms for controlling movement and ensuring that either separation or direct supervision is consistently maintained. These provisions reflect PREA’s intent that youthful inmates be protected not only where they sleep, but also wherever they live, move, and receive services within the facility.

#### **Relevant Policies**

JRLDC Policies and Procedures, Chapter 300, Classification, Inmate Classification Plan, Policy 300.0, revised May 30, 2015, page 2, Procedure 1, A(4), and page 8, Attachment A.

#### **Provision (c): Limits on Isolation and Preservation of Youthful Inmate Access to Programs and Services**

Provision (c) requires agencies to make best efforts to avoid placing youthful inmates in isolation to achieve compliance with separation requirements. When separation cannot be achieved without some restrictions, the standard prohibits denying youthful inmates daily large-muscle exercise or legally required education services, and requires documentation of any exigent circumstances that justify restrictions on programs, education, or work opportunities.

The Pre-Audit Questionnaire indicates that JRLDC documents any exigent circumstances in each instance where a youthful inmate’s access to daily large-muscle exercise, legally required education services, or other programs and work opportunities is denied. This documentation requirement underscores the facility’s responsibility to ensure that protective measures do not become de facto isolation that deprives youthful inmates of essential services. The PAQ further reflects that, during the past twelve months, zero youthful inmates were placed in isolation in order to separate them from adult inmates. This reported practice supports the conclusion that the facility has not relied on isolation as a routine method of PREA compliance and instead uses housing separation, movement controls, and supervision to meet the standard.

The Auditor’s review of JRLDC Policies and Procedures, Chapter 300, Classification,

	<p>Inmate Classification Plan, Policy 300.0, specifically pages 3–4, Procedure 2, B(3)(a-c), confirmed that the facility has established guidance intended to preserve youthful inmates’ access to exercise, education, and programming. These provisions reinforce that any restrictions must be narrowly tailored, time-limited, and justified, and that documentation of exigent circumstances is required whenever normal access is curtailed. This framework aligns with PREA’s emphasis on avoiding punitive or overly restrictive conditions for youthful inmates under the guise of protective measures.</p> <p><b>Relevant Policies</b></p> <p>JRLDC Policies and Procedures, Chapter 300, Classification, Inmate Classification Plan, Policy 300.0, revised May 30, 2015, pages 3–4, Procedure 2, B(3)(a-c).</p> <p><b>CONCLUSION</b></p> <p>Based upon the review and analysis of the Pre-Audit Questionnaire, relevant policies, onsite observations, and interviews with the PREA Coordinator and Facility Head, the Auditor determines that JRLDC meets the requirements of PREA Standard §115.14 related to youthful inmates. The facility has established a dedicated housing unit and classification procedures that support separate housing for youthful inmates, maintains sight and sound separation or direct staff supervision outside housing areas, and avoids the use of isolation as a routine method of achieving PREA compliance. These practices collectively reflect a PREA-consistent approach to protecting youthful inmates from sexual abuse and sexual harassment within the facility.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.15, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. This review focused on whether JRLDC has established and implemented policies and practices that limit cross-gender viewing and searches, preserve inmate privacy, and ensure that searches and supervision are conducted in a manner consistent with PREA’s requirements and trauma-informed intent. The review was designed to determine not only what the written policies require, but also how those requirements are integrated into daily operations.</p> <p>The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025; Chapter 200, Booking, Release and Transfer, Policy 203.0, Clothed Body, Strip, and Body Cavity Searches, revised</p>

February 11, 2025; and Chapter 700, Security, Supervision Rounds and Counts, Policy 700.0, revised November 24, 2025. These documents were reviewed to verify facility limitations on cross-gender strip searches and visual body cavity searches, restrictions on cross-gender pat-down searches, privacy protections, opposite-gender announcement requirements, and prohibitions on searching transgender or intersex inmates for the sole purpose of determining genital status. Collectively, these policies form the structural framework for implementing PREA Standard §115.15 within JRLDC.

### **OBSERVATIONS**

During the facility tour, the Auditor observed consistent use of privacy safeguards in housing areas, the medical department, restrooms, shower areas, and program spaces. Staff of a different gender than the housing-unit occupants made clear, audible announcements before entering locations where inmates might be showering, changing clothing, or otherwise in a state of undress. These announcements were repeated as needed and were easily heard throughout the living areas, reflecting an operational practice consistent with §115.15(d), which requires opposite-gender staff to announce their presence when entering an inmate housing unit.

The overall environment reflected a respectful and professional approach to inmate privacy. Staff were observed following procedures designed to prevent unnecessary viewing of inmates' breasts, buttocks, or genitalia by nonmedical staff of the opposite gender, except when such viewing was incidental to routine security checks. Where inmates with transgender or intersex status considerations were identified through classification records, staff behavior reflected awareness of the need to conduct searches and supervision in a respectful, least intrusive manner consistent with PREA's trauma-informed principles.

### **INTERVIEWS**

To evaluate how these policies function in practice, the Auditor interviewed random staff, nonmedical staff who conduct searches, and random inmates. At the time of the onsite audit, there were no transgender inmates assigned to the facility, so transgender-specific inmate interviews were not conducted under this standard.

#### **Random Staff**

Random staff from various posts demonstrated a clear understanding of PREA requirements related to cross-gender searches, inmate privacy, and respectful communication. They reported receiving PREA training that addresses prohibitions on cross-gender strip searches, limits on cross-gender pat-down searches, announcement requirements, and expectations for preserving privacy in showers, restrooms, and changing areas. Staff consistently stated that cross-gender strip searches and visual body cavity searches are not conducted except under very limited circumstances and only in accordance with policy.

#### **Nonmedical Staff**

Nonmedical staff who perform searches described step-by-step procedures for

clothed body searches and routine security checks. They indicated that cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when conducted by qualified medical practitioners, consistent with §115.15(a). They also reported that security staff do not perform body cavity searches and that such procedures, when authorized, are strictly controlled and handled by medical professionals. Staff further explained that searches involving transgender or intersex inmates are conducted in a professional, respectful, and least intrusive manner, and that they are prohibited from searching or physically examining a transgender or intersex inmate solely to determine genital status.

### **Inmates**

Inmates interviewed by the Auditor reported that staff conduct searches in a respectful and professional manner. They consistently stated that they had not experienced cross-gender strip searches or cross-gender visual body cavity searches. Inmates also confirmed that staff of the opposite gender announce their presence before entering housing units and that they are generally able to shower, change clothing, and use restroom facilities without being viewed by staff of a different gender. These reports support the conclusion that the facility's search and supervision practices are aligned with PREA's privacy and dignity objectives.

### **PROVISIONS**

#### **Provision (a): Prohibition of Cross-Gender Strip and Visual Body Cavity Searches**

Provision (a) prohibits facilities from conducting cross-gender strip searches or cross-gender visual body cavity searches of inmates, except in exigent circumstances or when performed by medical practitioners. This provision reflects PREA's recognition that such searches are invasive and potentially traumatizing and must therefore be strictly limited.

The Pre-Audit Questionnaire indicates that JRLDC does not conduct cross-gender strip searches or cross-gender visual body cavity searches of inmates. Facility leadership reported that in the past twelve months there were zero cross-gender strip or visual body cavity searches conducted by nonmedical staff in non-exigent circumstances. The Auditor's review of Chapter 200, Booking, Release and Transfer, Policy 203.0, Clothed Body, Strip, and Body Cavity Searches, revised February 11, 2025, confirmed that same-gender requirements apply to strip and visual body cavity searches, with exceptions only for narrowly defined exigent circumstances or when such searches are performed by medical practitioners. Policy language sets clear boundaries on who may conduct these searches, under what conditions, and with what documentation. This framework demonstrates that the facility's written policy and reported practice adhere to the core protections required by §115.15(a).

#### **Provision (b): Restrictions on Cross-Gender Pat-Down Searches of Female Inmates**

Provision (b) prohibits cross-gender pat-down searches of female inmates except in

exigent circumstances and prohibits agencies from restricting female inmates' access to programming or other out-of-cell opportunities in order to comply with this prohibition. The intent is to prevent both overuse of cross-gender pat-down searches and unintended restrictions on female inmates' daily activities.

According to the Pre-Audit Questionnaire, the agency does not permit cross-gender pat-down searches of female inmates absent exigent circumstances, and the facility does not limit female inmates' participation in programs or out-of-cell activities to meet this requirement. The PREA Coordinator explained that staffing patterns are designed to ensure that female officers are available to conduct pat-down searches of female inmates, eliminating the need to curtail access to movement, programs, or services. The PC reported that there were no pat-down searches of female inmates conducted by male staff during the past twelve months. Chapter 200, Booking, Release and Transfer, Policy 203.0, Clothed Body, Strip, and Body Cavity Searches, revised February 11, 2025, reinforces these expectations by specifying same-gender pat-down requirements and documenting the narrow conditions under which exceptions may be considered. These practices demonstrate compliance with §115.15(b) and reflect a deliberate effort to align staffing patterns with PREA's protections for female inmates.

**Provision (c): Documentation of Cross-Gender Searches and Exceptions**

Provision (c) requires facilities to document all cross-gender strip searches and cross-gender visual body cavity searches, as well as cross-gender pat-down searches of female inmates. This documentation requirement supports accountability, facilitates supervisory review, and provides a record that can be examined for patterns or concerns related to search practices.

The Pre-Audit Questionnaire states that facility policy requires documentation of all cross-gender strip and visual body cavity searches, and all cross-gender pat-down searches of female inmates, when they occur. Chapter 200, Booking, Release and Transfer, Policy 203.0, Clothed Body, Strip, and Body Cavity Searches, revised February 11, 2025, outlines this requirement and identifies the information that must be recorded, such as the justification for the search, the staff involved, and the outcome. Although the facility reported no such searches in the past twelve months, the existence of a clear documentation requirement ensures that any future exceptions will be subject to oversight and review, consistent with PREA Standard §115.15(c).

**Provision (d): Privacy Protections and Opposite-Gender Announcements**

Provision (d) requires agencies to implement policies and procedures that allow 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. It also requires that opposite-gender staff announce their presence when entering an inmate housing unit.

The Pre-Audit Questionnaire reflects that JRLDC has implemented privacy safeguards

to meet these requirements. Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and Chapter 700, Security, Policy 700.0, Supervision Rounds and Counts, revised July 14, 2025, address both privacy expectations and opposite-gender announcement requirements. During the onsite visit, the Auditor observed opposite-gender staff making clear announcements before entering housing areas, and inmates confirmed that this practice is routine. Inmates also reported that they are generally able to shower, change clothing, and use restroom facilities without being viewed by staff of a different gender, except when brief incidental viewing occurs during required security rounds. These observations and reports demonstrate that JRLDC has operationalized §115.15(d) in a way that balances security needs with respect for bodily privacy.

**Provision (e): Prohibition on Using Searches to Determine Genital Status of Transgender or Intersex Inmates**

Provision (e) prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. When such status is unknown, agencies must rely on less intrusive methods, such as conversations with the inmate, review of medical records, or, if necessary, a medical examination conducted in the context of routine care.

The Pre-Audit Questionnaire indicates that JRLDC policy explicitly prohibits staff from conducting searches or physical examinations of transgender or intersex inmates solely to determine genital status. Chapter 200, Booking, Release and Transfer, Policy 203.0, Clothed Body, Strip, and Body Cavity Searches, revised February 11, 2025, incorporates this prohibition and reinforces the expectation that searches of transgender or intersex inmates be conducted in a respectful, least intrusive manner consistent with safety needs. Staff interviews confirmed awareness of this prohibition and familiarity with the appropriate alternative methods for obtaining necessary information when genital status is not known. These findings show that the facility’s policy and training are aligned with §115.15(e).

**Provision (f): Applicability of Prior Training Requirement**

Under the current PREA audit framework, the prior training-specific provision associated with this standard is no longer applied as a separate compliance element. Training expectations related to cross-gender searches and privacy protections are addressed through the agency’s broader PREA training standards and verified under the applicable staff training provisions.

**CONCLUSION**

Based on the review and analysis of the Pre-Audit Questionnaire, relevant policies, onsite observations, and interviews with staff and inmates, the Auditor determines that JRLDC meets the requirements of PREA Standard §115.15 governing limits to cross-gender viewing and searches. The facility’s policy framework, operational practices, staff knowledge, and inmate reports collectively demonstrate compliance with PREA-required protections related to search limitations, documentation, bodily privacy, opposite-gender announcements, and safeguards for transgender and

	intersex inmates.
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.16, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. This review focused on whether JRLDC has established procedures that provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA requires agencies to ensure effective communication with inmates who are deaf or hard of hearing, blind or low vision, have intellectual, psychiatric, or speech disabilities, or have limited English proficiency, and to avoid reliance on inmate interpreters except in narrowly defined emergency situations.</p> <p>The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, the Language Line Services Inc. agreement for interpreter services dated September 18, 2008, and PREA Language Interpretation Refresher Training materials. These documents were reviewed to determine whether the facility has formalized procedures for effective communication, access to qualified interpretation, and staff training related to disability access and language access, and whether the agency prohibits routine use of inmate interpreters, readers, or other inmate assistants for PREA-related communication as required by §115.16(c).</p> <p><b>OBSERVATIONS</b></p> <p>During the onsite visit, the Auditor observed PREA informational materials posted in clear, visible locations throughout the facility. Posters and notices were displayed in housing units, hallways, medical areas, visitation spaces, intake and orientation areas, and program locations so inmates could encounter PREA information at multiple points during confinement. Materials were formatted in straightforward, accessible language to promote understanding of sexual abuse prevention, reporting options, and available support.</p> <p>Written PREA information and brochures were available in both English and Spanish, and staff confirmed that additional languages can be supported through professional</p>

interpreter services when needed. The placement of materials in intake and orientation areas ensured that inmates receive PREA-related information at the outset of their confinement, with ongoing visibility throughout their stay. These observations support the conclusion that the facility has taken practical steps to make PREA education and reporting information accessible to inmates with varied communication needs.

## **INTERVIEWS**

To confirm how the policies function in practice, the Auditor interviewed random staff, inmates with disabilities, and the Facility Head about communication access, use of interpreters, and support for inmates with limited English proficiency.

### **Random Staff**

Random staff demonstrated a clear understanding of procedures for communicating with inmates who have disabilities or limited English proficiency. Staff consistently stated that inmate interpreters, inmate readers, or other inmate assistants are not used for PREA-related matters except in rare emergency circumstances when an extended delay in obtaining a qualified interpreter could compromise inmate safety, interfere with first-responder duties under §115.64, or impede the investigation of an allegation. Staff described the process for obtaining professional interpretation as straightforward and reliable and emphasized expectations that PREA communication must be effective, accurate, impartial, and respectful of confidentiality. Their responses indicated that training in this area is understood and applied.

### **Inmates**

Inmates who reported hearing, vision, or learning challenges stated that they received PREA information in ways they could understand. Some described receiving verbal explanations, others referenced clearly written or visually oriented materials, and some mentioned staff taking additional time to explain information and answer questions. These inmates indicated that they understood how to report sexual abuse or sexual harassment and felt they could access help if needed. Their statements align with PREA's requirement that written materials and communication methods be provided in formats that ensure effective communication for inmates with disabilities.

### **Facility Head**

The Facility Head described a structured approach to ensuring communication access. The Facility Head explained that the facility uses professional interpreter services, accessible written materials, and trained staff to ensure that all inmates can understand PREA information and participate in reporting processes, regardless of disability or English proficiency. The Facility Head emphasized that communication needs are addressed proactively, and that reliance on established interpreter vendors and technologies supports both effective communication and confidentiality. This description was consistent with the facility's documented agreement with Language Line Services and with policy requirements for language and disability access.

## **PROVISIONS**

### **Provision (a): Equal PREA Access for Inmates with Disabilities**

Provision (a) requires agencies to take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes effective communication and access to PREA education, reporting mechanisms, and response services for inmates who are deaf or hard of hearing, blind or low vision, or who have intellectual, psychiatric, or speech disabilities.

According to the Pre-Audit Questionnaire, the agency has established procedures to ensure that inmates with disabilities can access PREA-related information and services on an equal basis. Policy 108.0 provides for use of accessible formats and accommodations for inmates whose disabilities affect communication. During interviews, the PREA Coordinator stated that when communication needs exceed what can be addressed internally, staff consult the county-wide ADA Coordinator for additional guidance or resources. This layered approach demonstrates that the facility has both internal processes and external support mechanisms for addressing complex disability-related communication needs. Together, the policy language and interview information support the conclusion that the facility has established and implemented processes that provide meaningful PREA access to inmates with disabilities.

### **Provision (b): Language Access for Inmates with Limited English Proficiency**

Provision (b) requires agencies to take reasonable steps to ensure meaningful access to all aspects of PREA-related efforts for inmates with limited English proficiency, including access to interpreters who can interpret effectively, accurately, and impartially using any necessary specialized vocabulary.

The Pre-Audit Questionnaire reports that the agency has procedures to provide equal PREA access for inmates with limited English proficiency. Staff interviews confirmed that professional interpreter services are used for PREA-related communication, and that bilingual or translated materials are made available. The PREA Coordinator reported that the facility is in the process of translating all orientation documents and the Inmate Handbook using a certified translator so that core information is available in additional languages beyond English. Combined with the use of Language Line Services and existing bilingual PREA postings, these steps demonstrate an active effort to strengthen language access and maintain meaningful communication for limited English proficient inmates, consistent with §115.16(b).

### **Provision (c): Prohibition on Routine Use of Inmate Interpreters, Readers, or Assistants**

Provision (c) prohibits agencies from relying on inmate interpreters, inmate readers, or other inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties under §115.64, or the investigation of an allegation.

	<p>The Pre-Audit Questionnaire indicates that JRLDC policy expressly prohibits routine use of inmate interpreters, readers, or other inmate assistants for PREA-related communication. Policy 108.0, page 6, Procedure 4(B)(4), supports this requirement by specifying that such assistance may be used only when an emergency exists and no timely alternative is available. The PAQ further reports that in the past twelve months there were zero instances in which inmate interpreters, readers, or other inmate assistants were used for PREA matters outside the narrow emergency exception, a statement confirmed by both the PREA Coordinator and the Detention Center Director. These findings show that the facility not only has the required prohibition in place, but also monitors practice to ensure that staff rely on professional interpretation rather than inmate assistance in PREA-related contexts.</p> <p><b>CONCLUSION</b></p> <p>Based upon the review and analysis of the Pre-Audit Questionnaire, applicable policies, onsite observations, and interviews with staff, inmates with disabilities, and the Facility Head, the Auditor determines that JRLDC meets the requirements of PREA Standard §115.16. The facility has established and implemented procedures that provide inmates with disabilities and inmates who are limited English proficient equal access to PREA education, reporting, and response services, utilizes professional interpreter resources, and prohibits reliance on inmate interpreters except in narrowly defined emergencies.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW:</b></p> <p>To assess compliance with PREA Standard §115.17, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. The review focused on whether JRLDC has established hiring, promotion, and contractor-screening practices that prevent individuals with disqualifying histories of sexual abuse, sexual misconduct, or related adjudications from being placed in positions that may involve contact with inmates. PREA Standard §115.17 is intended to prevent staff sexual misconduct by ensuring that agencies do not hire, promote, or retain access to individuals whose prior conduct presents a risk to inmate safety.</p> <p>The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and JRLDC Policies and Procedures, Chapter 100, Administrative, Management, and Training, Policy 110.0, Recruitment and Selection Process, revised October 25, 2023. These materials were reviewed to determine whether the agency requires criminal background record checks, written PREA disclosures, inquiry into prior institutional employment, periodic rescreening of</p>

current staff and contractors, and safeguards addressing false statements or omissions in the hiring and promotion process. The document review also included personnel-file verification to confirm that written policy requirements are implemented in practice.

## **INTERVIEWS**

As part of the compliance review, the Auditor interviewed Human Resources staff, random staff, and random inmates. These interviews provided additional context regarding how the facility applies its hiring and promotion practices, how those practices are understood by staff, and how they contribute to the overall safety climate experienced by inmates.

### **Human Resources Staff**

Human Resources staff provided a detailed description of the hiring and promotion process and explained that the facility uses a structured system that includes criminal background checks, verification of prior employment, and PREA disclosure forms before employment decisions are finalized. HR staff stated that background checks are conducted before hiring and before promotion where required, and that the facility also maintains a recurring review system to ensure ongoing compliance with PREA screening obligations for employees, contractors, and volunteers. They described the process as active, organized, and intentionally designed to ensure that all required history checks and disclosures are completed before approval is granted.

The Auditor reviewed a sample of personnel files and confirmed that each file contained the required documentation, including criminal history check information, signed disclosure forms, and verification of prior misconduct inquiries where applicable. Follow-up discussion with Human Resources staff reinforced that hiring decisions are reviewed carefully and that compliance with PREA screening requirements is treated as a mandatory threshold rather than a discretionary step. This level of documentation supports the conclusion that JRLDC has operationalized the hiring and promotion protections required by §115.17.

### **Random Staff**

Random staff members confirmed their understanding of the agency's hiring and promotion expectations and demonstrated awareness that individuals with a history of sexual abuse, sexual harassment, or related misconduct are not eligible for employment, promotion, or contractor roles involving inmate contact. Staff described the hiring process as thorough, fair, and focused on maintaining a safe environment for inmates and personnel alike. Their responses suggest that the agency's PREA employment standards are well communicated internally and understood as part of the facility's professional culture.

### **Random Inmates**

Inmates from different housing areas shared generally positive feedback regarding staff professionalism and conduct. They described staff as respectful, consistent, and

professional in daily interactions and expressed confidence that the facility hires and retains qualified personnel. While inmates are not involved in the hiring process, their observations support the broader conclusion that the agency's screening and accountability practices contribute to a workforce that reflects appropriate standards of conduct and professionalism.

### **PROVISIONS**

#### **Provision (a): Disqualification of Applicants, Promotees, and Contractors with PREA-Related Misconduct Histories**

This provision ensures that individuals with disqualifying histories of sexual abuse or misconduct are not hired, promoted, or permitted to serve as contractors in positions involving contact with inmates. PREA Standard §115.17(a) prohibits the agency from hiring or promoting anyone, or enlisting any contractor, who has engaged in sexual abuse in a confinement setting, has been convicted of certain coercive or nonconsensual sexual activity in the community, or has been civilly or administratively adjudicated to have engaged in such conduct.

The facility follows a consistent screening process designed to prevent individuals with such histories from being employed or advanced. Background checks and PREA disclosure forms are reviewed for each applicant, and staff interviews confirmed that these standards are clearly understood and consistently applied. The Auditor's review of personnel and contractor files showed complete compliance in the sampled records, with each file containing the documentation required by the standard, including criminal history information and PREA-related screening materials. This process reflects a protective and prevention-focused approach to staffing decisions.

#### **Relevant Policies**

- JRLDC Policy 108.0, page 8, Procedure 8.
- JRLDC Policies and Procedures, Chapter 100, Administrative, Management, and Training, Policy 110.0 Recruitment and Selection Process, revised October 25, 2023, p. 5, Procedure 5, A(4)

#### **Provision (b): Consideration of Sexual Harassment History in Hiring, Promotion, and Contracting Decisions**

The PAQ states that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. This is consistent with PREA Standard §115.17(b), which requires the agency to consider sexual harassment history even when the conduct does not rise to the level of the disqualifying acts listed in subsection (a).

The Auditor interviewed Human Resources staff regarding the facility's hiring practices, and HR staff explained that applicants are required to complete personnel documents that include direct disclosure of the misconduct topics addressed by the standard. HR staff stated that the facility has developed a comprehensive tracking

process to ensure that required history checks are completed for pre-hires, promotions, and five-year reviews. The Auditor's review of personnel files confirmed that the required PREA questions were asked and answered on all documents reviewed and that the files contained the mandated documentation, including criminal history verifications and PREA disclosure materials.

**Relevant Policies**

- JRLDC Policy 108.0, page 8, Procedure 8.
- JRLDC Policies and Procedures, Chapter 100, Administrative, Management, and Training, Policy 110.0 Recruitment and Selection Process, revised October 25, 2023, p. 5, Procedure 5, A(4)

**Provision (c): Criminal Background Checks and Prior Institutional Employer Inquiries for New Hires**

The PAQ reveals that agency policy requires that, before hiring any new employee who may have contact with inmates, the agency conducts a criminal background record check and, consistent with federal, state, and local law, makes 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. These are core requirements of §115.17(c) and are intended to ensure that hiring decisions are informed by both formal record checks and institutional employment history.

According to the PAQ, sixty-three persons who may have had contact with inmates were hired during the past twelve months, and all received criminal background record checks. The personnel-file review conducted by the Auditor supported this representation and reflected a system in which required screening is integrated into pre-employment processing. This demonstrates that the facility is applying PREA screening requirements consistently to newly hired staff.

**Relevant Policies**

- JRLDC Policy 108.0, page 8, Procedure 8.
- JRLDC Policies and Procedures, Chapter 100, Administrative, Management, and Training, Policy 110.0 Recruitment and Selection Process, revised October 25, 2023, p. 5, Procedure 5, A(4)

**Provision (d): Criminal Background Screening for Contractors with Inmate Contact**

The PAQ indicates that agency policy requires a criminal background record check before enlisting the services of any contractor who may have contact with inmates. This requirement aligns with §115.17(d), which extends PREA screening protections beyond employees to contractors whose work may place them in direct or indirect contact with the inmate population.

During the past twelve months, the facility reported zero contracts for services requiring criminal background checks on staff covered under a new contract who might have contact with inmates. Through the interview process, however, the Detention Center Director explained that Mediko Inc. serves as the contracted medical provider for the facility. The policy framework requiring contractor screening remains in place and supports compliance whenever contractor personnel with inmate contact are engaged.

**Relevant Policies**

- JRLDC Policy 108.0, page 8, Procedure 8.
- JRLDC Policies and Procedures, Chapter 100, Administrative, Management, and Training, Policy 110.0 Recruitment and Selection Process, revised October 25, 2023, p. 5, Procedure 5, A(4)

**Provision (e): Ongoing Five-Year Criminal Background Screening or Equivalent Tracking System**

Per the PAQ, agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system otherwise be in place for capturing such information for current employees. This requirement appears in JRLDC Policies and Procedures, JRLDC Policies and Procedures, Chapter 100, Administrative, Management, and Training, Policy 110.0 Recruitment and Selection Process, revised October 25, 2023, p. 5, Procedure 5, A(4), and is consistent with §115.17(e).

Human Resources staff described a reliable tracking system that monitors compliance with these recurring screening obligations. This recurring review structure helps ensure that the agency is not relying solely on pre-employment screening, but is instead maintaining an ongoing process for identifying disqualifying conduct or criminal history changes among current personnel and contractors.

**Provision (f): Required Self-Disclosure and Continuing Affirmative Duty to Report Misconduct**

According to the PAQ, the agency asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications, interviews for hiring or promotions, and in interviews or written self-evaluations conducted as part of reviews of current employees. The agency also imposes a continuing affirmative duty on employees to disclose any such misconduct. This information was verified during the interview process with Human Resources staff and is consistent with §115.17(f), which requires both direct questioning and continuing disclosure obligations.

The use of written PREA disclosure forms and recurring personnel review practices demonstrates that the facility has institutionalized this requirement. By requiring continued disclosure rather than one-time certification, the agency strengthens its ability to identify disqualifying conduct that may arise after initial hiring.

**Provision (g): Consequences for Material Omissions or False Statements**

The PAQ indicates that agency policy provides that material omissions regarding PREA-related misconduct, or the provision of materially false information, constitute grounds for termination. This requirement is reflected in JRLDC Policy 108.0 is consistent with §115.17(g), which requires agencies to treat dishonesty in PREA screening matters as a serious employment issue.

This provision strengthens the integrity of the agency’s screening system by making clear that honesty in application and review processes is mandatory. It also reinforces the reliability of the information the agency gathers when making hiring and promotion decisions affecting inmate safety.

**Relevant Policies**

- JRLDC Policy 108.0, page 9, Procedure 8 E(1).

**Provision (h): Disclosure of Substantiated Misconduct to Prospective Institutional Employers**

Unless prohibited by law, the agency is required to 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 that employee has applied to work. Human Resources staff verified during interview that the agency complies with this requirement. This aligns with §115.17(h), which is intended to prevent individuals with substantiated histories of sexual misconduct from moving undetected between correctional employers.

This provision completes the standard’s prevention framework by extending accountability beyond the agency’s internal hiring process. It also supports system-wide PREA compliance by ensuring that institutional employers can make informed hiring decisions when legally permitted to exchange such information.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.17. The facility has established and implemented hiring, promotion, and contractor-screening practices that include criminal background checks, prior-employer inquiries, recurring screening, required disclosures, and consequences for false or incomplete reporting. The evidence reviewed supports the conclusion that JRLDC’s employment practices are aligned with PREA’s purpose of preventing staff sexual misconduct and protecting inmates from individuals with disqualifying histories.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW:**

To assess compliance with PREA Standard §115.18, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. The review focused on whether JRLDC considers the impact of facility design, expansion, modification, and monitoring technology on the agency’s ability to protect inmates from sexual abuse, as required by the standard. PREA Standard §115.18 does not require a facility to build, renovate, or retrofit solely for compliance, but it does require the agency to take sexual safety into account whenever new construction, major modification, or technology upgrades are undertaken.

The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. This policy was reviewed to determine whether the facility has an established framework for ensuring that PREA considerations are incorporated into future design, construction, renovation, and technology planning. The document review also considered the absence of evidence showing any qualifying new construction, substantial expansion, or technology upgrade during the audit period, as this is directly relevant to the applicability of §115.18(a) and (b).

**OBSERVATIONS**

During the onsite visit, the Auditor toured the facility’s housing units, program areas, and support spaces. The facility was observed to be clean, orderly, and well maintained, with a physical layout that supported effective staff supervision and generally clear lines of sight. Staff presence throughout the institution was appropriate to the operational setting, and the overall environment reflected stable infrastructure and routine maintenance practices that support inmate safety.

The existing camera system was operational and positioned in a manner that supports monitoring of key areas. No new equipment had been installed during the audit period; however, the current system was functioning properly and contributed to the facility’s ongoing supervision practices. Staff confirmed that there were no active or planned renovation, expansion, or technology upgrade projects during the audit cycle, and the facility therefore continued to rely on its existing infrastructure and surveillance systems. PREA guidance recognizes that while agencies are not required to retrofit older facilities or install new cameras absent an upgrade opportunity, they must consider sexual safety whenever upgrades do occur.

**INTERVIEWS**

As part of the compliance review, the Auditor interviewed the PREA Coordinator and the Facility Head regarding the facility’s approach to design, technology, and future infrastructure planning. These interviews were used to determine whether PREA considerations are built into decision-making when physical or technological changes are proposed.

### **PREA Coordinator (PC)**

The PREA Coordinator explained that the facility's physical structure and monitoring systems have remained unchanged since the previous audit. The PC described the existing configuration as stable, reliable, and supportive of current supervision needs. The PC also stated that, if future upgrades or modifications were proposed, those changes would be reviewed in consultation with the Facility Head to ensure that sexual safety considerations are incorporated before implementation. This response is consistent with the purpose of §115.18, which requires that agencies consider how facility design and monitoring technology affect their ability to protect inmates from sexual abuse

### **Facility Head**

The Facility Head confirmed that no construction, renovation, or technology upgrades had occurred during the current audit cycle. The Facility Head described a proactive internal process for addressing any future changes, explaining that construction or renovation proposals would involve review and approval through the appropriate facilities management structure and consultation with the PREA Coordinator. The Facility Head also emphasized the role of routine inspections in ensuring that existing systems remain functional and effective, thereby helping maintain a safe and well-managed environment while the facility operates within its current physical and technological footprint.

The Facility Head further reported that, if any construction, renovation, or modification were to occur, the agency would give full consideration to PREA standards during the planning process. According to the interview, meetings would be held with executive staff and key supervisors to discuss safety, camera placement, technological needs, and related operational issues. These planning discussions would also include review of data and management concerns such as reporting practices, grievances, disciplinary reviews, video review findings, use-of-force incidents, sexual abuse incident information, overtime, leave time, and morale. This description reflects a multidisciplinary approach to planning that would allow sexual safety concerns to be addressed alongside broader operational considerations.

### **PROVISIONS**

#### **Provision (a): PREA Consideration in Facility Design, Acquisition, Expansion, or Modification**

The PAQ reported that the agency and facility have not acquired a new facility and have not made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. This information was confirmed by the PREA Coordinator. Accordingly, there was no triggering event during the audit period requiring the facility to demonstrate application of §115.18(a) through an actual new design or expansion project.

Even so, interview information from the Facility Head supports the conclusion that JRLDC understands and is prepared to comply with this requirement should such

changes occur in the future. The Facility Head explained that any future construction, renovation, or modification would be planned with full consideration of PREA standards, including how the physical design might affect staff supervision, camera coverage, privacy, and the agency’s overall ability to protect inmates from sexual abuse. PREA guidance makes clear that agencies must weigh sexual safety when opportunities for new construction or substantial modification arise, and the facility’s described planning process is consistent with that expectation.

**Provision (b): PREA Review of Monitoring Technology and Surveillance Enhancements**

The PAQ indicates that the agency and facility have 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. According to the PREA Coordinator, there have been no camera upgrades since 2020. As a result, there was no qualifying technology change during the audit period that would require demonstration of a new decision-making process under §115.18(b).

The existing camera system was observed to be functioning properly and supporting supervision in key areas of the facility. Both the PC and the Facility Head described an approach in which any future technology upgrades would be reviewed with PREA considerations in mind, including how surveillance enhancements could strengthen the facility’s ability to protect inmates from sexual abuse. PREA guidance emphasizes that when agencies install or update monitoring technology, they must consider how that technology can enhance sexual safety and must treat such technology as a supplement to staff supervision rather than a replacement for it.

**CONCLUSION:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.18 regarding upgrades to facilities and technologies. The facility experienced no qualifying construction, substantial modification, or technology upgrade during the audit period, and interviews with facility leadership and the PREA Coordinator confirmed that any future changes would be planned with full consideration of PREA requirements and inmate sexual safety. Accordingly, the facility is found to be compliant with this standard.

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW:</b>  To assess compliance with PREA Standard §115.21, the Auditor reviewed the Pre-Audit

Questionnaire and all supporting documentation submitted by the facility. This review focused on whether JRLDC follows a uniform evidence protocol, provides access to forensic medical examinations without financial cost to the inmate, and ensures that victim advocacy services are available in a coordinated, trauma-informed, and victim-centered manner. The purpose of §115.21 is to ensure that agencies respond to sexual abuse allegations in a way that minimizes trauma to the victim while maximizing the potential for obtaining usable evidence for administrative proceedings and criminal prosecutions.

The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and HCSO Policies and Procedures, Chapter 1200, Criminal Investigations, Policy 1200.0, Property and Evidence Collection and Storage, revised November 12, 2025. These materials were reviewed to confirm that the facility has adopted a uniform evidence protocol, established procedures for coordinating forensic medical examinations at an outside medical facility, and incorporated victim advocacy services into its response framework. The document review also included consideration of the facility's external partnerships and response practices related to forensic examinations, evidence handling, and survivor support.

### **INTERVIEWS**

As part of the compliance assessment, the Auditor interviewed the PREA Coordinator, SAFE/SANE personnel, random staff, and a representative of the Rape Crisis Center of Horry and Georgetown Counties. At the time of the onsite audit, there were no inmates assigned to the facility who had reported sexual abuse, and therefore no interviews were conducted within that inmate category for this standard.

#### **Random Staff**

Random staff demonstrated a clear and consistent understanding of their first-responder responsibilities when responding to allegations of sexual abuse. Staff described immediate actions that included separating the alleged victim and alleged abuser, protecting the scene, preserving physical evidence, and notifying the appropriate supervisory, investigative, and medical personnel. Their responses reflected familiarity with the evidence preservation principles required under PREA and showed that staff understood their responsibilities up to the point where medical or investigative personnel assume control of the response.

#### **PREA Coordanator (PC)**

The PREA Coordinator reported that the facility completed zero forensic medical examinations during the past twelve months. The PC nevertheless described a structured process for coordinating forensic medical examinations when an allegation presents a need for evidentiary or medical response. According to the PC, inmates who experience sexual abuse are offered access to forensic medical examinations at an outside medical facility, and trained victim advocates from the rape crisis center are available to provide support throughout the process. The PC further explained

that the facility relies on established coordination with SANE professionals and community victim services so that access to care, evidence collection, and emotional support can be arranged without delay.

#### **SAFE/SANE Staff**

Conway Medical Center, Emergency Department, 300 Singleton Ridge Road, Conway, SC 29526; 843-347-7111, utilizes Sexual Assault Nurse Examiners (SANE) to provide specialized care and forensic exams for sexual assault survivors. CMC has six SANE nurses trained to offer 24/7 care. They provide forensic evidence collection, injury documentation, and specialized care to survivors in the Horry/Georgetown region.

SANE nurses provide compassionate, specialized care and conduct forensic examinations in a safe environment. SANE services include, but are not limited to, medical care, evidence collection, and documentation of injuries, allowing for privacy and control over the healing process. SANE nurses are available on-call for immediate care. Survivors can receive a SANE exam without immediate obligation to file a police report.

The forensic examination process includes collection of medical and assault history, head-to-toe assessment, documentation of findings, evidence collection, photography with consent, and follow-up care. SAFE/SANE staff emphasized that these services are provided at no cost to the inmate and that chain-of-custody requirements are maintained throughout the evidence collection and transfer process.

SAFE/SANE personnel also reported that SANE professionals are available 24 hours a day, 7 days a week, 365 days a year. They explained that if unforeseen circumstances prevent a SANE from performing the examination, another qualified medical practitioner, such as an emergency department physician with trained nursing support, may complete the exam. They described the examination process as beginning with explanation and written consent, followed by demographic and medical history collection, documentation of the assault in the patient's own words, a full physical assessment, evidence collection, and post-exam discussion of prophylaxis, sexually transmitted infection prevention, and, where applicable, emergency contraception options. These practices are consistent with PREA's requirement that forensic exams be performed by SAFEs or SANEs where possible, and by other qualified medical practitioners when they are not available.

#### **Rape Crisis Center of Horry & Georgetown Counties**

A representative of the Rape Crisis Center of Horry and Georgetown Counties explained that the center has a memorandum of understanding with the facility to provide victim advocacy services. The representative stated that the center operates a 24-hour hotline staffed by trained advocates who provide emotional support, crisis intervention, information, accompaniment during forensic medical examinations and investigative interviews, and referrals for follow-up care. The advocate described these services as a bridge between institutional procedure and survivor-centered care, ensuring that inmates are not left to navigate the reporting, examination, and investigative process without meaningful support.

The representative further explained that services extend beyond the immediate crisis and may include ongoing emotional support, coordination with counseling resources, and assistance throughout the legal and recovery process. This description is consistent with PREA's requirement that, where requested by the victim, a victim advocate or other qualified support person accompany and support the victim through the forensic medical examination process and investigatory interviews while also providing crisis intervention, information, and referrals.

#### **PREA Coordinator (PC)**

The PREA Coordinator confirmed that the agency uses a standardized evidence protocol across all facilities. The Coordinator explained that the protocol supports both administrative and criminal sexual abuse investigations and is designed to maximize the potential for collecting usable physical evidence. The Coordinator also stated that the protocol is adaptable and appropriate for all inmates, including youthful inmates when applicable, and is applied consistently whenever a sexual abuse allegation requires evidentiary preservation and coordinated investigative response.

#### **Inmates Who Reported Sexual Abuse**

At the time of the onsite audit, there were no inmates assigned to the facility who had reported sexual abuse. Consequently, no interviews were conducted with inmates in this category for this standard.

#### **PROVISIONS**

##### **Provision (a): Uniform Evidence Protocol for Administrative and Criminal Sexual Abuse Investigations**

The PAQ indicates that the agency and facility are responsible for conducting administrative sexual abuse investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. The PAQ further reflects that the agency and facility are responsible for conducting criminal sexual abuse investigations, although another agency may potentially assume responsibility in cases involving criminal sexual abuse by staff members. When conducting sexual abuse investigations, the PAQ reports that agency investigators follow a uniform evidence protocol. PREA Standard §115.21(a) requires that, to the extent the agency is responsible for investigating allegations of sexual abuse, it must follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The Auditor interviewed random staff regarding the rules of evidence and the procedures they would follow if an inmate reported sexual abuse. Staff were able to articulate the basic evidence preservation requirements for both the alleged victim and the alleged abuser and explained their responsibilities until care is transferred to medical or investigative personnel. This consistency supports the conclusion that the facility's evidence protocol is not merely written, but understood and operationalized by staff whose initial actions may affect the integrity of the investigation.

**Relevant Policies**

HCSO Policies and Procedures, Chapter 1200 Criminal Investigations, Policy 1200.0 Property and Evidence Collection and Storage, revised November 12, 2025.

**Provision (b): Evidence Protocol Based on National Forensic Best Practice Standards**

According to the PAQ, the protocol used by the agency was adapted from or otherwise based on the most recent edition of the U.S. Department of Justice Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or on a similarly comprehensive and authoritative protocol developed after 2011. PREA Standard §115.21(b) requires that the protocol be developmentally appropriate for youth where applicable and grounded in nationally recognized best practice standards for sexual assault forensic response.

The Auditor's review of JRLDC Policies and Procedures, HCSO Policies and Procedures, Chapter 1200 Criminal Investigations, Policy 1200.0 Property and Evidence Collection and Storage, revised November 12, 2025, supports this requirement. The PREA Coordinator also confirmed that the agency's evidence protocol is standardized and appropriate for use across facilities, including in cases involving youthful inmates when applicable. These findings support the conclusion that the facility's protocol reflects recognized forensic standards and is suitable for both administrative and criminal investigations.

**Relevant Policies**

HCSO Policies and Procedures, Chapter 1200 Criminal Investigations, Policy 1200.0 Property and Evidence Collection and Storage, revised November 12, 2025.

**Provision (c): Access to Forensic Medical Examinations Without Financial Cost to the Inmate**

The PAQ indicates that the facility offers all inmates who experience sexual abuse access to forensic medical examinations, although such examinations are not provided onsite. Through the interview process, the PREA Coordinator confirmed that inmates are transported to an outside medical facility for forensic medical examinations when such examinations are evidentiarily or medically appropriate. Specifically, the facility uses Conway Medical Center, located at 300 Singleton Ridge Road, Conway, South Carolina 29526. PREA Standard §115.21(c) requires that all victims of sexual abuse be offered access to forensic medical examinations, whether onsite or at an outside facility, without financial cost to the inmate, and that such examinations be performed by SAFEs or SANEs where possible.

JRLDC Policy 108.0, revised November 24, 2025, pages 12 through 16, Procedure 11(B)(3), provides that forensic medical examinations are offered without financial cost to the victim. The policy further reflects that, where possible, examinations are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners, and when those professionals are not available, the examination may be performed

by another qualified medical practitioner. According to the PAQ, zero forensic medical examinations were conducted during the past twelve months. SAFE/SANE staff nevertheless provided detailed information about the process used when an examination is conducted, including informed consent, documentation, evidence collection, chain of custody, trauma assessment, and discussion of preventive medications and follow-up care. These practices are consistent with the requirements and purpose of §115.21(c).

**Relevant Policies**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 12-16, Procedure 11(B)(3).

**Provision (d): Availability of Community-Based Victim Advocacy Services**

During the interview with the PREA Coordinator, it was indicated that victim advocacy services are offered through the Horry County Rape Crisis Center under a countywide agreement. The PC explained that during the examination process the inmate is connected with a victim advocate and that arrangements are made to provide requested or necessary counseling and follow-up support. PREA Standard §115.21(d) requires agencies to attempt to make available a victim advocate from a rape crisis center and, if one is not available, to make available a qualified staff member from a community-based organization or a qualified agency staff member.

The rape crisis center representative confirmed the existence of the agreement and described the center’s 24-hour hotline, advocacy services, accompaniment, crisis support, and referral functions. The evidence reviewed demonstrates that JRLDC has established access to community-based victim advocacy services that are available to inmates who report sexual abuse.

**Provision (e): Accompaniment, Emotional Support, Crisis Intervention, and Referrals**

As reflected in the information described under Provision (d), the victim advocate meets with the inmate during the forensic examination process and provides emotional support, crisis intervention, information, and referrals as necessary and requested. PREA Standard §115.21(e) requires that, when requested by the victim, the advocate or other qualified support person accompany and support the victim through the forensic medical examination process and investigatory interviews.

The representative from the Rape Crisis Center of Horry and Georgetown Counties described these services as extending beyond immediate crisis response and including continued emotional support and coordinated referrals. This indicates that the facility’s advocacy response is aligned with PREA’s emphasis on survivor-centered care throughout both the examination and investigative process.

**Provision (f): Agency Responsibility for Administrative and Criminal Investigations**

	<p>The PAQ indicates that the agency and facility are responsible for conducting administrative and criminal sexual abuse investigations. This was confirmed by both the Detention Center Director and the PREA Coordinator. Because the agency is responsible for these investigations, it is also responsible for ensuring that the requirements of §115.21(a) through (e) are implemented to the extent applicable.</p> <p>The policy and interview information support the conclusion that the facility has accepted this responsibility and has established the investigative, medical, and advocacy coordination necessary to satisfy the requirements of this standard. The facility’s use of a uniform evidence protocol and its established referral mechanisms demonstrate that these duties are clearly assigned and operationally supported.</p> <p><b>Provision (g): Auditor Review Requirement</b></p> <p>The Auditor is not required to audit this provision under the applicable PREA audit framework.</p> <p><b>Provision (h): Applicability of Advocacy Agreement Requirement</b></p> <p>This provision is not applicable to a finding of deficiency because the facility confirmed that there is a countywide agreement for victim advocacy services with the Horry County Rape Crisis Center. The existence of this agreement satisfies the facility’s obligation to make advocacy services available through an outside provider rather than requiring the facility to rely on a fallback internal arrangement.</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.21 regarding evidence protocol and forensic medical examinations. The facility follows a uniform evidence protocol, offers inmates access to forensic medical examinations without financial cost, coordinates with qualified SAFE/SANE personnel, and provides access to community-based victim advocacy services designed to support inmates through examination, investigation, and recovery. Accordingly, the facility is found to be compliant with this standard.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW:</b></p> <p>To assess compliance with PREA Standard §115.22, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. This review</p>

focused on whether JRLDC has established and implemented policies that ensure all allegations of sexual abuse and sexual harassment are referred for investigation and that an administrative or criminal investigation is completed for every allegation. PREA Standard §115.22 is intended to strengthen confidence in the reporting system by requiring agencies to treat every allegation seriously, ensure timely investigative response, and make referral practices transparent and accountable.

The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. This policy was reviewed to determine whether the facility has a formal process for referring allegations for investigation, whether that process is publicly available, and whether the agency documents referrals for criminal investigation when allegations involve potentially criminal behavior. The review also included analysis of the facility's reported allegation data and completed investigations from the audit period to verify that policy requirements were implemented in practice.

### **INTERVIEWS**

As part of the compliance assessment, the Auditor interviewed the Facility Head and investigative staff to better understand how allegations are screened, referred, investigated, and tracked. These interviews were used to determine whether the facility's written procedures are supported by a reliable investigative process and whether staff understand the agency's responsibility to respond to all allegations of sexual abuse and sexual harassment.

#### **Investigative Staff**

Investigative staff described a clear and methodical approach to the handling of PREA allegations. They explained that all reports are reviewed when received, regardless of the reporting source, and that no allegation is dismissed without assessment. Investigators described a process that includes timely initiation of the investigation, review of available evidence, interviews of relevant parties and witnesses, documentation of findings, and determination of outcomes based on objective and professional judgment. Their responses reflected an understanding that PREA requires investigations to be completed for all allegations of sexual abuse and sexual harassment and that allegations involving potentially criminal behavior must be referred appropriately.

Investigators also emphasized that investigations are conducted in a respectful, confidential, and impartial manner. Their responses reflected clear training, consistent procedure, and an understanding that both administrative and criminal considerations may apply depending on the nature of the allegation. PREA guidance further notes that criminal investigations may be necessary whenever criminal activity is suspected, while administrative investigations remain necessary to address policy compliance and apply the lower preponderance standard required for administrative findings.

#### **Facility Head**

The Facility Head described a strong and accountable system for handling PREA-related investigations and confirmed that all allegations of sexual abuse and sexual harassment are treated as serious matters. The Facility Head stated that the agency/facility maintains responsibility for ensuring that allegations are addressed through prompt, fair, and objective investigation and that referrals are made when allegations meet criminal criteria. The Facility Head also confirmed that policies governing investigative referrals are publicly available and that referrals, when made, are tracked and monitored to ensure follow-through. This description is consistent with §115.22(b), which requires agencies to maintain and publish a referral policy and document all referrals for criminal investigation.

### **PROVISIONS**

#### **Provision (a): Completion of Administrative or Criminal Investigations for All Allegations**

The PAQ indicates that the agency and facility are responsible for conducting administrative sexual abuse investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct, and are likewise responsible for conducting criminal sexual abuse investigations. The PAQ further reports that, if another agency were to assume responsibility for administrative or criminal investigation, such involvement would only potentially occur in cases involving criminal sexual abuse by staff members. PREA Standard §115.22(a) requires that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

At the time of the on-site audit, facility staff reported a total of 29 allegations of sexual abuse and sexual harassment within the past 12 months.

#### **Sexual Abuse Allegations**

There were 14 sexual abuse allegations reported during the last 12 months.

Ten allegations involved inmate-on-inmate conduct. All ten were investigated criminally. At the time of the on-site audit four of these had been determined to be unfounded; four had been determined to be unsubstantiated and two had been determined to be substantiated. The two substantiated cases have been accepted for prosecution, had a court case filed and were still in the process of going through the court system.

The remaining 4 allegations were investigated criminally. At the time of the on-site audit these four allegations had been determined to be unfounded.

Medical and mental health services were made available to all victims and perpetrators within 24 hours of the staff becoming aware of the allegation. Each victim was made aware of the findings of the investigation in writing. All closed sexual abuse allegations, except those that were determined to be unfounded, had a sexual abuse incident review within 30 days of the close of the investigation.

There were no forensic examinations in the past 12 months.

## **Sexual Harassment Allegations**

During the same 12-month period, there were fifteen reported allegations of sexual harassment. Of those, five allegations was inmate-on-inmate. These were investigated administratively. After investigation, four allegations were determined to be unfounded, and one was determined to be substantiated.

The remaining ten allegations were staff-on-inmate and were investigated administratively. After investigation all ten allegations were determined to be unfounded.

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.

### **Relevant Policies**

- JRLDC Policy 108.00

### **Provision (b): Written Referral Policy, Public Availability, and Documentation of Criminal Referrals**

The PAQ indicates that the agency has a policy requiring that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency itself if it conducts its own criminal investigations, unless the allegation does not involve potentially criminal behavior. This requirement is addressed in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 13 through 15, Procedure 10. PREA Standard §115.22(b) specifically requires the agency to have such a referral policy, publish it on its website or make it publicly available by other means, and document all referrals of allegations for criminal investigation.

The Facility Head confirmed during interview that the policy regarding referral of allegations for criminal investigation is publicly available and that referrals, when applicable, are documented and tracked. PREA guidance explains that published referral policies help clarify roles and responsibilities, reduce delay and uncertainty following reports, and strengthen trust in the investigative process by showing that allegations are handled consistently and transparently.

### **Relevant Policies**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 13 through 15, Procedure 10. PREA Standard §115.22(b)

### **Provision (c): Agency Responsibility for Conducting Administrative and Criminal Investigations**

	<p>As reflected in Provision (a), the agency and facility conduct administrative and criminal investigations. This assignment of responsibility is significant because PREA Standard §115.22 requires agencies not only to maintain referral mechanisms, but also to ensure that allegations do not stall between reporting and investigation. The information reviewed indicates that JRLDC has established a clear chain of responsibility for investigating allegations and for making referrals when criminal criteria are met.</p> <p>The interviews with investigative staff and the Facility Head support the conclusion that these responsibilities are understood and operationalized. The facility’s investigative structure, case tracking, and case closure practices demonstrate that the agency has an organized process for ensuring that allegations move forward to appropriate review and disposition.</p> <p><b>Provision (d): Auditor Review Requirement</b></p> <p>The Auditor is not required to audit this provision under the applicable PREA audit framework.</p> <p><b>Provision (e): Auditor Review Requirement</b></p> <p>The Auditor is not required to audit this provision under the applicable PREA audit framework.</p> <p><b><u>CONCLUSION:</u></b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.22 addressing policies to ensure referral of allegations for investigations. The facility has established a policy requiring that all allegations of sexual abuse and sexual harassment receive an administrative or criminal investigation, has procedures for referral of potentially criminal allegations, and maintains public availability and documentation of its referral practices. The evidence reviewed further demonstrates that allegations received during the audit period were investigated, resolved, and closed in accordance with the agency’s PREA responsibilities.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW:</u></b></p> <p>To assess compliance with PREA Standard §115.31, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. This review focused on whether JRLDC trains all employees who may have contact with inmates on the agency’s zero-tolerance policy for sexual abuse and sexual harassment and on</p>

their responsibilities for prevention, detection, reporting, and response. PREA Standard §115.31 requires that staff training be substantive, population-appropriate, reinforced over time, and documented through employee acknowledgment or electronic verification.

The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025; JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 111.0, Employee Training Requirements, revised October 25, 2023; the JRLDC PREA Facility Coordinated Response Plan for officers and supervisors; and the facility's PREA refresher materials, including PREA Basics, Handling Disclosures of Abuse, Professional Communication and Boundaries, Duty to Report: Knowledge, Suspicion or Information, First Responders, Securing the Crime Scene, Helping Inmates Who Primarily Speak Another Language, and Completing a PREA Incident Report. These materials were reviewed to determine whether staff training addresses the required content areas in §115.31, whether refresher and supplemental information is routinely provided, and whether the facility documents both attendance and employee understanding.

### **INTERVIEWS**

As part of the audit process, the Auditor interviewed random staff from multiple departments and shifts to assess how PREA training is delivered, reinforced, and applied in day-to-day operations. These interviews were used to determine whether staff understanding reflects more than simple attendance and instead demonstrates practical application of PREA concepts in the daily operation of the facility.

#### **Random Staff**

Staff from various departments and shifts described PREA training as a consistent and well-supported part of their professional responsibilities. They explained that PREA instruction begins during initial orientation, before employees have contact with inmates, and continues through refresher training, in-service instruction, shift briefings, staff meetings, and ongoing supervisory reinforcement. Staff consistently described PREA as an active operational expectation rather than a one-time training event, which is consistent with PREA guidance emphasizing that effective training must be meaningful, retained, and observable in staff performance.

Staff were able to explain key PREA responsibilities clearly, including recognizing signs of sexual abuse and sexual harassment, responding appropriately to disclosures, reporting knowledge, suspicion, or information immediately, preserving evidence when required, and maintaining professional boundaries with inmates. They also demonstrated understanding of protections against retaliation and the importance of communicating effectively and professionally with inmates, including LGBTI and gender nonconforming inmates. Their responses reflected consistency, confidence, and a clear connection between formal training and practical daily conduct.

### **PROVISIONS**

**Provision (a): Comprehensive PREA Training Curriculum and Core Employee Responsibilities**

The PAQ indicates that the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The PAQ further indicates that employees are trained on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. PREA Standard §115.31(a) requires that employees who may have contact with inmates receive training on specific core topics, including the agency's zero-tolerance policy, inmates' rights, staff reporting obligations, retaliation protections, the dynamics of abuse in confinement, victim reactions, detection and response, professional boundaries, appropriate communication with LGBTI and gender nonconforming inmates, and compliance with mandatory reporting laws.

The Auditor reviewed the facility's training curriculum and supporting materials and determined that the core training contains all required elements of this provision. The curriculum addresses the zero-tolerance policy; employee responsibilities for prevention, detection, reporting, and response; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of victims; methods for detecting and responding to threatened and actual abuse; maintaining appropriate professional boundaries; communicating effectively and professionally with LGBTI and gender nonconforming inmates; and complying with mandatory reporting requirements. The reviewed materials also include instruction on common characteristics of victims and perpetrators, often referred to as institutional red flags, which strengthens staff preparedness and reinforces the facility's prevention efforts.

The Auditor also reviewed staff training records from multiple staff categories and found that each reviewed file contained documentation showing completion of initial PREA training requirements. Sign-in sheets for PREA training conducted during the past twelve months confirmed through employee signatures that staff had received and acknowledged the training. Staff interviews supported this documentation, as employees consistently recalled attending PREA orientation when hired and described ongoing participation in annual PREA training, in-service training, and shift-based reinforcement. Taken together, the curriculum, training records, and staff interviews demonstrate a comprehensive and well-documented training program aligned with §115.31(a).

**Relevant Policies**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 5, Procedure 4, A, 1(a).

**Provision (b): Gender-Responsive and Population-Specific Training for Staff Assignment**

The PAQ indicates that the training provided by the agency addresses both male and female issues and that facility training has been tailored to the facility's inmate population. PREA Standard §115.31(b) requires that training be tailored to the gender of the inmates at the employee's facility and that employees receive additional training if reassigned from a facility housing one gender to a facility housing another. The standard also contemplates training that equips staff to work appropriately with specialized populations, including transgender inmates.

The Auditor reviewed the training materials utilized by the facility and found them consistent with this requirement. The curriculum included content specific to communication and interaction with transgender inmates and reflected attention to issues arising within the facility's inmate population. Documentation reviewed under Provision (a) also verified staff attendance at facility-specific PREA training. Policy 111.0 and the overall training framework support the expectation that if an employee were reassigned to a facility housing a different population composition, that employee would receive the necessary additional or refresher training before being placed in contact with that inmate population.

**Relevant Policies**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 111.0, Employee Training Requirements, revised October 25, 2023.

**Provision (c): Initial Training, Biennial Refresher Training, and Ongoing Policy Reinforcement**

The Auditor reviewed documentation reflecting that all facility staff received PREA training during the past twelve months. PREA Standard §115.31(c) requires that all current employees who have not previously received PREA training be trained within one year of the effective date of the PREA standards and that each employee receive refresher training every two years to ensure awareness of current sexual abuse and sexual harassment policies and procedures. In years when refresher training is not delivered, the agency must provide refresher information on current PREA policies and procedures.

The facility's records showed that staff receive refresher training every two years, and the Auditor reviewed documentation of the most recent refresher training conducted during fiscal year 2025. The review also showed that the facility provides annual PREA-related reinforcement through staff meetings, shift trainings, educational materials, and posted reminders, even in years when formal biennial refresher training is not scheduled. This layered approach supports the standard's requirement that staff remain current on PREA expectations and demonstrates that the facility reinforces PREA obligations continuously rather than relying solely on a fixed refresher cycle.

**Provision (d): Documentation of Training Attendance and Employee Understanding**

PREA training requirements mandate that employee attendance and understanding

	<p>be documented through employee signature or electronic verification. PREA Standard §115.31(d) specifically requires the agency to document that employees understand the training they have received. The Auditor found that this requirement is addressed through signed acknowledgments of training, file documentation, and sign-in sheets maintained for PREA training sessions.</p> <p>Copies of training acknowledgment receipts were observed in every staff file reviewed by the Auditor, and the receipts contained multiple dates reflecting separate PREA-related training events. In instances where a separate acknowledgment form was not used, staff signed attendance sheets verifying participation in the required training. The Auditor also reviewed copies of training records for each PREA session conducted during the past twelve months, and those records reflected broad staff participation across the facility. This documentation supports the conclusion that JRLDC not only provides PREA training, but also systematically records employee participation and acknowledgment in accordance with the standard.</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility exceeds PREA Standard §115.31 regarding employee training. The facility maintains a comprehensive PREA training curriculum, tailors training to its inmate population, provides biennial refresher training with ongoing supplemental reinforcement, and documents employee understanding through reliable recordkeeping practices. Staff interviews further demonstrated that PREA training is well retained and actively applied in daily operations, reinforcing a facility culture that supports prevention, detection, reporting, and response to sexual abuse and sexual harassment.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW:</b></p> <p>To assess compliance with PREA Standard §115.32, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. This review focused on whether JRLDC ensures that all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. PREA Standard §115.32 requires that such training be appropriate to the level of contact and services provided, that all covered volunteers and contractors be informed of the agency’s zero-tolerance policy and reporting expectations, and that</p>

the agency maintain documentation confirming their understanding of the training received.

The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. This policy was reviewed to determine whether the facility provides PREA-specific instruction to volunteers and contractors before they enter secure areas or have contact with inmates, whether the training is scaled to their role and level of contact, and whether documentation of participation and understanding is retained in accordance with the standard.

### **INTERVIEWS**

As part of the audit process, the Auditor interviewed a volunteer and a contractor to assess how PREA training is delivered, whether the training was relevant to their role, and whether they understood how to respond to and report sexual abuse or sexual harassment concerns. These interviews were used to confirm that training requirements are functioning in practice and not merely addressed in written policy.

#### **Volunteer**

The volunteer described a positive and informative training experience that was completed before services were provided within the facility. The volunteer explained that the training was clear, practical, and directly related to assigned responsibilities. When asked about reporting procedures, the volunteer confidently described the correct steps, including immediate reporting and adherence to the agency's zero-tolerance policy. The responses reflected a clear understanding of reporting expectations, professional boundaries, and the importance of maintaining a safe environment for inmates.

#### **Contractor**

The contractor likewise confirmed that PREA training was completed before entering secure areas of the facility. The contractor described the training as thorough, role-relevant, and easy to understand. When questioned about PREA-related responsibilities, the contractor clearly explained how to report concerns and emphasized the importance of acting quickly and responsibly if confronted with information about sexual abuse or sexual harassment. These responses demonstrated practical knowledge of PREA requirements and supported the conclusion that the training is both retained and operationalized.

### **PROVISIONS**

#### **Provision (a): PREA Responsibility Training for Volunteers and Contractors with Inmate Contact**

The PAQ indicates that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. PREA Standard §115.32(a) requires that all volunteers and contractors with

inmate contact receive this training so they understand both the agency's zero-tolerance expectations and their role in reporting and responding to concerns.

The PAQ further indicates that 185 contractors and volunteers who may have contact with inmates were trained in the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The Auditor conducted formal interviews with contract personnel, and the individuals interviewed recalled receiving PREA training that was specific to their roles and responsibilities within the facility. When asked about their understanding of PREA, they were able to explain what PREA is and, more importantly, what they are required to do if they observe, suspect, or receive information regarding sexual abuse or sexual harassment. These interview findings, together with the documentation reviewed, support the conclusion that the facility is meeting the training expectations of §115.32(a).

**Relevant Policy**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 5, Procedure 4, A, 1(a).

**Provision (b): Role-Based Training, Zero-Tolerance Notification, and Reporting Instructions**

The PAQ indicates that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates. PREA Standard §115.32(b) specifically requires that while the scope of training may vary depending on role, all volunteers and contractors who have contact with inmates must be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The reviewed policy supports this requirement by outlining the facility's expectations regarding PREA compliance, contractor and volunteer conduct, reporting duties, and access to relevant response procedures. The volunteer and contractor interviews further confirmed that both individuals had been informed of the zero-tolerance policy and understood their duty to report any sexual abuse or sexual harassment concerns promptly. Their descriptions of the training experience demonstrated that the facility is tailoring the depth of instruction to role and access level while still ensuring that all covered individuals receive the essential PREA information required by the standard.

**Relevant Policy**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 3, definition 7; page 10, Procedure 9, B, 1-9; page 12, F, 1-2; pages 12-13, G, 1-2; page 18, B, 1-3.

**Provision (c): Documentation of Training and Confirmation of Volunteer and Contractor Understanding**

As indicated in Provision (b), copies of training acknowledgment materials are

	<p>retained in volunteer and contractor files. PREA Standard §115.32(c) requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received. PREA guidance further notes that such documentation may include signed acknowledgments, sign-in rosters, training curricula, and dates of delivery to ensure that compliance can be demonstrated and verified.</p> <p>The Auditor reviewed sign-in sheets from PREA training sessions conducted during the past twelve months, and each sign-in sheet reflected acknowledgment signatures from contractors and volunteers for the PREA training they received. The Auditor also confirmed that the Inmate Programs and Services Director maintains these records along with background investigation materials for volunteers. This documentation practice supports the conclusion that the facility is not only providing required training, but also maintaining reliable records demonstrating participation and understanding in accordance with §115.32(c).</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.32 addressing volunteer and contractor training. The facility provides role-appropriate PREA instruction to volunteers and contractors with inmate contact, ensures that all such individuals are informed of the agency’s zero-tolerance policy and reporting responsibilities, and maintains documentation confirming their understanding of the training received. The interviews conducted with both a volunteer and a contractor further demonstrated that the training is clear, retained, and effectively integrated into practice.</p>
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115.33	Inmate education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW:</b></p> <p>To assess compliance with PREA Standard §115.33, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. This review focused on whether JRLDC provides inmates with timely information at intake, comprehensive PREA education within the required timeframe, accessible education for inmates with language or disability-related needs, documentation of participation, and continuous access to key sexual safety information throughout confinement. PREA Standard §115.33 requires that inmate education be timely, understandable, accessible, and reinforced through the ongoing visibility of reporting and safety information.</p> <p>The Auditor examined J. Reuben Long Detention Center Policies and Procedures,</p>

Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. The review also included the inmate handbook, PREA posters, orientation materials, and educational practices described by staff and inmates during the audit process. These materials were evaluated to determine whether the facility provides both the immediate intake information and the more comprehensive education required by §115.33 and whether that education is delivered in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills.

### **OBSERVATIONS**

During the onsite review, the Auditor observed PREA information displayed in visible and accessible locations throughout the facility. Posters included clear definitions of sexual abuse and sexual harassment, reporting methods, and contact information for both internal and external reporting resources. Hotline information was posted near telephones in each housing unit, making reporting options readily available in the areas where inmates live and communicate. PREA guidance emphasizes that key information must remain continuously and readily available through posters, handbooks, or other written formats so inmates can access it when needed rather than relying solely on initial orientation.

Educational materials were available in multiple formats, including written guides, brochures, and video instruction. Materials were offered in English and Spanish, with Braille versions available for inmates with visual impairments. The PREA education video included closed captions and an American Sign Language interpreter, supporting accessibility for inmates who are deaf or hard of hearing. The overall environment reflected a deliberate and inclusive approach to inmate education, with consistent messaging and clear communication throughout the institution.

### **INTERVIEWS**

As part of the compliance assessment, the Auditor interviewed intake staff and random inmates to evaluate how PREA education is delivered, how well inmates understand the information, and whether the education process reflects the requirements of §115.33 in actual practice.

#### **Intake Staff**

Intake staff described a clear and organized process for delivering PREA education to all inmates at the point of admission. They explained that inmates receive initial PREA information immediately upon arrival, before being assigned housing, and that this information includes verbal explanation, written materials, and guidance on reporting options and protections. Staff further explained that a more detailed orientation is provided shortly after intake through video instruction and staff-led discussion. Their descriptions were consistent with PREA Standard §115.33(a) and (b), which require both immediate intake information and more comprehensive education within 30 days of intake.

Staff also emphasized that education is adapted to meet individual communication needs, including language barriers and disabilities. They explained that inmate acknowledgment forms are completed and retained in the inmate file as part of the facility's documentation process. These responses support the conclusion that the education process is systematic, documented, and designed to promote actual understanding rather than simple distribution of written materials.

### **Random Inmates**

Inmates confirmed that they received PREA education upon arrival and were provided with written materials such as the inmate handbook and PREA brochures. They reported that the PREA video was shown during orientation and that it explained their rights, reporting options, and available support resources in a clear and understandable way. When asked to describe what they had learned, inmates consistently referred to the facility's zero-tolerance policy, the right to be free from sexual abuse and sexual harassment, protections against retaliation for reporting, and the available ways to report a concern or seek help.

Inmates also demonstrated awareness of the hotline numbers and posted reporting information located throughout the facility. Their responses reflected consistency in the delivery of PREA education and supported the conclusion that the facility's educational efforts are understood and retained by the inmate population.

### **PROVISIONS**

#### **Provision (a): Immediate Intake Information on Zero Tolerance and Reporting Methods**

The PAQ indicates that inmates receive information at the time of intake about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. PREA Standard §115.33(a) requires that this core information be provided during the intake process so inmates are informed from the outset of confinement about sexual safety expectations and available reporting methods.

The PAQ further states that 12,376 inmates were admitted to the facility during the past twelve months and were given PREA information at intake. During the onsite tour, the Auditor observed the inmate handbook and PREA posters throughout the facility and reviewed written materials in both English and Spanish. These observations support the finding that the facility provides immediate PREA information in both written and posted formats and reinforces intake education through materials that remain visible after admission.

#### **Relevant Policy**

- J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 6-7, Procedure 4, B, 1-6.
- JRLDC Chapter 300, Classification, Policy 300.0-B, Inmate Handbook and

Orientation, revised October 25, 2023.

**Provision (b): Comprehensive PREA Education Within 30 Days of Intake**

The PAQ reveals that 2,299 inmates admitted during the past twelve months whose length of stay was 30 days or more received comprehensive education within 30 days of intake on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and the agency's policies and procedures for responding to such incidents. This is consistent with PREA Standard §115.33(b), which requires comprehensive education either in person or through video within 30 days of intake.

During interviews with intake staff, it was confirmed that all inmates entering the care and custody of the facility are provided an inmate handbook upon admission and that the inmate signs an acknowledgment form retained in the inmate file. Intake staff also confirmed that the orientation process includes more detailed PREA instruction beyond the initial intake information. These practices support the conclusion that JRLDC provides both the immediate and the comprehensive PREA education required by the standard.

**Provision (c): Education for Transferred Inmates and Reinforcement of Rights and Reporting Information**

The PAQ states that agency policy requires inmates who are transferred from one facility to another to be educated regarding their rights to be free from sexual abuse and sexual harassment and retaliation for reporting such incidents, as well as the agency's policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. PREA Standard §115.33(c) requires such education for transferred inmates and for current inmates who did not receive the required information at intake.

As reflected in Provision (b), intake staff provide PREA information immediately upon arrival into the facility. Staff interviews revealed that all inmates, whether newly admitted or transferred from another facility, are given orientation materials that include PREA-related information before assignment to a housing unit. Staff further confirmed that every inmate receives an inmate handbook upon admission and signs an acknowledgment form that is retained in the inmate file. During inmate interviews, each inmate was asked to briefly describe what was learned during PREA education, and the responses consistently referenced zero tolerance for sexual abuse and sexual harassment, the right to be free from retaliation for reporting, who to speak with regarding a concern, and the hotline number displayed on facility posters. These findings support the conclusion that the facility provides consistent education to transferred inmates and reinforces key information in ways inmates can understand and retain.

**Relevant Policy**

- J. Reuben Long Detention Center Policies and Procedures, Chapter 100,

Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 6, Procedure 4, B, 1-3.

- JRLDC Policy 300.0-B.

**Provision (d): Accessible PREA Education for Limited English Proficient and Disabled Inmates**

According to the PAQ, the various educational formats provided to the inmate population include PREA documents in both English and Spanish, PREA posters in both English and Spanish, and staff members who are fluent in Spanish. The facility also maintains a list of interpreters available to assist when needed. PREA Standard §115.33(d) requires that PREA information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills.

The facility also reported that translation technology is available as a backup when direct interpreter services are not immediately accessible. During the interview with the PREA Coordinator, it was explained that if an inmate has a disability not fully addressed by the facility's standard training tools, the Local Disability Assistance Office would be notified to ensure that the inmate is able to understand and retain the PREA materials to a meaningful level of comprehension. These practices, together with the on-site observation of bilingual materials, Braille formats, closed-captioned video, and ASL-supported instruction, support the conclusion that the facility has made substantial efforts to provide accessible inmate education in accordance with PREA requirements.

**Relevant Policy**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 6, Procedure 4, B, 4.
- JRLDC Policy 300.0-B, page 2, Procedure 1, C(1)(2).
- JRLDC Policy 300.0-B, page 2, Procedure 1, C(1)(3).

**Provision (e): Documentation of Inmate Participation in PREA Education**

The PAQ indicates that the agency maintains documentation of inmate participation in PREA education sessions. PREA Standard §115.33(e) requires that the agency maintain records showing that inmates received the required intake and comprehensive PREA education.

The Auditor confirmed through staff interviews and document review that acknowledgment forms are signed by inmates and retained in inmate files. This recordkeeping practice supports accountability and allows the facility to demonstrate that PREA education is consistently provided across the inmate population.

**Relevant Policy**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 6, Procedure 4, B, 5.

**Provision (f): Ongoing Visibility and Continuous Reinforcement of PREA Information**

The evidence reviewed shows that the facility makes sustained efforts to ensure inmates receive and retain critical education about sexual abuse and sexual harassment. PREA Standard §115.33(f) requires that key information remain continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats, recognizing that one-time education alone is not sufficient.

The facility uses multiple user-friendly formats to reinforce PREA education, including the inmate orientation handbook, PREA posters in English and Spanish, and PREA murals painted on walls throughout buildings and housing units. During the onsite review, the Auditor observed posters and painted messaging throughout the facility. In interviews, inmates also reported that the PREA Coordinator and other staff check with them both formally and informally regarding PREA issues and practices, ask questions to reinforce their knowledge of reporting guidelines, and assess whether they feel safe. These ongoing reinforcement practices support retention of PREA information and strengthen the facility’s overall sexual safety culture.

**CONCLUSION:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.33 regarding inmate education. The facility provides timely intake information, comprehensive education within the required timeframe, accessible materials for inmates with language and disability-related needs, documentation of participation, and continuous visibility of key PREA information throughout the institution. The observations, documentation, and interviews with staff and inmates collectively demonstrate a consistent and effective inmate education program aligned with PREA requirements.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW:</u></b>
	To assess compliance with PREA Standard §115.34, the Auditor reviewed the Pre-Audit

Questionnaire and all supporting documentation submitted by the facility. The review focused on whether JRLDC ensures that investigators who conduct sexual abuse and sexual harassment investigations in confinement settings receive specialized training in addition to the general PREA training required for all employees. PREA Standard §115.34 requires that agency investigators receive training specific to conducting sexual abuse investigations in confinement settings and that the agency maintain documentation verifying completion of that training.

The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, along with training records, test results, sign-in sheets, and related PREA training documentation. These materials were reviewed to determine whether the assigned investigator completed specialized training in conducting sexual abuse investigations in confinement settings, whether the training addressed the required subject matter, and whether the facility retained documentation of training completion as required by the standard.

### **INTERVIEWS**

As part of the audit process, the Auditor interviewed investigative staff to assess the content, usefulness, and practical application of the specialized training received. The interview was also used to confirm whether the assigned investigator had received both the general PREA training required of all employees and the specialized training required for investigators under §115.34.

#### **Investigative Staff**

Investigative staff described a detailed and practical training experience that prepared them to investigate allegations of sexual abuse and sexual harassment in a correctional setting. The investigator explained that the training included instruction on interviewing sexual abuse victims, collecting and preserving evidence, understanding the evidentiary needs of both administrative and criminal investigations, and applying the proper use of Miranda and Garrity warnings when appropriate. These topics are expressly required by PREA Standard §115.34(b), which identifies the core competencies investigators must receive in specialized training.

The investigator expressed confidence in the training and explained that it directly supports daily investigative responsibilities within the facility. The responses reflected professionalism, familiarity with trauma-informed investigative practice, and an understanding that sexual abuse investigations in confinement settings present unique challenges that differ from other types of institutional or criminal investigations. PREA guidance emphasizes that the specialized training is intended to supplement prior investigative experience by ensuring that investigators are equipped to respond effectively to sexual abuse allegations in custodial environments.

### **PROVISIONS**

#### **Provision (a): Specialized Investigative Training for Confinement-Based**

## **Sexual Abuse Cases**

According to the PAQ, agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. The PAQ indicates that the training used by the agency is the National Institute of Corrections online course, PREA: Investigating Sexual Abuse in a Confinement Setting, and training records and test results confirmed that the assigned investigator completed the required curriculum and passed the post-test. PREA Standard §115.34(a) requires that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings.

At the time of the audit, there was one investigator employed by the agency and facility who was responsible for conducting administrative and criminal investigations into allegations of sexual abuse or sexual harassment. Through staff interview and review of training documents, the Auditor confirmed that the assigned investigator had attended the required specialized training and met all applicable training requirements. The Auditor also reviewed sign-in sheets and training materials reflecting the general PREA training mandated for all employees, contractors, and volunteers. Those records confirmed that, in addition to specialized investigative training, the assigned investigator also received the general PREA training required of all employees. This is consistent with PREA guidance explaining that investigators must receive both the general employee training required by §115.31 and the specialized investigative training required by §115.34.

Through review of training records and the interview with the facility investigator, the Auditor confirmed that all required training components had been completed. The available evidence supports the conclusion that the facility has assigned sexual abuse investigations to a trained investigator who is equipped to conduct those investigations in accordance with PREA requirements.

### **Provision (b): Required Investigative Subject Matter and Retention of Training Documentation**

As reflected in Provision (a), staff interview and training documentation reviewed by the Auditor confirmed that the assigned investigator attended the required training and met all training requirements. PREA Standard §115.34(b) requires that specialized training include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

The investigator's interview responses demonstrated familiarity with these required topics and reflected a practical understanding of how they apply in a correctional setting. The Auditor also confirmed that all training documentation is retained in the employee file, as required. This documentation practice supports accountability and enables the facility to demonstrate that investigative staff possess the specialized competencies required by PREA before conducting sexual abuse investigations.

**Provision (c): Agency Documentation of Completion of Specialized Investigative Training**

Per the PAQ, the agency maintains documentation showing that investigators have completed the required specialized training. PREA Standard §115.34(c) specifically requires the agency to maintain such documentation. During the onsite review, the Auditor examined this documentation and verified that the investigator assigned to the facility for administrative and criminal investigations had completed all required training. This was confirmed through review of attendance records, certifications, and related training verification materials.

The documentation reviewed was sufficient to support a finding that the facility has not only provided the required specialized training, but also preserved the records necessary to demonstrate compliance. This recordkeeping process is an important part of ensuring that qualified investigators are assigned to allegations involving sexual abuse and sexual harassment.

**Provision (d): Auditor Review Requirement**

The Auditor is not required to audit this provision under the applicable PREA audit framework.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.34 regarding specialized training for investigators. The evidence demonstrates that the assigned investigator completed the required specialized training for conducting sexual abuse investigations in confinement settings, received the general PREA training required of all employees, and has documentation of training completion maintained in the appropriate file. No recommendations or corrective action are warranted for this standard.

115.35	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW:</b>  To assess compliance with PREA Standard §115.35, the Auditor reviewed the Pre-Audit Questionnaire and all supporting documentation submitted by the facility. The review focused on whether JRLDC ensures that all full-time and part-time medical and mental health practitioners who work regularly in the facility receive specialized PREA training in addition to the general PREA training required for employees, contractors, or volunteers, depending on their status. PREA Standard §115.35 requires specialized

instruction on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Auditor examined J. Reuben Long Detention Center Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and JRLDC Policies and Procedures, Chapter 400, Health Care Policy 400.0, Inmate Health Care Services, revised August 8, 2023. Training records, sign-in sheets, and related documentation were also reviewed to determine whether medical and mental health practitioners completed the required specialized training, whether the training addressed the required PREA subject matter, and whether the facility maintained adequate documentation verifying completion. The review also considered whether facility medical staff conduct forensic examinations, because §115.35(b) requires additional training only if agency medical staff perform those examinations.

### **INTERVIEWS**

As part of the audit process, the Auditor interviewed medical staff, mental health staff, the PREA Coordinator, and the Facility Head to assess the content, implementation, and oversight of specialized PREA training for clinical personnel. These interviews were used to determine whether the facility's training program is understood, retained, role-specific, and consistently administered.

#### **PREA Coordinator (PC)**

The PREA Coordinator provided a clear overview of the facility's clinical training structure and confirmed that all medical and mental health practitioners are required to complete PREA training that includes both general and specialized components. The PC explained that training completion is tracked, documented, and routinely reviewed to ensure continued compliance with PREA requirements. This response reflected an organized administrative process and supported the conclusion that the facility has an established system for monitoring training compliance among clinical personnel.

#### **Facility Head**

The Facility Head described PREA training for clinical personnel as an ongoing and essential part of facility operations. Leadership ensures that medical and mental health staff receive complete, role-specific PREA instruction and that the training is treated as a continuing expectation rather than a one-time event. This response reflected a proactive management approach and reinforced the facility's commitment to maintaining readiness among practitioners who may receive disclosures, assess injuries, respond to trauma, or make mandatory reports related to sexual abuse and sexual harassment.

#### **Medical Staff**

Medical staff described a strong and practical training experience that supports both clinical care and PREA compliance. They explained that training includes annual refreshers, scenario-based discussions, and instruction on how to recognize and respond to signs of sexual abuse. Staff expressed confidence in their ability to maintain professional boundaries, protect patient safety, preserve evidence when appropriate pending referral, and follow proper reporting procedures. Their responses reflected a clear understanding of both their clinical duties and the PREA-specific responsibilities imposed by §115.35.

### **Mental Health Staff**

Mental health staff reported that their training emphasizes a supportive and trauma-informed approach to responding to inmates who disclose sexual abuse or sexual harassment. They described learning how to respond in a sensitive, professional, and respectful manner while still maintaining required reporting obligations under agency policy. Staff confirmed that they receive both general PREA training and specialized instruction tailored to behavioral health roles. Their responses demonstrated a strong awareness of PREA principles and thoughtful application of those principles in clinical and counseling settings.

### **PROVISIONS**

#### **Provision (a): Specialized PREA Training for Medical and Mental Health Practitioners**

The PAQ indicates that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. That policy is reflected in JRLDC Policies and Procedures, Chapter 400, Health Care Policy 400.0, Inmate Health Care Services, revised August 8, 2023. The PAQ further indicates that forty-one medical and mental health care practitioners, representing 100 percent of those who work regularly at the facility, received the training required by agency policy. PREA Standard §115.35(a) requires that all such practitioners receive specialized training on detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and reporting allegations or suspicions through the appropriate channels.

Through staff interviews and review of training records, the Auditor confirmed that each assigned medical and mental health practitioner had attended the required training and met all applicable training requirements. Review of training documentation and interviews with the Facility Head, medical staff, and mental health staff established that the facility currently has thirty medical and mental health personnel assigned and that all have completed the specialized training required by this standard. These findings support the conclusion that the facility has implemented a consistent and comprehensive specialized training program for clinical staff who work regularly with inmates.

#### **Provision (b): Forensic Examination Training and Off-Site SAFE/SANE Response**

All facility medical staff are prohibited by procedure from performing forensic examinations on sexual abuse victims. Through the interview process, it was confirmed that forensic medical examinations are conducted off-site by qualified SAFE or SANE personnel rather than on-site by facility medical staff. PREA Standard §115.35(b) requires additional training only if agency-employed medical staff conduct forensic examinations. Because JRLDC does not use facility medical staff to perform forensic exams, the facility satisfies this provision through its use of qualified outside forensic practitioners rather than through internal forensic examiner training.

The interviews with medical staff and facility leadership consistently reflected an understanding of this limitation and the referral process that follows an allegation requiring forensic examination. This arrangement helps ensure that examinations are performed by appropriately qualified professionals while allowing facility medical staff to focus on immediate clinical response, safety, reporting, and continuity of care within the scope of their assigned role.

**Provision (c): Documentation of Completion of Specialized Clinical Training**

According to the PAQ, the agency maintains documentation showing that medical and mental health practitioners have completed the required specialized training. PREA Standard §115.35(c) requires the agency to maintain documentation that practitioners have received the training referenced in this standard, whether the training was provided by the agency or obtained elsewhere. As reflected in Provision (a), staff interviews and review of training records confirmed that each assigned practitioner had attended the required training and satisfied the applicable requirements.

The Auditor also confirmed that all training documentation is retained in the employee file, as required. This recordkeeping practice supports accountability, allows the agency to verify compliance quickly, and helps ensure that only trained practitioners are regularly assigned to work in the facility. The documentation reviewed was sufficient to support a finding that the facility complies with §115.35(c).

**Provision (d): General PREA Training in Addition to Specialized Clinical Instruction**

The Auditor reviewed sign-in sheets and training materials reflecting the general PREA training mandated for facility employees, contractors, and volunteers under agency policy and PREA standards. Those sign-in sheets confirmed that, in addition to specialized training, both contracted and direct-hire medical staff received the general PREA training required for all staff based on their employment or contractual status. PREA Standard §115.35(d) expressly requires that medical and mental health practitioners also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending on the practitioner's status at the agency.

The combined review of general PREA training records and specialized clinical training records demonstrated that the facility has not relied solely on clinical instruction to meet this standard. Instead, the facility ensures that medical and mental health staff

receive the full range of PREA education applicable to their status and duties, which strengthens both compliance and operational readiness.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of PREA Standard §115.35 regarding specialized training for medical and mental health care practitioners. The evidence demonstrates that medical and mental health staff working regularly in the facility have received the required specialized training, that forensic examinations are appropriately referred to off-site SAFE or SANE personnel, that training completion is documented and retained, and that clinical staff also receive the general PREA training required by their status.

115.41	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>Documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and its supporting documentation; J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025 and JRLDC Policies and Procedures, Chapter 200, Booking, Release and Transfer, Policy 205.0, Intake PREA Screening of Inmates, revised May 30, 2015. The Auditor also reviewed initial risk screening instruments, 30-day reassessments, and additional supporting records. Collectively, these materials demonstrated a consistent process for screening inmates for risk of sexual victimization and risk of sexual abusiveness, using an objective screening instrument and documented follow-up review consistent with PREA Standard 115.41.</p> <p>The documentary record reflected that screenings were completed in a timely and organized manner and that reassessments were performed when required. The PAQ and related records further supported that the facility applies screening practices in a structured manner designed to promote sexual safety, informed classification decision-making, and protection of sensitive information. Overall, the documentation showed a well-managed process aligned with the requirements of PREA Standard 115.41 regarding intake screening, objective assessment, reassessment, and controlled dissemination of information.</p> <p><b>INTERVIEWS</b></p> <p>Interviews conducted in connection with this standard included the PREA Coordinator, staff responsible for risk screening and classification functions, and random inmates.</p>

The PREA Coordinator described the screening process as proactive, structured, and responsive to newly received information. The PC explained that the facility completes an intake screening for risk of sexual victimization and sexual abusiveness, uses the information gathered to guide classification and management decisions, and ensures that inmates who remain at the facility are reassessed within the required timeframe. The PC further explained that reassessments are important because they allow staff to consider new information received after intake and evaluate whether changes in housing, monitoring, or service referrals are warranted under PREA practice.

#### **PREA Coordinator**

The PREA Coordinator explained that screening information is maintained in a secure manner and is accessible only to authorized personnel with a legitimate need to know, such as classification, medical, mental health, and PREA staff. This interview reflected that the facility recognizes the sensitive nature of information gathered during PREA screening and limits dissemination so that the information is used only for treatment, housing, programming, security, and management decisions. This practice is consistent with the PREA requirement that facilities implement controls on the dissemination of sensitive screening information so that it is not exploited to an inmate's detriment.

#### **Staff Responsible for Screening**

Staff responsible for screening and classification described a respectful and organized process for conducting assessments. They reported that inmates are screened shortly after arrival, that screening questions are asked as part of the intake and classification process, and that reassessments are completed within 30 days when the inmate remains at the facility long enough for reassessment to be required. Staff also indicated that additional reassessments are completed when warranted by a referral, request, incident of sexual abuse, or newly received information bearing on the inmate's risk of victimization or abusiveness. Their interviews reflected familiarity with the PREA requirements governing initial screening, objective assessment, reassessment, and the handling of sensitive inmate information.

#### **Random Inmates**

Random inmates described the screening process as clear and professional. Inmates reported that screening occurred shortly after arrival and that staff explained the purpose of the questions asked during intake. Inmates also indicated that they understood the information was being gathered to support their safety and institutional decision-making, and those who had remained at the facility for a longer period confirmed that follow-up review occurred. These interview findings were consistent with the documentation reviewed and with PREA expectations that risk screening information be obtained through direct conversation with the inmate, along with other relevant information sources available to the facility.

#### **PROVISIONS**

**Provision (a): Initial Screening for Risk of Sexual Victimization and Sexual Abusiveness**

The PAQ indicates the agency has a policy requiring that inmates be screened upon admission to the facility, and upon transfer to another facility, for risk of sexual victimization and risk of being sexually abusive toward other inmates. This requirement is directly consistent with PREA Standard 115.41(a), which provides that all inmates shall be assessed during an intake screening and upon transfer for these risks. During the on-site audit, the Auditor reviewed the intake process and confirmed through interviews that the screening is embedded into the facility's intake and classification procedures.

The inmates interviewed in relation to this provision recalled being asked questions related to their sexual safety, vulnerability, and other concerns relevant to screening. Their responses supported that the intake process includes direct inquiry into factors associated with risk of sexual victimization and sexual abusiveness. The totality of the evidence demonstrated that the facility has established a screening process designed to identify risk at the earliest stage of confinement and to use that information to support subsequent classification and management decisions under PREA.

**Relevant Policy:**

- JRLDC Policies and Procedures, Chapter 200, Booking, Release and Transfer, Policy 205.0, Intake PREA Screening of Inmates, revised May 30, 2015.

**Provision (b): Timely Intake Screening Within 72 Hours**

As reflected in the facility's policies and the PAQ, inmates are required to be screened within 72 hours of arrival. PREA Standard 115.41(b) provides that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ reported that, during the past 12 months, 100 percent of 5,813 inmates were screened for risk of sexual victimization or sexual abusiveness within 72 hours of entry into the facility. Rosters containing inmate arrival dates and corresponding screening dates supported the timeliness of the screening process.

From the full alpha roster of inmates, the Auditor selected files for review from varying housing units and from inmates representing different racial and ethnic backgrounds. File review confirmed that the required PREA intake screening was completed within the required timeframe. Interviews with random and targeted inmates were consistent with these records, as inmates reported being asked questions relating to prior sexual abuse and sexual harassment within three days of arrival, with several indicating the screening occurred on the day of intake. Classification staff similarly reported that PREA-related screening questions are asked during the initial intake process and again through ongoing classification review as appropriate.

**Relevant Policies:**

- JRLDC Policies and Procedures, Chapter 200, Booking, Release and Transfer, Policy 205.0, Intake PREA Screening of Inmates, revised May 30, 2015, page 2, Procedure 2(A).

**Provision (c): Objective Screening Instrument and Follow-Up Assessment**

The PAQ indicates that the facility conducts risk assessment using an objective screening instrument. PREA Standard 115.41(c) requires that such assessments be conducted using an objective screening instrument, and PREA guidance emphasizes that the instrument must rely on identified criteria rather than subjective impressions alone. The Auditor's review of screening records and the screening instrument confirmed that the instrument is weighted and scored based on inmate responses to questions tied to the standard's required criteria.

The documentation also reflected that inmates whose screening responses indicate heightened concern are referred for additional review, including mental health assessment when appropriate, to evaluate risk level, environmental concerns, and service needs. The records reviewed showed that the facility does not rely solely on the initial intake screening but uses the screening instrument as part of a broader process of assessing sexual safety. This evidence demonstrated compliance with the requirement that the facility use an objective method to assess both risk of sexual victimization and risk of sexual abusiveness.

**Provision (d): Required Criteria for Assessing Risk of Sexual Victimization**

The PAQ indicates that the facility's screening process considers the minimum criteria required by PREA for assessing risk of sexual victimization. These criteria include whether the inmate has a mental, physical, or developmental disability; the inmate's age; physical build; prior incarceration history; whether 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; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability; and whether the inmate is detained solely for civil immigration purposes. These factors are expressly identified in PREA Standard 115.41(d). Although civil immigration detention may not apply in every case, the standard requires that the screening instrument include consideration of that factor where relevant.

The Auditor's review of the screening instrument and completed screening forms demonstrated that the facility's process addresses the required factors in an organized and objective manner. The use of these criteria supports individualized assessment rather than reliance on generalized assumptions. This approach is consistent with PREA's intent that facilities identify inmates who may be vulnerable to sexual abuse through a structured and objective review of known risk indicators.

**Provision (e): Factors Used to Assess Risk of Sexual Abusiveness**

The PAQ states that the initial screening considers prior acts of sexual abuse, prior

convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. PREA Standard 115.41(e) specifically requires consideration of these factors in determining risk of sexual abusiveness. The screening documentation reviewed by the Auditor reflected that the facility's process captures these considerations and incorporates them into the overall risk determination.

By considering known behavioral history and prior institutional conduct, the facility strengthens its ability to identify inmates who may present a heightened risk of sexual abusiveness toward others. This use of known history is consistent with PREA's expectation that facilities assess not only vulnerability but also the potential for sexually abusive behavior. The documentary evidence supported that the facility's screening process addresses both sides of the sexual safety analysis required under the standard.

**Provision (f): Reassessment Within 30 Days of Arrival**

The PAQ states that policy requires the facility to reassess each inmate's risk of victimization or abusiveness within a set time period not to exceed 30 days after the inmate's arrival, based upon any additional relevant information received by the facility since intake. PREA Standard 115.41(f) requires an affirmative reassessment within that timeframe, and PREA guidance clarifies that the reassessment may rely on information previously gathered so long as it captures any changes in risk factors and includes consultation with the inmate.

The facility reported in the PAQ that 2,299 inmates, or 100 percent of inmates who entered the facility through intake or transfer during the past 12 months, remained at the facility for 30 days or more, and were reassessed within 30 days of arrival based upon any additional relevant information received since intake. The Auditor reviewed inmate records and found that the files examined reflected timely completion of these reassessments. Although different staff members finalized various screening documents, the completed instruments were consistent in content and timing and reflected a standardized reassessment practice. This evidence supported compliance with the 30-day reassessment requirement of PREA Standard 115.41(f).

**Relevant Policies:**

- JRLDC Policies and Procedures, Chapter 200, Booking, Release and Transfer, Policy 205.0, Intake PREA Screening of Inmates, revised May 30, 2015, page 3, Procedure 3(A)-(B).

**Provision (g): Reassessment When New Information Is Received**

The PAQ indicates that policy requires an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information bearing on the inmate's risk of sexual victimization or abusiveness. This language mirrors PREA Standard 115.41(g), which requires reassessment when new circumstances or information arise that may affect the inmate's risk level.

Classification staff reported that they monitor the inmate population and complete reassessments whenever such triggering events occur.

This provision is particularly important because it ensures the facility's risk assessment process remains dynamic rather than static. The interview evidence indicated that staff understand reassessment is not limited to the initial 30-day review and may also be required later when new information emerges. The facility's practice therefore reflects PREA's requirement that sexual safety determinations remain responsive to changing conditions, reported concerns, and newly obtained information.

**Relevant Policies:**

- JRLDC Policies and Procedures, Chapter 200, Booking, Release and Transfer, Policy 205.0, Intake PREA Screening of Inmates, revised May 30, 2015, page 3, Procedure 3(A)-(B)

**Provision (h): No Discipline for Refusal to Answer Sensitive Questions**

The PAQ indicates that policy prohibits disciplining inmates for refusing to answer, or for failing to disclose complete information in response to, questions regarding whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. This protection is required by PREA Standard 115.41(h), which recognizes the sensitive nature of these inquiries and prohibits punishment for non-disclosure.

Interviews with classification staff and the PC were consistent on this point. They explained that staff attempt to explain the purpose of the questions and encourage inmates to provide responses, but no disciplinary action is taken if an inmate declines to answer. This practice is consistent with PREA's emphasis on obtaining accurate screening information in a manner that is respectful, trauma-informed, and not coercive. The evidence demonstrated that the facility's screening process protects inmates from disciplinary consequences for declining to answer these sensitive questions.

**Relevant Policies:**

- JRLDC Policies and Procedures, Chapter 200, Booking, Release and Transfer, Policy 205.0, Intake PREA Screening of Inmates, revised May 30, 2015. page 3, Procedure 2(A)

**Provision (i): Controlled Dissemination of Sensitive Screening Information**

The PAQ indicates that the agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard so that sensitive information is not exploited to the inmate's detriment by

	<p>staff or other inmates. PREA Standard 115.41(i) requires this level of control because the information collected during risk screening may affect an inmate’s privacy, safety, treatment, and classification status. During interviews, classification staff indicated that inmate classification information is secured and that access is controlled.</p> <p>The Auditor also interviewed the PC regarding who may access the screening information collected during intake and subsequent screenings. The PC reported that access is limited to medical staff, mental health staff, classification staff, and the PC, based on a need-to-know standard for treatment, housing, programming, security, and management decisions. This evidence demonstrated that the facility recognizes the confidential and sensitive nature of PREA screening information and applies access controls consistent with the standard’s requirement that such information not be misused or disseminated unnecessarily.</p> <p><b>CONCLUSION</b></p> <p>Based on the review and analysis of the available evidence, the Auditor determined that the facility meets each provision of PREA Standard 115.41, Screening for Risk of Sexual Victimization and Abusiveness. The documentation, interviews, and record review collectively demonstrated that the facility conducts timely intake screening, uses an objective screening instrument, completes required 30-day reassessments, performs additional reassessments when warranted, protects inmates from discipline for refusing to answer sensitive questions, and limits dissemination of confidential screening information to authorized personnel.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>Documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation; J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025; and JRLDC Policies and Procedures, Chapter 200, Booking, Release and Transfer, Policy 205.0, Intake PREA Screening of Inmates, Revised May 30, 2015. These materials were reviewed to assess how the facility uses information obtained through the screening process required by PREA Standard 115.41 to inform housing, bed, work, education, and program assignments under PREA Standard 115.42. The documentation further supported the facility’s approach to individualized placement determinations, protections for transgender and intersex inmates, and the use of screening information to reduce the risk of sexual abuse and sexual harassment.</p> <p>The documentary evidence reflected that screening information is not collected as a</p>

stand-alone intake function, but rather is incorporated into ongoing classification and management decisions. The materials reviewed demonstrated that the facility uses screening results to identify vulnerability and abusiveness concerns, evaluate safety risks, and make informed decisions regarding placement and programming. Overall, the records supported a structured approach consistent with PREA's requirement that facilities actively use screening information to protect inmates from sexual abuse and sexual harassment.

### **INTERVIEWS**

Interviews conducted for this standard included the the PREA Coordinator, staff responsible for risk screening and classification functions, and available inmates whose housing status was relevant to the inquiry. The PREA Coordinator explained that screening results play a central role in classification decisions and are used to evaluate both vulnerability to sexual victimization and potential risk of sexual abusiveness. The PC described the process as one designed to prevent unsafe pairings by ensuring that inmates identified as vulnerable are not housed with inmates identified as presenting a higher risk of sexual abusiveness. The PC also explained that classification decisions are reviewed and adjusted as necessary to maintain safety and respond to changes in risk.

### **PREA Coordinator**

The PREA Coordinator described the manner in which screening information is maintained and used throughout the facility. The PC explained that although initial records may contain basic demographic data, placement and programming decisions are not made solely on that basis. Instead, the facility relies on a broader assessment of the inmate's safety needs, institutional considerations, and any additional information obtained after intake. The coordinator emphasized that this is an ongoing process and that classification information remains active and relevant throughout confinement, consistent with PREA's requirement that use of screening information be dynamic and safety-driven.

### **Staff Responsible for Risk Screening**

Staff responsible for risk screening described a structured process that combines use of the standardized PREA screening instrument with direct interaction with the inmate. They explained that the screening tool provides consistency, while direct conversation often yields additional information relevant to safety, vulnerability, prior history, or management concerns. Staff further reported that screening information is communicated to classification personnel through secure channels so that housing and program decisions can be made promptly and with appropriate regard for the inmate's risk factors and safety needs.

### **Transgender Inmates**

At the time of the on-site audit, there were no transgender or intersex inmates assigned to the facility. As a result, no inmates from that category were available for interview in connection with this standard.

## **PROVISIONS**

### **Provision (a): Use of Screening Information in Housing and Program Decisions**

The PC indicated that every assessment completed by staff is factored into the placement and programming of each inmate. The PC further explained that inmate risk levels, housing assignments, and program placements are informed by the results of these assessments, with the goal of separating inmates at high risk of sexual victimization from inmates at high risk of sexual abusiveness. This approach is directly consistent with PREA Standard 115.42(a), which requires the agency to use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of maintaining separation between these risk groups.

Following review of inmate records, the Auditor was able to verify that information obtained through PREA screening was being used in classification decisions made by staff. The records reflected that screening outcomes were not merely documented but were incorporated into practical management decisions affecting inmate placement and supervision. This evidence supported the conclusion that the facility meaningfully uses screening information in a manner consistent with the protective purpose of the standard.

### **Provision (b): Individualized Determinations for Inmate Safety**

During interviews with staff responsible for risk screening, the Auditor was informed that each inmate is evaluated individually as part of the assessment and classification process. Staff explained that while the facility uses established screening procedures and objective assessment tools, classification decisions are not based on the instrument alone. Additional weight is given to direct discussion with the inmate, institutional observations, and other relevant information when determining housing and programming assignments. This practice aligns with PREA Standard 115.42(b), which requires individualized determinations about how to ensure the safety of each inmate.

The information gathered during interviews demonstrated that the facility's use of screening information extends beyond mere form completion. Instead, staff described a process in which screening results are interpreted in the context of the inmate's overall presentation, safety concerns, and management needs. The evidence therefore supported that the facility applies case-specific judgment when using PREA screening information to make placement decisions.

### **Relevant Policy:**

- JRLDC Policies and Procedures, Chapter 200, Booking, Release and Transfer, Policy 205.0, Intake PREA Screening of Inmates, Revised May 30, 2015, pages 2-3, Procedure 2(A)-(D).

Provision (c) through Provision (g):

	<p>These provisions are no longer applicable to compliance findings.</p> <p><b><u>CONCLUSION:</u></b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined that the facility meets every provision of PREA Standard 115.42, Use of Screening Information. The documentation, interviews, and record review demonstrated that the facility uses information obtained through PREA screening to inform housing, bed, work, education, and program decisions; makes individualized determinations regarding inmate safety; applies the required protections for transgender and intersex inmates; and does not assign inmates to dedicated housing solely on the basis of LGBTI status. The evidence supported a classification process that is consistent with the protective intent and specific requirements of PREA Standard 115.42.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>Documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, as well as J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were examined to determine whether the facility’s policies and practices governing protective custody are consistent with PREA Standard 115.43, which limits the use of involuntary segregated housing for inmates at high risk of sexual victimization and requires that any such placement be used only as a last resort and for the shortest period necessary.</p> <p>The documentary review reflected that the facility prohibits placement of inmates at high risk for sexual victimization in involuntary segregated housing unless all available alternatives have been assessed and no other means of separation from likely abusers is available. The PAQ further indicated that, during the past 12 months, the facility reported zero inmates placed in involuntary administrative or punitive segregation pursuant to this standard. Taken together, the records supported a facility practice that relies on alternatives to involuntary segregation and reserves protective separation only for circumstances contemplated by PREA.</p> <p><b><u>INTERVIEWS</u></b></p> <p>Interviews conducted for this standard included the PREA Coordinator, the Facility</p>

Head, staff who supervise inmates in segregated housing, and inmates assigned to segregated housing for reasons unrelated to PREA. The PREA Coordinator described a proactive and individualized approach to inmate safety concerns and confirmed that no inmates were placed in protective custody or involuntary segregation for PREA-related reasons during the previous 12 months. The PC explained that when safety concerns arise, the facility first uses alternative strategies such as housing adjustments, heightened supervision, and increased staff awareness, rather than resorting to involuntary segregation. The PC further stated that if temporary separation were ever required, it would be limited in duration while staff evaluated available placement options and safety needs.

### **Facility Head**

The Facility Head explained that segregated housing placements are subject to regular review to ensure that each placement remains necessary, appropriate, and consistent with institutional policy. The Facility Head also confirmed that no inmates were placed in segregation for PREA-related reasons during the audit period and emphasized the facility's commitment to using the least restrictive means available to address safety concerns while preserving inmate access to services whenever possible. This interview was consistent with PREA's expectation that protective custody not be used automatically or routinely and that any restrictions associated with segregation be carefully limited and justified.

### **Staff Assigned to Supervise Segregated Housing**

Staff assigned to supervise segregated housing described clear and consistent procedures governing administrative and disciplinary segregation. They reported that segregation is used for administrative or disciplinary reasons and is not employed as a routine response to PREA-related concerns. Staff explained that if temporary separation were required for sexual safety reasons, the placement would be documented, monitored, and reviewed in accordance with policy. Their responses reflected awareness that PREA limits the use of involuntary segregated housing and requires that such placements be closely controlled and documented.

### **Inmates in Segregated Housing for Risk of Sexual Victimization**

At the time of the on-site audit the facility staff reported there were no inmates being held in segregation for risk of sexual victimization. This was confirmed by the inmates being held in segregation.

During the facility tour inmates, during informal conversations, housed in segregated units reported that their placements were related to administrative or disciplinary reasons rather than protection from sexual abuse or retaliation. None indicated that they had been placed in segregated housing because of PREA-related concerns. Their responses were consistent with staff interviews, the PAQ, and the absence of records showing protective custody placements under this standard during the audit period.

### **PROVISIONS**

**Provision (a): Prohibition on Routine Use of Involuntary Segregated Housing**

The PAQ indicates the agency has a policy prohibiting placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been completed and a determination has been made that there is no available alternative means of separation from likely abusers. This requirement is consistent with PREA Standard 115.43(a), which makes clear that involuntary segregated housing may be used only as a last resort. The standard also provides that if a facility cannot complete the assessment immediately, it may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

The PAQ reflects that, during the past 12 months, there were zero inmates placed in involuntary administrative or punitive segregation pursuant to this standard. The Auditor interviewed the PC specifically on this issue, and the PC confirmed that no inmates had been placed in protective custody during the past 12 months for PREA-related reasons. This evidence supported that the facility not only maintains an appropriate written policy but also follows a practice that avoids routine or unnecessary use of involuntary segregated housing for inmates at risk of sexual victimization.

**Relevant Policy:**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 8, Procedure 7(A)-(B).

**Provision (b): Access to Programs, Privileges, Education, and Work Opportunities**

The PAQ reflects that, during the past 12 months, there were zero inmates placed into involuntary administrative or punitive segregation in accordance with this standard. The Auditor again confirmed through interview with the PC that there had been no inmates placed in protective custody during the previous 12 months. As a result, no inmates could be interviewed relative to this provision because there were no applicable placements to review during the audit period.

PREA Standard 115.43(b) requires that inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If such access is limited, the facility must document the opportunities restricted, the duration of the limitation, and the reasons for the limitation. Although the facility had no qualifying placements during the audit period, policy and staff interviews reflected awareness that inmates placed under this provision would not be deprived of services as a routine consequence of protective separation.

**Provision (c): Limitation on Duration of Protective Custody Placement**

The PAQ reflects that, during the past 12 months, there were zero inmates placed into

involuntary administrative or punitive segregation pursuant to this standard for a period longer than 30 days while awaiting alternative placement. The Auditor interviewed the PC on this issue, and the PC confirmed that no inmates had been placed in protective custody in the past 12 months. This evidence supported that the facility had no instances during the audit period in which an inmate was held under PREA-related involuntary segregated housing beyond the time ordinarily permitted by the standard.

PREA Standard 115.43(c) requires that a facility assign inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such assignment shall not ordinarily exceed 30 days. The facility's reported absence of such placements during the review period is consistent with a practice of relying on alternatives rather than extended segregated confinement as a protective response. This aligns with the standard's purpose of ensuring that at-risk inmates are protected without being penalized through prolonged isolation.

**Provision (d): Documentation of Safety Basis and Lack of Alternatives**

The PAQ reflects that, during the past 12 months, there were zero inmates placed into involuntary administrative or punitive segregation in accordance with this standard for a period longer than 30 days while awaiting alternative placement. The Auditor interviewed the PC regarding this issue and again confirmed that there had been no inmates placed in protective custody in the past 12 months. Because no such placements occurred, there were no case-specific records to review under this provision during the audit period.

Under PREA Standard 115.43(d), if an involuntary segregated housing assignment is made pursuant to paragraph (a), the facility must clearly document the basis for the concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Although the facility had no qualifying placements during the review period, policy and staff responses reflected understanding that documentation of both the safety concern and the absence of alternatives would be required if such a placement occurred. This is consistent with PREA's requirement that protective custody decisions be transparent, justified, and subject to review.

**Provision (e): Thirty-Day Reviews of Continued Need for Separation**

During the past 12 months, there were zero inmates placed into protective custody in accordance with this standard, and this was confirmed through interview with the PC. During the facility tour, the Auditor did not observe any inmates in segregation due to PREA-related allegations or sexual safety concerns. These findings were consistent with the PAQ and with the broader interview evidence gathered during the audit.

The PAQ indicates that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. PREA Standard 115.43(e) requires this recurring review to ensure that protective separation does not continue longer than necessary. Although no such reviews were required during the

	<p>audit period because no qualifying placements occurred, the facility’s policy framework is consistent with the standard’s requirement for periodic reassessment of continued need.</p> <p><b>Relevant Policy:</b></p> <ul style="list-style-type: none"> <li>JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 8, Procedure 7(B)(4).</li> </ul> <p><b>CONCLUSION</b></p> <p>Based upon the review and analysis of all available evidence, the Auditor determined that the facility meets every provision of PREA Standard 115.43 relative to protective custody. The documentation, interviews, and facility observations demonstrated that the facility prohibits routine use of involuntary segregated housing for inmates at high risk of sexual victimization, reported no qualifying protective custody placements during the audit period, and maintains policy provisions consistent with PREA’s requirements regarding alternatives, documentation, limitations on duration, access to opportunities, and periodic review. No recommendation or corrective action is required.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>Documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation; J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100 Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025; the JRLDC Inmate Orientation Sheet dated November 17, 2025; the JRLDC Inmate Orientation Signature Sheet dated February 19, 2026; the JRLDC 2026 Inmate Handbook; and the JRLDC 2026 PREA Orientation Brochure; the JRLDC Housing Unit PREA Poster; and the JRLDC Housing Unit Information Screen PREA slides. These materials were reviewed to assess whether the facility provides inmates with multiple internal reporting options, at least one external reporting avenue, procedures for accepting verbal, written, anonymous, and third-party reports, and a method for staff to privately report sexual abuse and sexual harassment, as required by PREA Standard 115.51.</p> <p>The documentary record reflected a reporting system designed to ensure accessibility, privacy, and multiple pathways for disclosure of sexual abuse, sexual harassment, retaliation, and staff neglect. The orientation materials, handbook</p>

language, and PREA brochure collectively demonstrated that inmates are informed of their right to report through several channels, including internal staff, written submissions, hotline access, and outside reporting options. Overall, the materials supported that the facility has established a reporting framework consistent with the protective purpose and specific requirements of PREA Standard 115.51.

### **OBSERVATIONS**

During the on-site audit, the Auditor observed a highly visible PREA awareness presence throughout the facility. Informational posters were prominently displayed in housing units, intake areas, visitation spaces, dining halls, corridors, recreation yards, and other frequently accessed locations. These postings provided reporting instructions, hotline information, external reporting contacts, and PREA leadership contact information, thereby reinforcing continuous inmate access to reporting information in a manner consistent with PREA expectations for ongoing access to key reporting information.

The facility also demonstrated an intentional and engaging approach to reinforcing PREA messaging through the use of murals and awareness artwork placed in visible areas. This visual messaging promoted a culture in which reporting sexual abuse and sexual harassment is normalized, encouraged, and understood as an important safety measure. As part of the on-site review, the Auditor personally tested inmate telephones in multiple housing units and confirmed that the phones were operational and configured to allow confidential, toll-free communication with the PREA hotline, which connected to an entity outside the facility's chain of command. This hands-on verification supported that inmates had reliable access to an external reporting mechanism.

### **INTERVIEWS**

Random inmates interviewed from a range of housing areas demonstrated a clear understanding of how to report sexual abuse and sexual harassment. Inmates described multiple reporting options, including use of the PREA hotline, submission of grievances, direct communication with staff, and contact with the PREA Coordinator. Several inmates also stated that family members or other third parties could make reports on their behalf. Their responses reflected awareness of both internal and external reporting pathways and supported the conclusion that reporting information is being effectively communicated to the inmate population.

### **PREA Coordinator**

The PREA Coordinator (PC) provided a detailed overview of the facility's reporting system and explained that inmates may report concerns internally to staff or externally to entities outside the facility's chain of command. The PC identified outside reporting options that included the State Board of Pardons and Paroles, the Office of Victim Services, and the Ombudsman's Office, emphasizing that external reporting options are intended to preserve accessibility, privacy, and independence. The PC also explained that the facility is committed to protecting anonymity where requested and to ensuring that every allegation receives timely review,

documentation, and follow-through in accordance with policy.

### **Random Staff**

Random staff demonstrated a consistent and informed understanding of PREA reporting responsibilities. Staff described the range of reporting options available to inmates, including verbal reports, written reports, anonymous reports, hotline access, and third-party reporting. They further explained that all allegations are taken seriously, documented promptly when made verbally, and forwarded in accordance with facility procedure. Their responses reflected a professional understanding of the facility's duty under PREA to accept reports in multiple forms and act without delay once an allegation is received.

### **PROVISIONS**

#### **Provision (a): Multiple Internal Reporting Options for Inmates**

The PAQ indicates the agency has established procedures allowing for multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This language is consistent with PREA Standard 115.51(a), which requires agencies to provide multiple internal reporting avenues that allow inmates to report privately to agency officials. The JRLDC 2026 Inmate Handbook; and the JRLDC 2026 PREA Orientation Brochure; the JRLDC Housing Unit PREA Poster; and the JRLDC Housing Unit Information Screen PREA slides reflects that allegations may be reported through several methods, including by telephone at (843) 248-1520, by reporting to any staff member, volunteer, contractor, or medical or mental health staff, by submitting a grievance or sick call slip, by reporting to the PREA Coordinator, or by informing a family member, friend, legal counsel, or another person outside the facility who can report on the inmate's behalf. The brochure further indicates that an inmate may submit a report on behalf of another person, or another person at the facility may report for the inmate.

The interviews conducted with inmates and staff were consistent with these written materials. Inmates were able to identify more than one internal reporting method, and staff demonstrated understanding that reports may concern not only direct sexual abuse or sexual harassment but also retaliation and staff neglect associated with such incidents. The evidence supported that the facility has implemented multiple internal reporting pathways that are accessible and consistent with the requirements of the standard.

#### **Relevant Policy:**

- JRLDC Policies and Procedures, Chapter 100 Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 9-10, Procedure 9(a)(1)-(4).
- JRLDC 2026 PREA Orientation Brochure

- JRLDC 2026 Inmate Handbook
- JRLDC Housing Unit PREA Poster
- JRLDC Housing Unit Information Screen PREA slides.

**Provision (b): External Reporting Avenue Outside the Agency**

As noted in Provision (a), the facility provides multiple reporting avenues for inmates. During the on-site tour, each telephone tested by the Auditor was operational and capable of placing outside calls. The Auditor also observed numerous PREA posters in both English and Spanish throughout the facility, including in housing units, common areas, main hallways, the intake holding area, and the dining room. These visual materials reinforced the availability of reporting options and supported inmate awareness of how to access outside reporting channels.

PREA Standard 115.51(b) requires the agency to provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency and that can receive and immediately forward inmate reports to agency officials, while allowing the inmate to remain anonymous upon request. The Auditor's direct testing of the telephones and review of reporting materials supported that inmates have access to an external reporting avenue outside the facility's chain of command. The facility does not detain inmates solely for civil immigration purposes, and therefore the immigration-specific communication requirement within this provision was not applicable at the time of the audit.

**Relevant Policies**

- JRLDC Chapter 200 Booking, Release and Transfer, Policy 200.0 Legality of Commitment; Page 3-4, Procedure 2 (H), revised March 15, 2023

**Provision (c): Acceptance of Verbal, Written, Anonymous, and Third-Party Reports**

The PAQ indicates the facility has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. This policy requirement is consistent with PREA Standard 115.51(c), which also requires that staff promptly document any verbal reports.

The inmates interviewed regarding this provision uniformly indicated that they were aware of their ability to report sexual abuse or sexual harassment in person and in writing. Staff interviews further confirmed that they understand their obligation to receive reports regardless of the method by which the report is made and to ensure that verbal reports are documented without delay. The evidence therefore supported a reporting culture in which inmates are not limited to a single reporting format and may disclose allegations through several recognized channels consistent with PREA requirements.

**Relevant Policy**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 9-10, Procedure 9,
- JRLDC Inmate Handbook, English and Spanish; Page 24-26
- JRLDC Housing Unit Posters English and Spanish

**Provision (d): Private Reporting Method for Staff**

The PAQ indicates the facility has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. These procedures are documented in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 9-10, Procedure 9. The PAQ further states that facility staff may report anonymously to the PREA Coordinator and the Horry County Sheriff’s Office. This is consistent with PREA Standard 115.51(d), which requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

Through interviews with staff, several methods for private staff reporting were identified. Staff consistently indicated that they could make a private report to their supervisor, another supervisor, the PREA Coordinator, or the Horry County Sheriff’s Office. The information gathered demonstrated that staff had more than one avenue for raising concerns privately and that they understood the distinction between merely informing others and using a reporting method that protects the privacy of the reporting employee to the extent possible. This evidence supported compliance with the standard’s requirement for private staff reporting mechanisms.

**Relevant Policy**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 9-10, Procedure 9.
- RLDC Policy 108.0
- JRLDC PREA Training
- JRLDC PowerDMS, PREA Folder, PREA Resources

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor determined that the facility meets every provision of PREA Standard 115.51 addressing inmate reporting. The documentation, on-site observations, telephone testing, interviews with inmates and staff, and review of orientation materials collectively demonstrated that the facility provides multiple internal reporting methods, at least one external reporting avenue, acceptance of verbal, written, anonymous, and third-party reports, and a private reporting mechanism for staff.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW**

To evaluate compliance with PREA Standard §115.52, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and Chapter 500, Programs, Activities, and Discipline, Policy 502.0, Inmate Grievances, revised November 1, 2023. These materials were examined to determine whether the facility's grievance procedures for allegations of sexual abuse and sexual harassment align with PREA's requirements regarding exhaustion of administrative remedies. The review focused on whether inmates may use the grievance process to report sexual abuse, whether time limits and informal resolution requirements are waived for PREA matters, whether emergency grievances are available in cases of imminent risk, and how the facility limits disciplinary action related to PREA grievances. Policy 502.0 was analyzed in particular to understand how PREA grievances are distinguished from routine complaints, how they are routed to leadership, and how response timelines are enforced.

**INTERVIEWS**

**Random Inmates**

Inmates from various housing units participated in confidential interviews and demonstrated a clear, consistent understanding of how PREA-related concerns are addressed. They reported that, although they are familiar with the general grievance process, allegations of sexual abuse or sexual harassment are not handled as ordinary grievances. Instead, they described that such concerns—whether reported verbally, through written requests, or via grievance forms—are promptly elevated and addressed through a specialized PREA investigative process. Inmates indicated that, in practice, they often choose to notify a staff member directly or use the hotline because these methods are perceived as the quickest ways to report. They also understood that they may submit grievances related to sexual abuse, including allegations of imminent risk, and that they can report anonymously without being required to identify themselves by name. Their responses reflected confidence that PREA concerns are taken seriously and addressed without unnecessary delay.

**Random Staff**

Staff members across multiple shifts and assignments expressed a strong, uniform understanding of PREA reporting and grievance expectations. They consistently explained that any grievance form containing allegations of sexual abuse or sexual harassment is immediately identified and removed from the standard grievance track. Once identified, these grievances are treated as PREA reports and forwarded promptly to the Facility Head and the PREA Coordinator. Staff emphasized that time limits for filing are not enforced for PREA grievances, that inmates are not required to

attempt informal resolution, and that PREA grievances are documented and routed for formal investigation without delay. Their responses reflected a professional, attentive, and well-trained workforce committed to ensuring that the grievance process supports safety, accountability, and compliance with PREA.

## **PROVISIONS**

### **Provision (a): PREA-Specific Grievance Procedure Availability**

Provision (a) requires agencies to have an administrative procedure for addressing grievances regarding sexual abuse and sexual harassment, ensuring that inmates may use the grievance process to report such allegations without unnecessary barriers.

According to the PAQ, JRLDC maintains an administrative grievance procedure that explicitly addresses allegations of sexual abuse and sexual harassment. Inmates interviewed by the Auditor confirmed that they can file grievances to report sexual abuse, including situations involving imminent risk. Although none of the interviewed inmates reported personally using the grievance process for this purpose, they demonstrated familiarity with the procedure and indicated they would likely report directly to staff or use the hotline for speed. When asked, inmates stated that they are not required to provide their names when alleging sexual abuse and that they understand they can submit anonymous complaints. Chapter 500, Programs, Activities, and Discipline, Policy 502.0, Inmate Grievances, revised November 1, 2023, Attachment A, outlines PREA-specific grievance considerations and confirms that the facility's grievance structure incorporates PREA requirements for sexual abuse and sexual harassment reports.

### **Provision (b): Waiver of Time Limits and Informal Resolution for PREA Grievances**

Provision (b) requires that agencies waive time limits for the submission of grievances regarding allegations of sexual abuse and that they do not require inmates to attempt informal resolution before filing such grievances.

The PAQ indicates that, for PREA-related matters, JRLDC waives any time limits on filing grievances alleging sexual abuse or sexual harassment. The PAQ further states that inmates are not required to attempt informal resolution for PREA grievances. Instead, all grievances involving allegations of sexual abuse or sexual harassment are immediately submitted to the Facility Head and the PREA Coordinator for review and action. Chapter 500, Programs, Activities, and Discipline, Policy 502.0, Inmate Grievances, revised November 1, 2023, supports this practice by expressly distinguishing PREA grievances from routine grievances and specifying that PREA allegations bypass informal steps and filing deadlines. Staff interviews confirmed that this waiver is consistently applied and that any PREA-related grievance is treated as a formal report from the moment it is received.

### **Provision (c): Ability to Bypass the Subject of the Complaint**

Provision (c) requires that inmates be permitted to submit grievances alleging sexual abuse without submitting them to the staff member who is the subject of the complaint, and that such grievances not be referred to that staff member for response.

The PAQ reflects that JRLDC's policies and procedures permit inmates to submit grievances alleging sexual abuse without routing them through the staff member named in the allegation. Chapter 500, Programs, Activities, and Discipline, Policy 502.0, Inmate Grievances, revised November 1, 2023. specifies that grievances involving allegations of sexual abuse are directed to designated supervisory and administrative personnel rather than to the staff member who is the subject of the complaint. Attachment A further clarifies that PREA grievances are not returned to that staff member for response or resolution. This structure ensures that inmates can report allegations against staff without fear that their grievance will be controlled by the individual they are accusing and aligns with PREA's requirements for impartial handling of such complaints.

**Provision (d): Timely Resolution of PREA Grievances**

Provision (d) requires that decisions on the merits of any grievance, or portion of a grievance, alleging sexual abuse be made within a reasonable period not to exceed 90 days from the filing of the grievance, subject to limited, documented extensions.

The PAQ states that JRLDC policy requires a decision on the merits of any grievance alleging sexual abuse to be made within 90 days of filing. The facility reported that four grievances involving allegations of sexual abuse were filed during the past twelve months. During the onsite audit, the Auditor reviewed investigation files and grievance records related to these four cases and confirmed that all decisions were issued within the required timeframe. Documentation showed that the facility tracked receipt dates, investigative steps, and decision dates in a manner consistent with the 90-day requirement and that any internal timelines were met without documented exceptions. This practice demonstrates that JRLDC has not only codified PREA's timeliness requirement in policy but has also complied with it in recent cases.

**Provision (e): Third-Party Assistance and Documentation of Declined Assistance**

Provision (e) requires agencies to permit third parties—including fellow inmates, staff members, family members, attorneys, and outside advocates—to assist inmates in filing PREA-related grievances, and to allow those third parties to file grievances on behalf of inmates. If an inmate declines third-party assistance, the agency must document that decision.

The PAQ reports that JRLDC's policy allows third parties such as fellow inmates, staff, family members, attorneys, and outside advocates to assist inmates in filing administrative remedies related to allegations of sexual abuse and to file grievances on their behalf. Chapter 500, Programs, Activities, and Discipline, Policy 502.0, Inmate Grievances, revised November 1, 2023. Attachment A, explains that when a third party files a grievance alleging sexual abuse on behalf of an inmate, the facility will

ask the inmate whether they wish to pursue the grievance. If the inmate declines to proceed with the third-party grievance, the agency documents the inmate's decision to decline assistance. The PAQ reflects that during the past twelve months, there were no instances in which inmates declined third-party assistance after such assistance was offered, indicating both that the option is available and that no conflicts arose requiring formal documentation of refusal.

**Provision (f): Emergency Grievances for Imminent Risk of Sexual Abuse**

Provision (f) requires that agencies establish procedures for inmates to file emergency grievances when they are subject to a substantial risk of imminent sexual abuse. These procedures must provide for an initial response within 48 hours and a final agency decision within five calendar days.

The PAQ indicates that JRLDC has established a specific policy and procedure for emergency grievances alleging that an inmate is subject to a substantial risk of imminent sexual abuse. This policy requires an initial response within 48 hours and a final decision within five days. The facility reported that zero emergency grievances alleging substantial risk of imminent sexual abuse were filed in the past twelve months. During staff interviews, the Auditor confirmed that staff understand inmates may submit emergency grievances in cases of imminent risk and that they know the required response timelines. Supervisors were able to describe the steps they would take upon receipt of an emergency grievance and the need to prioritize immediate safety measures and rapid administrative review. These responses demonstrate procedural readiness even in the absence of recent emergency grievance filings.

**Provision (g): Limits on Disciplining Inmates for PREA Grievances**

Provision (g) requires that agencies limit their ability to discipline inmates for filing grievances alleging sexual abuse to situations where it can be demonstrated that the inmate filed the grievance in bad faith. This safeguard is designed to protect good-faith reporting and to prevent retaliation.

The PAQ indicates that JRLDC has a written policy limiting disciplinary action against inmates for filing grievances alleging sexual abuse to cases where the agency can show that the grievance was filed in bad faith. Chapter 500, Programs, Activities, and Discipline, Policy 502.0, Inmate Grievances, revised November 1, 2023. Attachment A, incorporates this limitation by clarifying that inmates will not be punished simply because a grievance is unfounded or unsubstantiated, and that disciplinary measures may only be imposed when there is evidence of intentional, malicious, or knowingly false reporting. The facility reported that in the past twelve months, two inmate grievances alleging sexual abuse resulted in disciplinary action after the agency determined the grievances were filed in bad faith. These cases were documented as exceptions, suggesting that the facility applies the bad-faith standard selectively and with evidentiary support, in alignment with PREA's intent to protect inmates who report sexual abuse in good faith.

**CONCLUSION**

Based on the review and analysis of the PAQ, applicable policies, grievance and

	<p>investigation records, and interviews with inmates and staff, the Auditor determines that JRLDC meets the requirements of PREA Standard §115.52 concerning exhaustion of administrative remedies. The facility’s grievance system allows PREA allegations to be reported without time limits or informal resolution requirements, ensures that such grievances bypass the subject of the complaint, supports timely decisions, permits third-party assistance, provides an emergency grievance mechanism for imminent risk of sexual abuse, and limits disciplinary action to grievances shown to be filed in bad faith.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>Documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the facility provides inmates with access to outside confidential support services related to sexual abuse, informs inmates of applicable limits to confidentiality, and maintains or attempts to enter into agreements with community service providers, as required by PREA Standard 115.53.</p> <p>The documentary evidence reflected that the facility has established procedures for connecting inmates with outside victim advocates for emotional support services related to sexual abuse. The materials further supported that inmates are provided information necessary to contact outside support organizations, that communication is to be permitted in as confidential a manner as possible, and that the facility recognizes the distinction between an outside emotional support service provider under PREA Standard 115.53 and an outside reporting entity under PREA Standard 115.51(b). Overall, the records demonstrated a framework consistent with the purpose of PREA Standard 115.53, which is to provide inmates with meaningful access to confidential emotional support services outside the facility.</p> <p><b>OBSERVATIONS</b></p> <p>During the on-site walkthrough, the Auditor observed that PREA-related informational materials were widely and strategically displayed throughout the facility. Housing units, corridors, administrative areas, and locations near inmate telephones all featured visible and easy-to-read postings. These postings included PREA hotline numbers and contact information intended to support inmate access to confidential support and reporting resources. The visibility and placement of these materials supported that inmates are routinely reminded of the means available to seek assistance related to sexual abuse concerns.</p>

To verify functionality, the Auditor conducted live testing of several inmate telephones. Each telephone operated as intended, and a call placed to an external advocacy service connected without difficulty. The call was answered promptly by an advocate who provided assistance without requesting identifying information, supporting the conclusion that the service functioned as an accessible and confidential resource. These observations demonstrated that the facility maintains a practical communication system through which inmates may seek emotional support services related to sexual abuse.

## **INTERVIEWS**

### **Random Inmates**

Random inmates from multiple housing units participated in confidential interviews and demonstrated a consistent understanding of available emotional support services. Inmates were able to identify the Sexual Assault Response Center (SARC) and internal victim advocacy resources, and they described how those services could be accessed by telephone or by mail. Inmates also indicated that calls were free of charge and available when needed. Their responses reflected awareness of the existence of outside support services and an understanding that these services are intended to provide assistance related to sexual abuse concerns.

### **PREA Coordinator (PC)**

The PREA Coordinator provided a detailed overview of the facility's efforts to maintain access to community-based advocacy and emotional support services. The PC explained that the facility has continued efforts to formalize a Memorandum of Understanding with the Sexual Assault Response Center, while also ensuring that services remain available through established communication channels even when a formal agreement is still being developed. The PC further confirmed that inmates receive information at intake regarding contact information for outside support services, including hotline access, mailing information, and the nature of services available. This interview supported that the facility actively informs inmates of outside support options and continues efforts to strengthen external collaboration in accordance with PREA expectations.

### **Intermediate- or higher-level staff**

Intermediate- or higher-level staff described a proactive approach to maintaining the communication systems used for PREA-related reporting and emotional support access. Staff confirmed that inmate telephones are routinely checked for functionality and that any technical issues affecting PREA hotline or support access are addressed promptly. Their responses reflected an understanding that reliable access to communication tools is essential to inmate safety and to compliance with PREA requirements involving outside confidential support services.

### **Rape Crisis Center of Georgetown and Horry Counties**

External communication with the Rape Crisis Center of Georgetown and Horry

Counties provided additional information regarding community-based advocacy services. The Center confirmed that an MOU is currently in place and that it offers comprehensive support services, including a 24-hour confidential hotline staffed by trained advocates who provide emotional support, crisis intervention, referrals, and guidance concerning legal and recovery processes. The Center also confirmed its willingness to continue supporting survivors regardless of when the sexual victimization occurred. This information supported that community-based emotional support services are available to inmates through an outside provider capable of offering confidential assistance.

### **Horry County Non-Emergency Dispatch**

The Auditor also contacted Horry County Non-Emergency Dispatch (HCNED), which serves as the confidential outside support agency identified by the facility. HCNED confirmed that it does not maintain a formal MOU with the facility because it is a county department entity. HCNED further confirmed that its 24-hour hotline, 843-248-1520, is available to individuals seeking emotional support, guidance, or information, and that the service operates continuously. Representatives stated that they had not received direct contacts from the facility within the past year but reaffirmed that support remains available regardless of when the sexual victimization occurred. This information supported the facility's representation that outside support remains accessible through HCNED even in the absence of a separate formal MOU.

### **PROVISIONS**

#### **Provision (a): Access to Outside Victim Advocates for Emotional Support Services**

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. PREA Standard 115.53(a) requires that the facility provide inmates with access to outside victim advocates by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, for local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility's documentary materials and the Auditor's observations supported that PREA mailing addresses and telephone numbers were posted throughout the facility and were available to inmates in multiple locations.

The evidence also demonstrated that the facility enables reasonable communication between inmates and these organizations in as confidential a manner as possible. Telephone testing performed by the Auditor confirmed that outside calls to a support provider could be completed successfully, and inmate interviews reflected understanding of how these support services may be accessed. The facility also references access to immigrant services agencies for persons detained solely for civil immigration purposes, consistent with the language of the standard, although that population was not otherwise identified as applicable during the audit period. The totality of the evidence supported that the facility provides inmates with access to outside victim advocates as contemplated by PREA Standard 115.53(a).

**Relevant Policies:**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 15-16, Procedure 11(C), outlines the guidelines for Provision (a).

**Provision (b): Notice of Monitoring and Limits to Confidentiality**

The facility informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility also informs inmates of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limitations on confidentiality under applicable law. This practice was confirmed through interview with the PC and is directly consistent with PREA Standard 115.53(b), which requires advance notice to inmates regarding monitoring and the extent to which reports of abuse will be forwarded to authorities pursuant to mandatory reporting laws.

Inmate interviews further reflected awareness that confidentiality has limits, particularly when safety concerns or mandatory reporting obligations are implicated. This aspect of the standard is important because it allows inmates to make informed decisions about how and when to communicate with outside support providers. The evidence supported that the facility not only provides access to outside services but also advises inmates about the boundaries of confidentiality before those communications occur.

**Relevant Policies:**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 15-16, Procedure 11(C), outlines the guidelines for Provision (b).

**Provision (c): Agreements or Attempts to Enter into Agreements with Community Service Providers**

Horry County Non-Emergency Dispatch (HCNED) is the outside agency utilized by the facility. The facility does not maintain a formal MOU with HCNED because HCNED is a county department entity, and this information was confirmed by HCNED staff. The facility has historically used HCNED when allegations of sexual abuse have been made, and HCNED remains available as an outside support resource. In addition, communication with the Rape Crisis Center of Georgetown and Horry Counties confirmed that an MOU is currently in place with that organization. PREA Standard 115.53(c) requires that the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers able to provide inmates with confidential emotional support services related to sexual abuse, and that the agency maintain copies of those agreements or documentation of such efforts.

	<p>The evidence therefore reflected both ongoing collaboration and documented effort with community-based providers. Even where one county entity does not operate under a separate formal MOU because of its governmental relationship to the facility, the facility demonstrated continued access to community-based support and efforts consistent with the standard’s expectation of formalized relationships where possible. The totality of the information supported compliance with PREA Standard 115.53(c).</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined that the facility meets every provision of PREA Standard 115.53, which addresses inmate access to outside confidential support services. The documentary record, on-site observations, telephone testing, inmate and staff interviews, and external contacts collectively demonstrated that the facility provides access to outside victim advocates for emotional support services, informs inmates of the limits of confidentiality and monitoring, and maintains or attempts to maintain relationships with outside service providers capable of offering confidential support related to sexual abuse.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.54, the Auditor reviewed the Pre-Audit Questionnaire and supporting documentation, as well as J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. PREA Standard §115.54 requires an agency to establish a method for receiving third-party reports of sexual abuse and sexual harassment and to distribute publicly information explaining how such reports may be made on behalf of an inmate.</p> <p>The documentation reflected that the facility has established a reporting structure that allows allegations to be submitted by individuals outside the facility, including family members, legal representatives, advocates, and other concerned parties. The PREA Resource Center explains that agencies must ensure the public can reasonably access information on how to make such reports and that the reporting method should be readily available and conspicuous through means such as websites, public postings, or printed materials. The materials reviewed indicated that JRLDC has incorporated these expectations into its PREA reporting framework and public information practices.</p> <p><b>INTERVIEWS</b></p>

### **PREA Coordinator (PC)**

The PREA Coordinator described a coordinated and well-established process for receiving and responding to third-party reports. The Coordinator explained that outside individuals may submit allegations through multiple channels, including telephone, email, and mail, and that these reports are handled with the same seriousness and urgency as allegations made directly by inmates. This approach is consistent with PREA guidance stating that third-party reports must be dealt with in the same manner as direct reports, including protection of potential victims and prompt investigative response. The Coordinator also stated that the facility routinely reviews posted reporting information for accuracy and reinforces staff responsibilities through training and supervisory oversight.

### **Intermediate and supervisory staff**

Intermediate and supervisory staff also demonstrated a clear understanding of the facility's third-party reporting procedures. Staff explained that reports received indirectly, including by mail or electronic communication, are documented promptly and forwarded through the appropriate PREA review and investigative channels. Their responses reflected familiarity with the expectation that external reports are not treated as informal tips, but as legitimate PREA allegations requiring timely action.

### **Random Inmates**

Random inmates reported that they were aware sexual abuse or sexual harassment could be reported on their behalf by someone outside the facility. Inmates from different housing areas identified outside offices and community contacts as possible reporting avenues and expressed reassurance in knowing that a trusted person outside the institution could initiate a report if necessary. Their responses reflected effective PREA education and supported the conclusion that inmates understand the availability of third-party reporting pathways.

### **PROVISIONS**

#### **Provision (a): Established Third-Party Reporting Mechanism and Public Accessibility**

Provision (a) requires the agency to establish a method for receiving third-party reports of inmate sexual abuse and sexual harassment and to publicly distribute information describing how those reports may be made on behalf of an inmate.

JRLDC has established a method to receive third-party reports of sexual abuse and sexual harassment, as reflected in Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 11, Procedure 9(C). During the facility tour, the Auditor observed postings throughout the institution explaining how PREA allegations may be reported, including by third parties. In addition, the agency makes reporting information publicly available through the Horry County detention center PREA compliance webpage, providing members of the public with instructions on how to report sexual abuse or sexual

harassment on behalf of an inmate. The PREA Resource Center notes that public dissemination may appropriately occur through a website, postings in public areas such as the lobby or visitation room, printed pamphlets, or other methods that make reporting instructions reasonably accessible to the public. The observed postings and website information support the conclusion that JRLDC not only maintains a method for receiving third-party reports, but also distributes that information in a manner consistent with PREA’s public-access requirement.

**Relevant Policy**

Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 11, Procedure 9(C).

**CONCLUSION**

Based upon the review and analysis of the Pre-Audit Questionnaire, policy documentation, staff and inmate interviews, onsite observations, and publicly available reporting information, the Auditor determines that JRLDC meets the requirements of PREA Standard §115.54. The facility has established a method to receive third-party reports of inmate sexual abuse and sexual harassment and publicly distributes information explaining how such reports may be made on behalf of inmates, consistent with the requirements and guidance associated with this standard.

115.61	Staff and agency reporting duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>Documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, as well as J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were examined to determine whether the facility’s reporting framework complies with PREA Standard 115.61, which establishes staff and agency reporting duties for allegations of sexual abuse, sexual harassment, retaliation, and staff neglect or failure to perform responsibilities that may have contributed to an incident or retaliation.</p> <p>The documentary review reflected that the facility maintains clear reporting expectations requiring immediate action when staff receive information, suspicion, or direct knowledge of sexual abuse or sexual harassment in a confinement setting, whether or not the incident occurred within the agency itself. The materials also supported that the facility limits disclosure of sexual abuse information to those with</p>

a legitimate need to know, requires medical and mental health practitioners to explain the limits of confidentiality at the initiation of services, and ensures that allegations are forwarded to designated investigators. Overall, the evidence demonstrated a reporting structure consistent with PREA's objective of fostering a strong reporting culture while protecting confidentiality and promoting prompt intervention.

## **INTERVIEWS**

### **Random Staff**

Random staff from a wide range of assignments, including security, education, food service, and classification, demonstrated a clear and consistent understanding of their obligation to report immediately when they receive or observe information related to sexual abuse or sexual harassment. Staff described several ways reports may be made, including verbal notification, written documentation, and electronic communication, and they recognized that allegations may originate from inmates, coworkers, anonymous sources, or third parties. Their responses reflected a facility culture in which reporting is understood as mandatory, immediate, and essential to inmate safety.

### **PREA Coordinator**

The PREA Coordinator provided a detailed explanation of how reports are received, documented, and tracked within the facility. The PC described an organized internal process in which allegations are logged, supervisory personnel are notified, and appropriate investigative staff are informed without delay. The PC emphasized that all reports, including third-party and anonymous reports, are treated seriously and are monitored from the point of receipt through resolution. This interview supported that the facility has an accountable reporting process that aligns with PREA's requirement for prompt and consistent agency response.

### **Medical and Mental Health Personnel**

Medical and mental health personnel described their dual role in providing care while also complying with mandatory reporting obligations. These staff members explained that when an inmate discloses sexual abuse or related concerns, they prioritize immediate patient safety, initiate appropriate care, and report the information through established PREA channels. They also stated that inmates are advised at the beginning of services of the practitioner's duty to report and of the limits of confidentiality. Their responses reflected a trauma-informed and ethically transparent approach consistent with PREA Standard 115.61.

### **Facility Head**

The Facility Head reinforced the expectation that all staff must act immediately when concerns arise and described reporting as both a professional obligation and an institutional safeguard. Facility leadership emphasized that prompt reporting protects inmates, strengthens accountability, and supports the integrity of the facility's PREA

response system. This interview was consistent with the staff and PC interviews and supported the conclusion that the reporting culture at the facility is shaped by clear leadership expectations and operational oversight.

### **PROVISIONS**

#### **Provision (a): Immediate Reporting of Sexual Abuse, Sexual Harassment, Retaliation, and Staff Neglect**

The PAQ states that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not that facility is part of the agency. The PAQ further indicates that the agency requires all staff to report immediately any retaliation against inmates or staff who reported such an incident, as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. These requirements are directly consistent with PREA Standard 115.61(a), which establishes the foundation for staff and agency reporting duties in confinement settings.

These requirements were confirmed through interviews with facility leadership and staff. Staff consistently demonstrated understanding that the duty to report is broad and includes not only direct allegations of sexual abuse or sexual harassment, but also related concerns such as retaliation and staff misconduct or inaction that may have contributed to harm. The evidence supported that the facility has implemented a reporting culture consistent with PREA's expectation that staff act immediately whenever such information becomes known.

#### **Relevant Policy:**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 9-13, Procedure 9(A)-(C). Additional reporting requirements are detailed on page 12, Section F(1)-(2).

#### **Provision (b): Limits on Disclosure of Sexual Abuse Information**

The PAQ reflects that, apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. This requirement is consistent with PREA Standard 115.61(b), which limits internal disclosure of sexual abuse information to those with a legitimate operational need to know.

The Facility Head confirmed that this policy is enforced, and the interviews reflected that staff understand the sensitive nature of PREA-related information. This safeguard is significant because PREA requires agencies to build an effective reporting culture without allowing the unnecessary spread of highly sensitive information. The evidence demonstrated that the facility balances immediate reporting obligations

with confidentiality protections consistent with the standard.

**Relevant Policy:**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 12-13, Section G(1)-(2).

**Provision (c): Medical and Mental Health Duty to Report and Advise on Confidentiality Limits**

The PAQ indicates that, unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to provision (a). The PAQ further indicates that these practitioners are required to inform inmates of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. This requirement is consistent with PREA Standard 115.61(c), which recognizes that therapeutic and medical settings may involve sensitive disclosures but nevertheless requires clear notice regarding the practitioner's mandatory reporting obligations.

This requirement was confirmed through interviews with medical and mental health personnel and with facility leadership. The practitioners described advising inmates at the outset of services that certain disclosures cannot remain confidential if they involve reportable sexual abuse concerns. The evidence supported that inmates are informed in advance of these limitations and that the facility's medical and mental health staff comply with PREA's requirement to report sexual abuse while continuing to provide appropriate care.

**Relevant Policy:**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 12-13, Section G(1)-(2).

**Provision (d): Mandatory Reporting for Juveniles or Vulnerable Adults**

The PAQ reports that if the alleged victim is under the age of 18 or is considered a vulnerable adult under a state or local vulnerable persons statute, the agency reports the allegation to the designated state or local services agency under applicable mandatory reporting law. This requirement was confirmed through interview with the PC and is consistent with PREA Standard 115.61(d), which requires compliance with applicable mandatory reporting laws for minors and vulnerable adults.

Although this provision may not apply frequently in an adult detention setting, the standard requires that the agency be prepared to comply when it does arise. The evidence demonstrated that the facility understands the reporting obligation and has policy language in place to ensure that allegations involving legally protected populations are forwarded to the appropriate outside authority when required by law.

	<p><b>Relevant Policy:</b></p> <ul style="list-style-type: none"> <li>JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 12-13, Section G(1)-(2).</li> </ul> <p><b>Provision (e): Reporting All Allegations to Designated Investigators</b></p> <p>The PAQ states that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. This requirement was confirmed through interview with the PC and is consistent with PREA Standard 115.61(e), which requires that all allegations of sexual abuse be reported to designated investigators regardless of the source of the allegation.</p> <p>The PC described a tracking and notification process designed to ensure that no allegation is overlooked and that all reports are routed appropriately for investigative review. This requirement is essential to maintaining accountability because PREA does not permit agencies to disregard allegations simply because they originate from indirect, anonymous, or third-party sources. The evidence supported that the facility reports all such allegations to its designated investigators in accordance with the standard.</p> <p><b>Relevant Policy:</b></p> <p>JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 12-13, Section G(1)-(2).</p> <p><b>CONCLUSION</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined that the facility meets every provision of PREA Standard 115.61, which addresses staff and agency reporting duties. The documentary record and interview findings demonstrated that the facility requires immediate reporting of sexual abuse, sexual harassment, retaliation, and staff neglect; limits disclosure of sensitive information to those with a need to know; requires medical and mental health staff to explain confidentiality limits and report as required; complies with mandatory reporting obligations for protected populations; and forwards all allegations, including anonymous and third-party reports, to designated investigators.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and its supporting materials, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the facility has established and implemented procedures requiring immediate protective action when staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, in accordance with PREA Standard 115.62.

## **INTERVIEWS**

### **Random Staff**

Interviews with random staff reflected a strong and consistent understanding of their responsibilities under PREA when confronted with information indicating that an inmate may be subject to a substantial risk of imminent sexual abuse. Staff from multiple departments explained that they would act immediately upon receiving such information and would not delay intervention pending direction from a supervisor. Staff consistently described separating the inmate at risk from the alleged aggressor, taking immediate steps to ensure the inmate's safety, notifying a supervisor without delay, and preserving any potential evidence when applicable. Their responses demonstrated that staff understand immediate protective action is required once credible information becomes known and that prompt intervention is central to preventing sexual abuse. Staff further indicated that ongoing training and scenario-based instruction have reinforced the expectation that employees respond decisively, use sound judgment, and initiate protective measures consistent with agency policy and PREA requirements.

### **Random Supervisors and Mid-Level Managers**

Supervisors and mid-level managers described a coordinated and timely response once information is reported to them regarding a possible substantial risk of imminent sexual abuse. They explained that they promptly assess the situation, direct staff actions, and mobilize the resources necessary to protect the inmate and stabilize the environment. Supervisory staff stated that immediate response measures may include separating involved inmates, making appropriate notifications to medical or mental health personnel when indicated, communicating with classification or administrative staff regarding housing or supervision adjustments, and ensuring all protective actions are documented. They also emphasized that communication with facility leadership occurs in real time so that additional direction, resources, or protective strategies can be implemented as circumstances require. Their statements reflect a structured and accountable process for carrying out agency protection duties under this standard.

### **Facility Head**

The Facility Head described the facility's response philosophy as one grounded in

immediate intervention, coordinated decision-making, and inmate safety. Leadership stated that when credible information suggests an inmate is subject to a substantial risk of imminent sexual abuse, the response does not wait for investigative confirmation or formal substantiation before protective action is taken. Instead, immediate measures are initiated to protect the inmate and eliminate or reduce the risk of harm. According to the Facility Head, these measures may include separating the inmate from the alleged aggressor, changing housing assignments, increasing supervision, or arranging a transfer when necessary to ensure protection. When an alleged aggressor is identified, that individual is removed from contact with the potential victim without delay. The Facility Head further explained that response decisions may involve input from relevant disciplines to ensure that the protective strategy addresses both the inmate's immediate safety needs and the secure operation of the facility.

### **PROVISIONS**

#### **Provision (a): Immediate Protective Action for Inmates at Substantial Risk of Imminent Sexual Abuse**

The PAQ states that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect the inmate. This language is consistent with the requirements of PREA Standard 115.62, which mandates prompt protective intervention once such risk becomes known. The PAQ further reflects that during the audit period the facility reported zero instances in which it determined that an inmate was subject to a substantial risk of imminent sexual abuse. This information was corroborated during the interview process with the PC, who confirmed that no such incidents had been identified during the applicable review period.

Although no qualifying incidents were reported, interviews demonstrated that staff and leadership clearly understood the facility's obligations under this standard and could articulate the protective actions that would be taken if such a circumstance arose. Interview notes reflect that the AH stated that upon receiving such information, contact would be made with the facility where the inmate was housed and, if necessary, the inmate could be temporarily transferred while the matter was being addressed. If an alleged perpetrator were identified that inmate could be placed in disciplinary segregation pending completion of the investigation. The Auditor also interviewed the Detention Center Director, who stated that immediate action would be taken to protect the inmate, including relocating the inmate to another area of the facility or to another facility, depending on what was necessary to ensure protection. The Director further indicated that, when known, the alleged perpetrator would be placed in segregated housing. These statements are consistent with the standard's requirement that agencies take immediate and affirmative steps to protect an inmate upon learning that the inmate is subject to a substantial risk of imminent sexual abuse.

#### **Relevant Policies**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and

	<p>Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 13, Procedure #10, F, 1. This policy provision supports the facility's obligation to initiate immediate protective action when credible information establishes that an inmate may be subject to a substantial risk of imminent sexual abuse.</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of this standard addressing agency protection duties. The documentation reviewed, policy provisions, and interview findings collectively demonstrate that JRLDC has established an expectation of immediate action whenever credible information indicates that an inmate is subject to a substantial risk of imminent sexual abuse. Although the facility reported no qualifying incidents during the audit period, staff and leadership consistently articulated appropriate PREA-compliant protective responses, reflecting an operational understanding of the facility's duty to protect inmates from imminent sexual abuse.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW:</b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, together with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were assessed to determine whether the facility has established a process for receiving allegations that an inmate was sexually abused while confined at another facility, notifying the appropriate receiving authority as soon as possible and no later than 72 hours, documenting that notification, and ensuring alignment with the reporting requirements of PREA Standard 115.63.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>The Facility Head described the reporting protocol as deliberate, dependable, and closely monitored. According to the Facility Head, when an allegation is received that an inmate was sexually abused while confined at another facility, the matter is elevated promptly through the appropriate reporting channels and formal notification is initiated through direct communication between facility leadership. This verbal or</p>

immediate communication is then supported by written documentation to ensure the referral is traceable and complete. The Facility Head stated that the process includes verification steps designed to confirm receipt by the receiving facility or agency office and to ensure the allegation is forwarded for investigation in accordance with PREA standards. Further each referral results in a documented record reflecting the timing of the report, the manner of communication, and confirmation that the receiving authority was notified, thereby creating a clear record that the reporting obligation has been met.

The Facility Head provided a detailed explanation of how this reporting requirement is operationalized at the local level. Leadership stated that when an inmate makes an allegation involving sexual abuse that occurred at another confinement facility, the facility initiates immediate communication with the appropriate leadership at the implicated institution or with the appropriate office of that agency. The Facility Head emphasized that while the policy allows up to 72 hours for notification, the practice is to make the referral as quickly as possible in order to preserve investigative continuity and facilitate a prompt response by the receiving facility. The Facility Head also described how the notification process includes communication with appropriate PREA oversight personnel, including the PREA Coordinator and, when applicable, the Regional Sexual Assault Coordinator. Although the facility reported no recent incidents requiring such notification, the Facility Head indicated that staff remain trained, knowledgeable, and prepared to execute the process in accordance with policy and PREA expectations.

### **Random Staff**

Random staff interviews demonstrated that staff understand their role in accepting and reporting allegations involving sexual abuse that allegedly occurred at another facility. Staff from multiple departments explained that any such disclosure from an inmate would be reported immediately to a supervisor so that the appropriate chain of notification could begin without delay. Their responses reflected a practical understanding that allegations of sexual abuse must be taken seriously regardless of where the abuse allegedly occurred and that facility staff have a responsibility to ensure the information is transmitted promptly to leadership. Staff described the process as straightforward, reinforced through PREA training, and well integrated into routine operations. These interviews support the conclusion that staff understand both the seriousness of these reports and the importance of timely referral under PREA Standard 115.63.

### **PROVISIONS**

#### **Provision (a): Notification of the Receiving Facility or Agency When Abuse Is Alleged to Have Occurred Elsewhere**

The PAQ states that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or the appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. This is consistent with PREA Standard 115.63(a), which requires that such allegations be

referred by the receiving facility head to the appropriate authority at the facility where the alleged abuse occurred. During the past twelve months, the facility reported zero allegations that an inmate was abused while confined at another facility. Due to non-occurrence, there was no case-specific documentation available for review. Even so, the policy language and interview findings demonstrate that the facility understands its obligation to notify the appropriate receiving authority whenever such an allegation is received.

**Relevant Policy**

Relevant policy authority for this provision is found in J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 10-11, section B.5. This policy establishes the facility’s duty to transmit allegations of sexual abuse occurring at another confinement facility to the appropriate receiving authority.

**Provision (b): Timely Referral, Health Care Assessment, and 72-Hour Reporting Compliance**

According to the PAQ, when an inmate reports sexual abuse that allegedly occurred at another facility, the inmate is referred to the health care provider for assessment and evaluation. The report of the incident is documented and forwarded to the Director of Detention, who in turn forwards the report to the head of the facility where the alleged incident occurred. The PAQ further indicates that the documentation, including related correspondence, is maintained by the PREA Coordinator. Notifications are made as soon as possible, but no later than 72 hours after receiving the allegation, which is directly consistent with PREA Standard 115.63(b). Through the interview process, it was confirmed that zero inmates reported being sexually abused at another facility during the audit period. Although there were no reportable events requiring notification during the review period, the procedures described in the PAQ and interviews demonstrate an established process for immediate referral, timely notification, and continuity of documentation.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 10-11, section B.5. The policy supports the requirement that notification occur as soon as possible and no later than 72 hours after receipt of the allegation.

**Provision (c): Documentation of Notification Within the Required Timeframe**

The PAQ reflects that the facility documents that it has provided the required notification within 72 hours of receiving the allegation. This requirement is also reflected in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 10-11, section B.5. PREA Standard 115.63(c) requires the agency to document

that it has provided such notification, and the facility’s policy is consistent with that requirement. The PAQ indicates that the facility did not have to notify another facility in the past 12 months. Due to non-occurrence, there was no incident-based documentation available for review. Nevertheless, leadership interviews confirmed that when such reports are made, the communication is documented and maintained in a manner that establishes the timing and completion of the notification.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 10-11, section B.5. This policy supports the facility’s obligation to maintain documentation showing that required notification was made within the timeframe established by the standard.

**Provision (d): Investigative Responsibility of the Receiving Facility or Agency Office**

See Provision (a) for specific details and policies. PREA Standard 115.63(d) requires that the facility head or agency office receiving such notification ensure that the allegation is investigated in accordance with these standards. Interview statements from facility leadership reflected a clear understanding that once a report is transmitted to another facility or agency office, the receiving authority is responsible for ensuring the allegation is referred for investigation in accordance with PREA investigative requirements.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses reporting to other confinement facilities. The documentation reviewed, the relevant policy provisions, and the interview findings collectively demonstrate that JRLDC has established a process for receiving allegations of sexual abuse that allegedly occurred at another confinement facility, notifying the appropriate receiving authority as soon as possible and no later than 72 hours, documenting that referral, and recognizing the obligation of the receiving facility or agency office to ensure the allegation is investigated in accordance with PREA standards.

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW:</b>
	The documentation reviewed for this standard included the Pre-Audit Questionnaire

(PAQ) and supporting documentation, together with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the facility has established and implemented procedures requiring staff to carry out prompt and appropriate first responder duties when learning of an allegation that an inmate was sexually abused, including separation of involved parties, preservation of physical evidence, protection of the scene, and timely notification to the appropriate security and supervisory personnel.

## **INTERVIEWS**

### **Facility Staff**

Staff across multiple departments consistently described a coordinated and structured first responder process. Their responses reflected a shared understanding that the immediate priorities in any reported PREA incident are inmate safety, preservation of evidence, control of the area, and prompt reporting through supervisory channels. Staff also emphasized the importance of maintaining discretion and limiting the dissemination of information to those who have a legitimate need to know. These interviews demonstrated that first responder expectations have been broadly communicated across the facility and are not limited solely to custody staff, reflecting a well-integrated facility-wide response model.

### **Security Staff - First Responders**

Security staff demonstrated a high level of confidence and preparedness when describing their responsibilities as first responders. They consistently articulated that the first security staff member responding to an allegation of sexual abuse must immediately separate the alleged victim and the alleged abuser, preserve and protect the scene until evidence can be collected, and take steps to prevent the destruction of physical evidence when the allegation falls within a timeframe that may still allow for forensic collection. Staff also explained that supervisors and response personnel are notified without delay so that the facility's response can proceed in accordance with policy. Their statements reflected familiarity with the specific requirements of PREA Standard 115.64(a), and staff emphasized that annual in-service training, on-the-job instruction, scenario-based exercises, and routine briefings reinforce their readiness to respond instinctively and appropriately in real-time circumstances.

### **Non-Security First Responders**

Staff serving in non-security roles, including education, counseling, and case management, described a thoughtful and supportive response when they are the first to receive or become aware of an allegation. They stated that their primary obligation is to notify security staff immediately while also taking reasonable steps to maintain separation when possible and to instruct the alleged victim not to engage in any activity that could compromise physical evidence. These staff members also demonstrated a strong understanding of confidentiality, sensitivity, and the need to respond in a manner that is both professional and trauma-informed. Their responses

were consistent with PREA Standard 115.64(b), which requires a non-security first responder to request that the alleged victim refrain from actions that could destroy evidence and then notify security staff so the required security response can occur.

### **Inmates Who Reported Sexual Abuse**

At the time of the on-site audit, the facility reported that there were no inmates assigned to the facility who had reported sexual abuse during the previous 12 months. As a result, there were no inmates in this category available to be interviewed for this standard. This lack of interview availability did not prevent assessment of the standard because the Auditor was able to evaluate compliance through policy review, training documentation, and staff interviews addressing first responder knowledge and practice.

### **PROVISIONS**

#### **Provision (a): Immediate First Security Staff Response and Protective Action Following an Allegation**

The Detention Center Director indicated that first responder staff have been trained in the PREA process and that training is conducted frequently to ensure competency and compliance. Within the training curriculum, a first responder is defined as the first person to receive information about, or come upon, an incident. The reviewed training materials and staff interviews confirm that, upon learning of a PREA allegation that an inmate was sexually abused, the first security staff member to respond is expected to take immediate action consistent with the requirements of PREA Standard 115.64(a).

During staff interviews, all staff were able to articulate to the Auditor how to respond to a PREA incident. Staff, volunteers, and contractors consistently demonstrated awareness of the mandate to separate the alleged perpetrator from the alleged victim, preserve physical evidence, secure the area where the incident occurred, obtain medical assistance when needed, and report the incident through established reporting channels. During interviews with first responders, all stated that they were trained in the PREA process through annual in-service training, on-the-job training, and staff meetings. Staff further indicated that the PC frequently reinforces PREA policy expectations and speaks regularly with staff regarding the importance of PREA compliance and the facility's obligation to protect inmates from sexual abuse and sexual harassment. Non-custody staff who were interviewed likewise stated that they would notify custody staff immediately, separate the alleged victim and alleged perpetrator when possible, direct both individuals not to engage in conduct that could destroy evidence, and keep the scene secure until custody staff arrived. They also articulated the importance of maintaining confidentiality in all such cases. Collectively, these interviews support the conclusion that the facility has trained staff across classifications to carry out their respective first responder responsibilities promptly and appropriately.

#### **Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures,

Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 13-15, Procedure #10, which addresses first responder training and required staff actions following an allegation of sexual abuse.

**Provision (b): Preservation of Physical Evidence and Distinct Duties of Security and Non-Security First Responders**

The PREA training curriculum outlines the responsibilities of a first responder in detailed operational terms. The first security staff responder is trained to separate the alleged victim and alleged abuser, preserve and protect any crime scene until appropriate steps can be taken to collect evidence, and, when the abuse is alleged to have occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy that evidence. These actions include brushing teeth, washing, urinating, defecating, smoking, drinking, or eating. The curriculum further provides that if the first responder is not a security staff member, that individual is required to request that the alleged victim not take any action that could destroy physical evidence and then notify security staff. These expectations align directly with the requirements of PREA Standard 115.64(b).

The training curriculum also identifies several secondary first responder duties that support the integrity of the facility's response. These include recording the date and time the incident reportedly occurred, documenting the date and time the report was made, identifying who initially reported the allegation, securing the alleged victim's clothing and bedding when applicable, photographing the contents of the scene, treating the area as a crime scene, remaining observant of individuals, events, evidence, and environmental conditions, and relaying relevant observations to the investigative team. The Auditor's review of the PREA training curriculum received by staff, volunteers, and contractors confirmed that any individual who first receives the information is treated as a first responder and trained to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove uninvolved persons, and relay observations to shift supervisors or the PREA Coordinator. These procedures are consistent with the purpose of the standard, which is to ensure immediate protective action and preserve evidence that may be critical to a subsequent administrative or criminal investigation.

**Relevant Policy**

Relevant policy authority for this provision is found in Chapter 100, Administration, Management and Training, Policy 108.0, page 13, Procedure 10(F), revised November 24, 2025. This policy provision addresses the first responder process and supports the facility's evidence preservation and notification requirements under PREA Standard 115.64.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses staff first responder duties. The policy framework, staff training curriculum, and

	<p>interview findings collectively demonstrate that JRLDC has established clear expectations for both security and non-security first responders, including immediate separation of involved parties, preservation and protection of the scene, prevention of the destruction of physical evidence, prompt reporting, and appropriate confidentiality. These practices support compliance with PREA Standard 115.64.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW:</b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the facility has developed a written institutional 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, as required by PREA Standard 115.65.</p> <p><b>INTERVIEWS</b></p> <p><b>PREA Coordinator (PC)</b></p> <p>The PREA Coordinator provided detailed information regarding how the coordinated response plan is implemented and maintained throughout the facility. The PC explained that the plan is made accessible to staff in multiple formats, including digital systems and printed reference materials, and that the plan is reinforced through training, practical exercises, and ongoing operational discussion. According to the PC, the coordinated response plan functions as a practical tool for real-time decision-making rather than as a static policy document. The PC emphasized that the structure of the plan is intended to eliminate communication gaps, support timely action, and ensure that each department understands how its responsibilities intersect with those of other responders throughout the response process. The PC also described the importance of maintaining clear documentation as each stage of the response unfolds, reinforcing accountability and continuity across disciplines.</p> <p><b>Facility Head</b></p> <p>The Facility Head emphasized that the coordinated response plan is an active part of daily operations and not merely a written requirement maintained for compliance purposes. Leadership explained that the plan is reinforced through annual PREA refresher training, new employee orientation, and regular discussions with staff regarding response expectations. The Facility Head stated that preparedness and</p>

accountability are central to the facility's approach, and that all relevant staff are expected to understand their role in responding to incidents of sexual abuse. Leadership further noted that a coordinated response promotes professionalism, supports inmate safety and dignity, and helps ensure that no critical step is missed when an incident is reported. These statements reflected a facility culture that values readiness and multidisciplinary coordination.

### **Security and Specialized Staff**

Security personnel, medical staff, and investigative staff described a cohesive and well-practiced process for activating the coordinated response plan. They explained that the response begins with immediate safety measures and preservation of evidence, followed by medical assessment, investigative procedures, required notifications, and continued monitoring as needed. Staff emphasized that cross-training and scenario-based exercises have strengthened their understanding of their individual responsibilities and how those responsibilities connect to the actions of others. Their responses reflected confidence, collaboration, and a shared understanding that a coordinated response requires timely communication and clearly defined roles across disciplines. These interviews support the conclusion that the facility's coordinated response plan is understood not just in theory, but in practice.

### **PROVISIONS**

#### **Provision (a): Written Institutional Coordinated Response Plan for Sexual Abuse Incidents**

According to the PAQ and JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 13-15, Procedure #10, the facility has developed a written institutional 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. This is consistent with PREA Standard 115.65, which requires a written institutional plan establishing how the responsible staff will perform their required functions and work together in response to an incident of sexual abuse.

Facility policy provides that the shift supervisor shall activate the coordinated response plan and ensure that essential actions are taken immediately and systematically. Those actions include separating the alleged victim and alleged perpetrator, securing and protecting any crime scene so that potential evidence remains in place for examination and investigation, and making the required notifications to the Detention Center Director, the investigator, and other designated agency and facility leadership. The policy further provides that only the assigned investigator or medical staff, as needed, may enter a secured crime scene, and that the area is to remain secured until the investigation has been completed and the scene is formally released by the appropriate investigating authority. The facility also coordinates actions taken in response to an incident of sexual abuse among first responders, medical and mental health professionals, investigators, and executive

	<p>staff, and following the initial response, continued interdepartmental coordination is achieved through PREA after-action meetings. These after-action discussions support review, communication, and operational follow-through after the immediate response has concluded.</p> <p>The Detention Center Director confirmed the response steps outlined above and explained that each component of the plan clearly identifies the responsibilities assigned to the various staff members and positions involved in the response. This description reflects a facility-specific approach that aligns with the intent of the standard, which is to ensure an organized, timely, and coordinated response centered on safety, evidence preservation, and effective communication.</p> <p><b>Relevant Policy</b></p> <p>Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 13-15, Procedure #10. This policy establishes the facility’s written institutional plan for coordinating response actions among the relevant disciplines following an incident of sexual abuse.</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility exceeds the standard regarding coordinated response. The coordinated response process is comprehensive, multidisciplinary, and clearly understood by leadership, security staff, medical personnel, and investigators. Documentation review and interview findings demonstrate that the facility has developed and operationalized a written institutional plan that supports timely activation, role clarity, preservation of evidence, required notifications, and continued interdepartmental coordination following an incident of sexual abuse</p>
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115.66	<p><b>Preservation of ability to protect inmates from contact with abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documentation Reviewed</b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting materials, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These documents were examined to determine whether the agency has preserved its ability to remove staff, contractors, or volunteers from contact with inmates when they are alleged to have engaged in sexual abuse, and whether any agreements or bargaining</p>

arrangements limit the facility's capacity to protect inmates from contact with alleged abusers.

## **PROVISIONS**

### **Provision (a): Preservation of Management's Ability to Restrict Contact with Alleged Abusers**

According to the PAQ, the agency reports that no agency, facility, or other government entity is responsible for collective bargaining on the agency's behalf with respect to this facility, and that the agency has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The facility is not operating under a collective bargaining agreement that would restrict management's authority to act when sexual abuse is alleged. Instead, the agency maintains full authority, within its employee discipline policy, to address staff misconduct and to take corrective or protective action as necessary.

Human Resources staff reported that facility management retains the right and ability to separate an inmate from a staff member who is the subject of a sexual abuse investigation. This separation may be accomplished by temporarily reassigning the employee, redirecting the employee's duties away from inmate contact, or otherwise modifying the staff member's assignment to ensure that the alleged victim, and other inmates, are protected from further exposure to the alleged abuser while the investigation is pending. This structure preserves the agency's capacity to implement immediate protective measures without being constrained by external agreements and supports compliance with the PREA standard requiring that agencies maintain the ability to protect inmates from contact with alleged abusers while allegations are investigated and resolved.

#### **Provision (b): Collective Bargaining Review Requirement Not Applicable**

Under this standard, the Auditor is not required to audit Provision (b) because the agency has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, that would implicate the preservation of the agency's ability to remove alleged abusers from contact with inmates. As a result, there were no such agreements to examine, and no additional review was necessary under this provision.

## **CONCLUSION**

Based upon the review and analysis of all available evidence, the Auditor has determined that the facility meets every provision of the standard addressing preservation of the agency's ability to protect inmates from contact with abusers. The facility is not bound by any collective bargaining agreement that would limit management's authority, and Human Resources and facility leadership confirmed that management retains the discretion to separate inmates from staff members who are the subject of sexual abuse allegations through reassignment or redirection of duties.

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW:</b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, together with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the agency has established protections for inmates and staff who report sexual abuse or sexual harassment, or who cooperate with related investigations, and whether the facility has assigned responsibility for retaliation monitoring in accordance with PREA Standard 115.67.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>The Facility Head provided a broad overview of the facility’s retaliation monitoring practices and explained that protections are not limited solely to the reporting party. According to the Facility Head, the monitoring process extends to any inmate or staff member who reports sexual abuse or sexual harassment, cooperates with an investigation, or expresses concern about possible retaliation. The Facility Head stated that monitoring generally continues for at least 90 days and may be extended when circumstances suggest an ongoing need for follow-up. This description reflects an inclusive and preventive approach intended to ensure that all individuals connected to a report or investigation are protected from retaliatory conduct throughout the monitoring period.</p> <p>The Facility Head described a comprehensive oversight process designed to identify both direct and subtle indicators of possible retaliation. Leadership explained that this includes reviewing housing changes, work assignments, disciplinary actions, staff evaluations, and other indicators that may reveal unusual or adverse patterns affecting a reporting party or cooperating witness. The Facility Head stated that any identified concern is addressed promptly through appropriate protective measures and follow-up. Leadership also highlighted the importance of coordination with the Retaliation Monitor to ensure continuity, consistent review, and prompt action when any concern is detected. These statements reflect a facility culture that treats retaliation prevention as an active component of PREA compliance and inmate safety.</p> <p><b>Retaliation Monitor</b></p> <p>The designated Retaliation Monitor described a consistent and proactive process for identifying and preventing retaliatory behavior. Monitoring begins immediately after a report is made and continues for a minimum of 90 days, with extensions when warranted by the facts of the case or continuing risk indicators. The Monitor stated that regular in-person contacts are conducted with affected inmates and staff, and</p>

that findings are documented using the facility's established monitoring process. The Monitor emphasized that the facility encourages open communication and makes clear that individuals may raise concerns about retaliation without fear of reprisal. According to the Monitor, no incidents of retaliation were identified during the previous 12 months, which reflects both the effectiveness of the monitoring process and the facility's attention to early detection and intervention.

### **Inmates Who Reported Sexual Abuse**

At the time of the audit, there were no inmates assigned to the facility who had reported sexual abuse allegations during the previous 12 months. Consequently, no inmates in this category were interviewed for this standard. This absence of interviewees did not prevent assessment of the standard, as the Auditor was able to review policy, staff interviews, and the facility's monitoring framework for retaliation prevention.

### **Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the audit, there were no inmates placed in segregated housing specifically due to risk of sexual abuse or prior victimization. This is consistent with the facility's stated preference to use less restrictive, individualized protective measures whenever possible, rather than defaulting to segregated housing absent a demonstrated need. This practice is also consistent with PREA's broader expectation that protective actions be individualized and not unnecessarily restrictive.

## **PROVISIONS**

### **Provision (a): Policy-Based Protection Against Retaliation and Designation of Monitoring Responsibility**

According to the PAQ, the agency has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other inmates or staff. The PAQ further reflects that the agency has designated specific staff members or departments with responsibility for monitoring possible retaliation. This is consistent with PREA Standard 115.67(a), which requires agencies to both establish protective policy and designate responsibility for retaliation monitoring.

#### **Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2. This policy establishes the facility's obligation to protect reporting parties and cooperating individuals from retaliation and identifies responsibility for monitoring such concerns.

### **Provision (b): Multiple Protective Measures and Structured Monitoring to Detect Retaliation**

According to the PAQ, the agency employs multiple protective measures for inmates

and staff who report sexual abuse or sexual harassment or who cooperate with investigations. These measures include 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. The policy further provides that the PREA Coordinator is responsible for monitoring retaliation for at least 90 days following submission of the report, or longer at the discretion of the Coordinator. During that period, the PREA Coordinator monitors the conduct and treatment of inmates, employees, contractors, and volunteers who reported sexual abuse, as well as inmates reported to have suffered sexual abuse, to identify changes that may suggest retaliation by inmates, employees, or others.

The policy specifies that, at a minimum, the PREA Coordinator reviews inmate disciplinary reports, inmate housing or program changes, and any negative employee, contractor, or volunteer performance reviews, reassignments, reports, or disciplinary actions that could suggest retaliatory conduct. All such reviews are documented and maintained by the PREA Coordinator for recordkeeping purposes. This approach is consistent with PREA Standard 115.67(b), which contemplates the use of multiple protection measures to safeguard individuals from retaliation and to respond promptly when concerns arise.

#### **Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraph 1. This policy assigns monitoring responsibility to the PREA Coordinator and identifies the categories of information reviewed to detect possible retaliation.

#### **Provision (c): Active Monitoring, Pattern Review, and Prompt Remedial Action**

See Provision (a) and Provision (b) for specific policy details. During the interview with the Detention Center Director, the Auditor was informed that the facility uses multiple measures to protect inmates and staff from retaliation. These measures include evaluating whether an inmate has experienced changes in housing assignment, work assignment, or disciplinary activity that might suggest retaliatory treatment. Staff monitoring includes review of negative performance evaluations, work reassignments, or other employment-related actions that could signal retaliation. The staff member responsible for retaliation monitoring confirmed this same practice during interview. The facility reported zero incidents of retaliation during the previous 12 months. These practices are consistent with PREA Standard 115.67(c), which requires the agency to monitor for at least 90 days following a report of sexual abuse and to act promptly to remedy any retaliation that may be detected.

#### **Provision (d): Minimum 90-Day Monitoring Period and Documentation of Review Activities**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page

12, section F, paragraphs 1-2, provides that for at least 90 days following submission of a report, or longer at the discretion of the Coordinator, the PREA Coordinator monitors the conduct and treatment of inmates, employees, contractors, and volunteers who reported sexual abuse, as well as inmates reported to have suffered sexual abuse, in order to determine whether changes have occurred that may suggest possible retaliation by inmates, employees, or others. The policy further provides that the PREA Coordinator will review specific categories of activity during the monitoring period and document those reviews for recordkeeping purposes. This provision is consistent with PREA Standard 115.67(d) and with the standard's requirement that inmate monitoring include periodic status checks.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2. This policy establishes the duration and substance of retaliation monitoring and requires that monitoring activities be documented and maintained.

**Provision (e): Protective Measures for Any Individual Expressing Fear of Retaliation**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2, provides that detention center employees will take the steps necessary to ensure the safety of any individual who cooperates with an investigation involving an incident of sexual abuse or sexual harassment and who expresses a fear of retaliation. The policy states that the PREA Coordinator will be contacted in such cases and will be responsible for documenting agreed-upon protective steps or actions and for periodically monitoring implementation of those actions to ensure they are carried out. This is consistent with PREA Standard 115.67(e), which requires agencies to take appropriate measures to protect any individual who cooperates with an investigation and expresses fear of retaliation.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2. This policy supports protective intervention and documentation whenever a cooperating individual expresses fear of retaliation.

**Provision (f): Termination of Monitoring When an Allegation Is Determined to Be Unfounded**

JRLDC Policies and Procedures, Chapter 100, Agency Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2, provides that the PREA Coordinator is not required to continue reviewing or maintaining retaliation monitoring documentation in

cases where the allegation or report of sexual abuse or sexual harassment has been determined to be unfounded. The policy further requires that the termination of monitoring in these cases be documented and maintained by the PREA Coordinator. This practice is consistent with PREA Standard 115.67(f), which permits the agency's obligation to monitor to terminate when the allegation is determined to be unfounded.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2. This policy addresses the circumstances under which monitoring may be terminated and requires documentation of that decision.

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard addressing agency protection against retaliation. Policy review and interview findings demonstrate that JRLDC has assigned responsibility for retaliation monitoring, established multiple protective measures for inmates and staff, conducts ongoing review for at least 90 days following a report of sexual abuse, includes periodic status checks for inmates, and documents both continued monitoring and termination of monitoring when allegations are determined to be unfounded.

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW:</b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, together with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the agency has established protections for inmates and staff who report sexual abuse or sexual harassment, or who cooperate with related investigations, and whether the facility has assigned responsibility for retaliation monitoring in accordance with PREA Standard 115.67.</p> <p><b>INTERVIEWS</b></p> <p><b>Retaliation Monitor</b></p> <p>The designated Retaliation Monitor described a consistent and proactive process for</p>

identifying and preventing retaliatory behavior. Monitoring begins immediately after a report is made and continues for a minimum of 90 days, with extensions when warranted by the facts of the case or continuing risk indicators. The Monitor stated that regular in-person contacts are conducted with affected inmates and staff, and that findings are documented using the facility's established monitoring process. The Monitor emphasized that the facility encourages open communication and makes clear that individuals may raise concerns about retaliation without fear of reprisal. According to the Monitor, no incidents of retaliation were identified during the previous 12 months, which reflects both the effectiveness of the monitoring process and the facility's attention to early detection and intervention.

### **Facility Head**

The Facility Head described a comprehensive oversight process designed to identify both direct and subtle indicators of possible retaliation. Leadership explained that this includes reviewing housing changes, work assignments, disciplinary actions, staff evaluations, and other indicators that may reveal unusual or adverse patterns affecting a reporting party or cooperating witness. The Facility Head stated that any identified concern is addressed promptly through appropriate protective measures and follow-up. Leadership also highlighted the importance of coordination with the Retaliation Monitor to ensure continuity, consistent review, and prompt action when any concern is detected. These statements reflect a facility culture that treats retaliation prevention as an active component of PREA compliance and inmate safety.

### **Inmates Who Reported Sexual Abuse**

At the time of the audit, there were no inmates assigned to the facility who had reported sexual abuse allegations during the previous 12 months. Consequently, no inmates in this category were interviewed for this standard. This absence of interviewees did not prevent assessment of the standard, as the Auditor was able to review policy, staff interviews, and the facility's monitoring framework for retaliation prevention.

### **Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the audit, there were no inmates placed in segregated housing specifically due to risk of sexual abuse or prior victimization. This is consistent with the facility's stated preference to use less restrictive, individualized protective measures whenever possible, rather than defaulting to segregated housing absent a demonstrated need. This practice is also consistent with PREA's broader expectation that protective actions be individualized and not unnecessarily restrictive.

## **PROVISIONS**

### **Provision (a): Policy-Based Protection Against Retaliation and Designation of Monitoring Responsibility**

According to the PAQ, the agency has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual

abuse or sexual harassment investigations, from retaliation by other inmates or staff. The PAQ further reflects that the agency has designated specific staff members or departments with responsibility for monitoring possible retaliation. This is consistent with PREA Standard 115.67(a), which requires agencies to both establish protective policy and designate responsibility for retaliation monitoring.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2. This policy establishes the facility's obligation to protect reporting parties and cooperating individuals from retaliation and identifies responsibility for monitoring such concerns.

**Provision (b): Multiple Protective Measures and Structured Monitoring to Detect Retaliation**

According to the PAQ, the agency employs multiple protective measures for inmates and staff who report sexual abuse or sexual harassment or who cooperate with investigations. These measures include 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. The policy further provides that the PREA Coordinator is responsible for monitoring retaliation for at least 90 days following submission of the report, or longer at the discretion of the Coordinator. During that period, the PREA Coordinator monitors the conduct and treatment of inmates, employees, contractors, and volunteers who reported sexual abuse, as well as inmates reported to have suffered sexual abuse, to identify changes that may suggest retaliation by inmates, employees, or others.

The policy specifies that, at a minimum, the PREA Coordinator reviews inmate disciplinary reports, inmate housing or program changes, and any negative employee, contractor, or volunteer performance reviews, reassignments, reports, or disciplinary actions that could suggest retaliatory conduct. All such reviews are documented and maintained by the PREA Coordinator for recordkeeping purposes. This approach is consistent with PREA Standard 115.67(b), which contemplates the use of multiple protection measures to safeguard individuals from retaliation and to respond promptly when concerns arise.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraph 1. This policy assigns monitoring responsibility to the PREA Coordinator and identifies the categories of information reviewed to detect possible retaliation.

**Provision (c): Active Monitoring, Pattern Review, and Prompt Remedial Action**

See Provision (a) and Provision (b) for specific policy details. During the interview with the Detention Center Director, the Auditor was informed that the facility uses multiple measures to protect inmates and staff from retaliation. These measures include evaluating whether an inmate has experienced changes in housing assignment, work assignment, or disciplinary activity that might suggest retaliatory treatment. Staff monitoring includes review of negative performance evaluations, work reassignments, or other employment-related actions that could signal retaliation. The staff member responsible for retaliation monitoring confirmed this same practice during interview. The facility reported zero incidents of retaliation during the previous 12 months. These practices are consistent with PREA Standard 115.67(c), which requires the agency to monitor for at least 90 days following a report of sexual abuse and to act promptly to remedy any retaliation that may be detected.

**Provision (d): Minimum 90-Day Monitoring Period and Documentation of Review Activities**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2, provides that for at least 90 days following submission of a report, or longer at the discretion of the Coordinator, the PREA Coordinator monitors the conduct and treatment of inmates, employees, contractors, and volunteers who reported sexual abuse, as well as inmates reported to have suffered sexual abuse, in order to determine whether changes have occurred that may suggest possible retaliation by inmates, employees, or others. The policy further provides that the PREA Coordinator will review specific categories of activity during the monitoring period and document those reviews for recordkeeping purposes. This provision is consistent with PREA Standard 115.67(d) and with the standard's requirement that inmate monitoring include periodic status checks.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100., Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2. This policy establishes the duration and substance of retaliation monitoring and requires that monitoring activities be documented and maintained.

**Provision (e): Protective Measures for Any Individual Expressing Fear of Retaliation**

JRLDC Policies and Procedures, Chapter 100, Agency Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2, provides that detention center employees will take the steps necessary to ensure the safety of any individual who cooperates with an investigation involving an incident of sexual abuse or sexual harassment and who expresses a fear of retaliation. The policy states that the PREA Coordinator will be contacted in such cases and will be responsible for documenting agreed-upon protective steps or actions and for periodically monitoring implementation of those actions to ensure they are carried out. This is consistent with PREA Standard

115.67(e), which requires agencies to take appropriate measures to protect any individual who cooperates with an investigation and expresses fear of retaliation.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2. This policy supports protective intervention and documentation whenever a cooperating individual expresses fear of retaliation.

**Provision (f): Termination of Monitoring When an Allegation Is Determined to Be Unfounded**

JRLDC Policies and Procedures, Chapter 100, Agency Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2, provides that the PREA Coordinator is not required to continue reviewing or maintaining retaliation monitoring documentation in cases where the allegation or report of sexual abuse or sexual harassment has been determined to be unfounded. The policy further requires that the termination of monitoring in these cases be documented and maintained by the PREA Coordinator. This practice is consistent with PREA Standard 115.67(f), which permits the agency's obligation to monitor to terminate when the allegation is determined to be unfounded.

**Relevant Policy**

Relevant policy authority for this provision is found in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 12, section F, paragraphs 1-2. This policy addresses the circumstances under which monitoring may be terminated and requires documentation of that decision.

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard addressing agency protection against retaliation. Policy review and interview findings demonstrate that JRLDC has assigned responsibility for retaliation monitoring, established multiple protective measures for inmates and staff, conducts ongoing review for at least 90 days following a report of sexual abuse, includes periodic status checks for inmates, and documents both continued monitoring and termination of monitoring when allegations are determined to be unfounded.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW:**

The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the facility conducts prompt, thorough, and objective administrative and criminal investigations into allegations of sexual abuse and sexual harassment and whether investigative practices are consistent with PREA requirements for evidence collection, specialized training, documentation, referral for prosecution, and case retention.

**INTERVIEWS**

**Investigative Staff**

The facility investigator provided a detailed description of the investigative process and demonstrated a well-structured understanding of PREA investigative requirements. The investigator stated that investigations begin immediately following notification of an allegation and that the same investigative protocols apply regardless of how the report is received, including in-person reports, telephonic reports, third-party reports, written correspondence, or anonymous reports. The investigator explained that the investigative process includes interviews with the reporting inmate, relevant witnesses, and the alleged perpetrator, together with collection and review of physical, documentary, and electronic evidence. The investigator also confirmed completion of specialized PREA investigative training and explained that, when sexual abuse is alleged and the time frame allows, medical professionals such as SAFE or SANE personnel may be involved in forensic evidence collection. In matters that may support criminal prosecution, the investigator stated that compelled interviews are conducted only after consultation with prosecuting authorities so as not to compromise a later criminal case. The investigator further indicated that credibility is assessed through the facts developed during the investigation and not on the basis of an individual's status as inmate or staff, and confirmed that polygraph examinations are not used as a condition for proceeding with a PREA investigation.

**Facility Head**

Facility leadership confirmed that allegations meeting the threshold for criminal conduct are referred to the appropriate law enforcement or prosecutorial authority for further review and possible prosecution. The Facility Head explained that the facility's role is to ensure that allegations are documented, evidence is preserved, and the matter is advanced through the proper channels when criminal conduct appears to be involved. Leadership further emphasized that the facility expects investigations to continue through completion and does not treat the departure of a staff member or

inmate as a reason to discontinue the investigative process. This response reflects a commitment to accountability and continuity in the handling of PREA allegations.

### **PREA Coordinator (PC)**

The PREA Coordinator emphasized that investigations continue to their conclusion regardless of whether the involved inmate is transferred, released, or no longer housed at the facility, or whether a staff member leaves employment. The PC explained that this approach preserves institutional accountability and ensures the facility maintains a complete investigative record. The PC's statements were consistent with policy and with PREA requirements that the departure of the alleged abuser or alleged victim from the employment or control of the facility not serve as a basis for terminating an investigation.

The PREA Coordinator further explained that all written investigative records are securely maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus an additional five years. According to the PREA Coordinator, records are preserved in both electronic and hard-copy formats to ensure security, accessibility, and long-term compliance with retention requirements. The PREA Coordinator's description reflects an organized and reliable recordkeeping process designed to support both current review needs and future compliance verification.

### **Inmates Who Reported Sexual Abuse**

At the time of the on-site audit, there were zero inmates assigned to the facility who had reported sexual abuse. Consequently, no inmates in this category were interviewed for this standard. This absence of interviewees did not prevent the Auditor from evaluating compliance, as the standard was assessed through policy review, staff interviews, training records, and facility documentation.

### **PROVISIONS**

#### **Provision (a): Prompt, Thorough, and Objective Investigations of All Allegations**

The PAQ reflects that the facility has a policy addressing criminal and administrative investigations. That policy for this standard is found in JRLDC Policies and Procedures, Chapter 100, Agency Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 13-15, Procedure #10, sections A through F. During the interview with the investigator, it was indicated that investigations begin immediately following notification of the incident. The investigator further stated that the same protocols are used regardless of how the incident is reported, whether in person, telephonically, by a third party, by mail, or anonymously. These practices are consistent with PREA requirements that all allegations of sexual abuse and sexual harassment be investigated promptly, thoroughly, and objectively, including third-party and anonymous reports.

#### **Relevant Policy**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and

Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 13-15, Procedure #10, sections A-F.

**Provision (b): Specialized PREA Training for Investigative Staff**

The PAQ reports that all investigators receive specialized training in sexual abuse investigations. Investigative staff confirmed attendance at these training sessions, and the Auditor reviewed the investigators' training records and verified attendance and participation in all mandated instruction. This is consistent with PREA requirements that, where sexual abuse is alleged, agencies use investigators who have received specialized training in sexual abuse investigations.

**Provision (c): Evidence Collection, Witness Interviews, and Investigative Methodology**

Investigative staff indicated that investigations generally follow the same structured format, although the specific steps may vary somewhat depending on whether the allegation involves sexual harassment, sexual abuse, or sexual assault. The investigator stated that interviews are typically conducted first with the alleged victim, then with witnesses, and finally with the alleged perpetrator. In allegations involving sexual assault or sexual abuse, SAFE or SANE personnel are generally involved when forensic evidence collection is appropriate. Except in cases in which the SAFE or SANE team collects evidence, the investigator is responsible for collecting and securing evidence. Investigative staff reported that they are trained in evidence collection, and the Auditor's review of training records confirmed completion of that training. These practices are consistent with PREA's requirement that investigators gather and preserve direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data, and interview alleged victims, suspected perpetrators, and witnesses.

**Provision (d): Consultation with Prosecutors Before Compelled Interviews in Potential Criminal Cases**

During the interview process, the investigator reported that when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors to determine whether compelled interviews may create an obstacle for subsequent criminal prosecution. The investigator also stated that when an allegation appears criminal in nature, Miranda warnings are provided to the appropriate person or persons. This practice is consistent with PREA's requirement that compelled interviews in matters potentially subject to criminal prosecution be conducted only after consultation with prosecuting authorities.

**Provision (e): Individualized Credibility Assessments and Prohibition on Polygraph Testing**

Investigative staff reported that the credibility of each person involved in an investigation is assessed individually through the investigative process. The investigator stated that all individuals are treated as credible and truthful unless the

facts developed during the investigation indicate otherwise. The investigator also confirmed that polygraph examinations and other truth-telling devices are not used in the investigative process of PREA cases. These practices are consistent with PREA's requirement that credibility determinations be made on an individualized basis and not be determined by a person's status as inmate or staff, and that no agency require an inmate alleging sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation.

**Provision (f): Administrative Investigations and Review of Staff Actions or Failures to Act**

During the interview process, the investigator reported that in administrative investigations, the evidence is followed as the matter unfolds and that part of the investigative effort includes determining whether staff actions or failures to act contributed to the alleged abuse. The investigator stated that all findings are summarized in a written report. Investigative staff further reported that administrative investigations always include an effort to determine whether staff action or inaction contributed to the abuse and that all aspects of the investigation are documented in written reports that include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and the resulting investigative facts and findings. These practices are consistent with PREA's requirements for administrative investigations.

**Provision (g): Written Documentation of Criminal Investigations**

When asked about handling criminal investigations, investigative staff reported that each step is thoroughly documented, including investigative actions, interviews, facts, and findings, up to the point at which the matter is determined to be criminal in nature. At that stage, the case is referred to prosecutorial authorities to determine whether charges will be filed. According to the PAQ, during the past twelve months there has been one substantiated allegation of conduct that appeared to be criminal and that was referred for prosecution. This is consistent with PREA's requirement that criminal investigations be documented in a written report containing a thorough description of physical, testimonial, and documentary evidence.

**Provision (h): Referral of Substantiated Criminal Conduct for Prosecution**

Per the PAQ, in the past twelve months there has been one criminal case referred for prosecution. During the interview, the investigator stated that if the investigation uncovers evidence that a crime has been committed, the case, together with the corresponding evidence, is turned over to prosecutorial authorities who determine whether charges will be filed. The investigator also stated that the institution maintains a file containing facility-based documentation associated with the incident and response, such as responder checklists, supervisory reviews, medical and mental health documentation, 30-day reviews, and housing-related forms. These practices are consistent with PREA's requirement that substantiated allegations of conduct appearing to be criminal be referred for prosecution.

**Provision (i): Retention of Administrative and Criminal Investigative Reports**

According to the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. This requirement is reflected in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 14, item 5. This retention period is consistent with PREA requirements.

**Relevant Policy**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 14, item 5.

**Provision (j): Continuation of Investigations Regardless of Release or Termination**

During the interview, the investigator confirmed that if a principal, whether alleged victim or alleged abuser, is released or terminated from the agency, that fact does not alter the investigation. The investigation continues to its natural conclusion regardless of the employment status or custody status of the individuals involved. This was confirmed by both the Facility Head and the PC. This practice is consistent with PREA's requirement that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

**Provision (k): Investigative Standards Applicable to State Entities or Department of Justice Components**

The PAQ indicates that any State entity or Department of Justice component that investigates shall provide a basis for terminating an investigation. More broadly, PREA requires that any State entity or Department of Justice component conducting such investigations do so pursuant to the same substantive investigative requirements outlined in the standard. The facility's policy and interview responses reflect an understanding that investigations, whether internal or referred, are expected to meet the applicable PREA requirements for thoroughness, objectivity, documentation, and follow-through.

**Provision (l): Outside Agency Investigations Not Applicable**

This provision does not apply. PREA requires facilities to cooperate with outside investigators and endeavor to remain informed about the progress of outside investigations when such agencies investigate sexual abuse. Based on the information provided for this review, this subsection was identified as not applicable to the facility's circumstances for this audit period.

**CONCLUSION:**

Based upon the review and analysis of all available evidence, the Auditor has determined the facility meets every provision of the standard regarding criminal and

	<p>administrative agency investigations. Policy review, staff interviews, training verification, and investigative recordkeeping practices collectively demonstrate that JRLDC conducts investigations promptly, thoroughly, and objectively; uses specially trained investigators; gathers and preserves relevant evidence; refers substantiated criminal conduct for prosecution; retains investigative reports for the required period; and continues investigations through completion regardless of release or termination of the involved parties.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b><u>DOCUMENT REVIEW:</u></b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were examined to determine whether the facility applies the proper evidentiary standard when making administrative findings related to allegations of sexual abuse or sexual harassment and whether that standard is consistent with PREA Standard 115.72, which requires that agencies impose no standard higher than a preponderance of the evidence.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Investigative Staff</b></p> <p>Investigative personnel provided detailed insight into how the evidentiary standard is applied in actual practice. They described a comprehensive and methodical approach to evidence collection that includes interviews with involved individuals, review of physical and documentary evidence, and consideration of relevant information developed throughout the investigative process. Investigators stated that all available evidence is evaluated collectively and that findings are made based on whether the evidence shows that the alleged conduct is more likely than not to have occurred. Their responses reflected a strong understanding that administrative PREA investigations are not governed by the criminal standard of proof beyond a reasonable doubt, but instead by the lower administrative standard of preponderance of the evidence. Investigative staff also demonstrated a commitment to conducting investigations that are thorough, impartial, and well documented so that substantiation decisions are grounded in the totality of the evidence rather than assumption or status.</p> <p><b>PREA Coordinator (PC)</b></p>

The PREA Coordinator provided additional perspective on how the evidentiary standard supports fair, consistent, and timely investigative outcomes. The PC explained that the preponderance standard allows investigators to make informed determinations based on the totality and greater weight of the evidence, rather than requiring proof beyond a reasonable doubt. The PC emphasized that this standard supports administrative accountability and enables the facility to address substantiated allegations appropriately while still requiring careful review of all available information. According to the PC, use of the preponderance standard promotes integrity in the investigative process, strengthens consistency in case resolution, and reinforces institutional confidence that allegations will be evaluated objectively and according to the correct PREA framework.

### **PROVISIONS**

#### **Provision (a): Application of the Preponderance of the Evidence Standard in Administrative PREA Investigations**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 13, Procedure #10, section E, indicates that the agency imposes a standard of a preponderance of the evidence, or a lower standard of proof, when determining whether allegations of sexual abuse or sexual harassment are substantiated. This policy language is consistent with PREA Standard 115.72, which requires that the agency impose no standard higher than a preponderance of the evidence in administrative investigations involving allegations of sexual abuse or sexual harassment.

During the interview process, the Auditor interviewed investigative staff, who explained that in the course of an investigation all available evidence is gathered and reviewed, including information from the alleged victim, the alleged perpetrator, witnesses, the scene, and any other relevant source. Investigative staff stated that the facility does not impose any evidentiary standard higher than a preponderance of the evidence when determining whether an allegation is substantiated. Their statements confirmed that investigators understand the applicable burden of proof and apply it in a manner consistent with PREA administrative investigative requirements. The information obtained through policy review and interview findings supports the conclusion that substantiation decisions are made using the proper administrative evidentiary threshold.

### **CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding evidentiary standard for administrative investigations. Policy review and staff interviews demonstrate that JRLDC applies no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. This practice is consistent with PREA Standard 115.72 and supports fair, objective, and compliant investigative decision-making.

<b>115.73</b>	<b>Reporting to inmates</b>
	<p data-bbox="310 176 963 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 574 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 613 350"><b><u>DOCUMENT REVIEW:</u></b></p> <p data-bbox="310 390 1442 730">The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, together with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the facility provides inmates with required notification following investigations into allegations of sexual abuse, including notice of investigative outcomes and, where applicable, notice of significant status changes involving alleged staff or inmate abusers, in accordance with PREA Standard 115.73.</p> <p data-bbox="310 770 496 802"><b><u>INTERVIEWS</u></b></p> <p data-bbox="310 835 505 867"><b>Facility Head</b></p> <p data-bbox="310 907 1442 1329">Facility leadership emphasized the importance of providing inmates with timely and meaningful updates following the completion of investigations. The Facility Head explained that when an allegation involves a staff member, the inmate is informed of significant developments such as the staff member’s reassignment away from the inmate’s unit, separation from employment, arrest, or conviction, when applicable and when the allegation has not been determined to be unfounded. In matters involving inmate-on-inmate sexual abuse, leadership confirmed that the inmate is informed of key legal milestones concerning the alleged abuser, including indictment and conviction when the facility becomes aware of those developments. These responses demonstrated that the facility understands inmate notification as an important component of transparency, safety, and post-investigative follow-up.</p> <p data-bbox="310 1369 586 1400"><b>Investigative Staff</b></p> <p data-bbox="310 1440 1450 1892">Investigative staff described a consistent and coordinated process for notifying inmates of investigative outcomes. Staff explained that once an investigation is completed, the case disposition is finalized and the finding is communicated to facility leadership for notification to the inmate. Investigators reported that the facility uses a the MACS kiosk system directly to the inmate to document and communicate whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded, thereby promoting consistency and documentation across cases. Investigative staff also noted that when allegations involve possible criminal prosecution, notifications proceed through the appropriate channels while still ensuring that the inmate receives the information required under PREA. Their responses reflected an organized process for documenting and communicating required notifications.</p> <p data-bbox="310 1932 862 1963"><b>Inmates Who Reported Sexual Abuse</b></p>

At the time of the on-site audit, there were no inmates assigned to the facility who had reported sexual abuse. Consequently, no inmates in this category were interviewed for this standard. The absence of such inmates during the audit period did not prevent evaluation of this standard, as compliance was assessed through policy review, investigative staff interviews, leadership interviews, and the facility's documentation practices.

### **PROVISIONS**

#### **Provision (a): Notification to Inmates of Investigative Disposition Following Sexual Abuse Allegations**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 16-17, Procedure #12, section A, indicates that any inmate who alleges having suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This policy language is consistent with PREA Standard 115.73(a), which requires the agency to inform the inmate of the disposition of the allegation following completion of the investigation.

During the past 12 months, there were fourteen criminal and/or administrative investigations of alleged inmate sexual abuse completed by the agency or facility. The PAQ further reports that all fourteen inmates were notified, verbally or in writing, of the results of the investigation. This demonstrates that the facility has implemented a process for ensuring that inmates who make allegations of sexual abuse receive notice of the final disposition of those allegations in accordance with the standard.

#### **Provision (b): Notification Obligation When an Outside Agency Conducts the Investigation**

Outside entities do not conduct investigations for the agency or the facility. As a result, the portion of the standard requiring the agency to request relevant information from an outside investigative entity in order to inform the inmate was not implicated during the audit period. Nevertheless, the facility's internal process reflects an understanding that, if an outside agency were to conduct the investigation, the agency would still retain responsibility for ensuring the inmate receives the required notification under PREA Standard 115.73(b).

#### **Provision (c): Subsequent Notification to Inmates in Staff-on-Inmate Sexual Abuse Cases**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 17, sections B and C, paragraphs 1 through 4, indicates that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency or facility subsequently informs the inmate, unless the agency has determined that the allegation is unfounded, whenever the staff member is no longer

posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This policy is consistent with PREA Standard 115.73(c), which requires ongoing notification to the inmate of these specified developments.

The PAQ reflects that during the past 12 months there were zero substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in an agency facility. Because there were no such cases during the audit period, there was no case-specific documentation reflecting these subsequent notifications. Even so, policy review and interview findings confirmed the facility's understanding of its obligation to provide this information when such cases arise.

**Provision (d): Subsequent Notification to Inmates in Inmate-on-Inmate Sexual Abuse Cases**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 17, section D, paragraphs 1 and 2, indicates that following an inmate's allegation that the inmate has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever it learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or has been convicted on a charge related to sexual abuse within the facility. This policy language is consistent with PREA Standard 115.73(d), which requires such subsequent notification in inmate-on-inmate sexual abuse cases.

**Provision (e): Documentation of All Notifications or Attempted Notifications to Inmates**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 17, section D, states that all notifications to inmates must be documented. This requirement was confirmed by investigative staff and the PC during the interview process. Their statements support the conclusion that the facility not only provides the required notifications, but also documents those notifications or attempted notifications as required by PREA Standard 115.73(e).

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding reporting to inmates. Policy review, investigative interviews, and facility leadership responses demonstrate that JRLDC provides inmates with notice of investigative findings, has policy provisions requiring subsequent notification in applicable staff-on-inmate and inmate-on-inmate sexual abuse cases, and documents all such notifications or attempted notifications.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW**

The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, whether sanctions are imposed in a manner consistent with the nature and circumstances of the misconduct, and whether required reports are made to law enforcement and relevant licensing bodies when applicable.

**INTERVIEWS**

**Facility Head**

Facility leadership provided a clear and comprehensive overview of disciplinary expectations and enforcement practices. The Facility Head emphasized that all staff are held to professional standards that are consistent with PREA requirements and that violations involving sexual abuse or sexual harassment policies may result in disciplinary action up to and including termination. Leadership confirmed that during the previous twelve months there were no substantiated cases of staff misconduct related to PREA and, as a result, there were no terminations, resignations in lieu of termination, or disciplinary sanctions imposed under this standard during the audit period. Even in the absence of such incidents, the Facility Head stated that the policy remains active and enforceable and that any future substantiated violation would result in prompt and appropriate disciplinary action based on the facts of the case.

**PREA Coordinator (PC)**

The PREA Coordinator described the facility's approach to staff discipline as structured, consistent, and grounded in policy. The PC explained that disciplinary decisions are based on the nature and seriousness of the conduct, the surrounding circumstances, the staff member's prior disciplinary history, and consistency with sanctions imposed in comparable cases involving similarly situated staff. The PC also emphasized the role of supervision, policy reinforcement, and ongoing training in preventing staff misconduct and ensuring that employees understand both expectations and consequences. This proactive emphasis on accountability supports a professional environment in which PREA obligations are clearly communicated and consistently upheld.

**PROVISIONS**

**Provision (a): Staff Subject to Disciplinary Sanctions Up to and Including Termination for PREA Policy Violations**

JRLDC Policies and Procedures, Chapter 100 Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 17-18, Procedure #13, section A, paragraph 1, indicates that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This policy language is consistent with PREA Standard 115.76(a), which requires that staff be subject to disciplinary sanctions up to and including termination for such violations.

**Provision (b): Presumptive Termination for Staff Who Engage in Sexual Abuse and Audit-Period Findings**

The PAQ states that there were zero staff from the facility who violated agency sexual abuse or sexual harassment policies during the past twelve months. The PAQ further reflects that there were zero staff who were terminated, or who resigned prior to termination, for violating agency sexual abuse or sexual harassment policies during that same period. PREA Standard 115.76(b) requires that termination be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Although there were no cases requiring application of this provision during the audit period, the absence of such cases is consistent with the facility's reported experience for the review period.

**Provision (c): Commensurate Discipline for Policy Violations Other Than Actual Sexual Abuse**

JRLDC Policies and Procedures, Chapter 100 Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 17-18, Procedure #13, section A, paragraph 2, indicates that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment, other than actually engaging in sexual abuse, are to be 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. This language is consistent with PREA Standard 115.76(c), which requires proportional and consistent discipline for policy violations that do not rise to the level of actual sexual abuse.

The PAQ reflects that there were zero staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies, other than actually engaging in sexual abuse, during the past twelve months. Although no case-specific disciplinary records were available for review under this subsection due to non-occurrence, the policy clearly establishes the required decision-making framework for imposing sanctions in such circumstances.

**Relevant Policy**

- JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 17-18, Procedure #13, section A, paragraph 2.

**Provision (d): Reporting Terminations and Resignations in Lieu of Termination to Law Enforcement and Licensing Bodies**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 17-18, Procedure #13, section A, paragraph 3, indicates that 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. This is consistent with PREA Standard 115.76(d), which requires such reporting when applicable.

The PAQ reflects that zero staff from the facility were reported to law enforcement or licensing boards following termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies during the audit period. Because no qualifying incidents occurred, there was no case-specific documentation to review under this provision. However, the policy clearly establishes the facility’s reporting obligation in the event such action becomes necessary.

**Relevant Policy**

- JRLDC Chapter 100, Administration, Management and Training, Policy 108.0, page 17, Procedure 13(A)(B), revised November 24, 2025.

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding disciplinary sanctions for staff. Policy review and interview findings demonstrate that JRLDC has established disciplinary sanctions up to and including termination for staff who violate agency sexual abuse or sexual harassment policies, applies a proportional disciplinary framework for lesser violations, and requires reporting to law enforcement and relevant licensing bodies when termination or resignation in lieu of termination occurs and the conduct is potentially criminal. No recommendations or corrective action are required.

115.77	Corrective action for contractors and volunteers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW:</b> The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These

materials were reviewed to determine whether the facility has established appropriate corrective action requirements for contractors and volunteers who violate agency sexual abuse or sexual harassment policies, including removal from inmate contact, reporting to law enforcement and licensing bodies when applicable, and the use of remedial measures for lesser policy violations.

## **INTERVIEWS**

### **PREA Coordinator (PC)**

The PREA Coordinator described the facility's approach to corrective action as structured, preventive, and grounded in consistent policy application. The PC explained that corrective decisions involving contractors or volunteers are guided by the seriousness of the conduct, the potential risk to inmates, and the need to preserve a safe and professional environment. The PC also emphasized that training, policy reinforcement, and supervision are used proactively to prevent misconduct and to ensure that all individuals with facility access understand that contractors and volunteers are held to the agency's zero-tolerance expectations regarding sexual abuse and sexual harassment. These comments reflect a facility culture in which accountability is clearly communicated and uniformly applied.

### **Facility Head**

Facility leadership described a clear and comprehensive approach to accountability for non-employee personnel who have contact with inmates. The Facility Head explained that any contractor or volunteer who engages in sexual abuse would be immediately prohibited from further contact with inmates and, unless the conduct was clearly not criminal, would be reported to law enforcement and to any relevant licensing body. Leadership further stated that even when conduct does not rise to the level of sexual abuse, the facility would take appropriate remedial action and would consider whether continued inmate contact should be prohibited. Although there were no substantiated incidents involving contractors or volunteers during the previous twelve months, the Facility Head emphasized that the policy is active, enforceable, and designed to ensure immediate protective action whenever necessary.

## **PROVISIONS**

### **Provision (a): Mandatory Removal from Inmate Contact and Reporting of Contractors or Volunteers Who Engage in Sexual Abuse**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 18, Procedure #13, section B, paragraphs 1 through 3, indicates that agency policy requires any contractor or volunteer who engages in sexual abuse to be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The same policy provision also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. This language is consistent with PREA Standard 115.77(a), which requires both removal from inmate contact and reporting to the appropriate outside authorities.

The PAQ reflects that there were zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates during the audit period. The PAQ also reflects that there were zero contractors or volunteers prohibited from contact with inmates as a result of such conduct during the same period. While no qualifying incidents occurred, the policy establishes a clear and PREA-compliant framework for immediate protective and reporting action should such conduct occur in the future.

**Provision (b): Remedial Measures and Consideration of Further Inmate Contact for Other Policy Violations**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 18, Procedure #18, section B, paragraphs 1 through 3, indicates that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This is consistent with PREA Standard 115.77(b), which requires the facility to take appropriate remedial measures and to consider prohibiting further inmate contact in response to other PREA-related policy violations by contractors or volunteers.

The PAQ language provided in the source text appears to reference staff rather than contractors or volunteers; however, the reported outcome remains that there were no qualifying violations during the past twelve months that required remedial action under this provision. In the absence of applicable incidents, compliance was assessed through policy review and interview findings. Those sources demonstrate that the facility has an established process for evaluating misconduct by contractors or volunteers, implementing remedial responses, and determining whether continued inmate contact is appropriate based on the nature of the policy violation and the corresponding risk to inmate safety.

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding corrective action for contractors and volunteers. Policy review and interview findings demonstrate that JRLDC requires contractors and volunteers who engage in sexual abuse to be prohibited from inmate contact and reported to law enforcement and relevant licensing bodies when applicable, and also requires appropriate remedial action for other violations of agency sexual abuse or sexual harassment policies.

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and Chapter 500, Inmate Discipline, revised August 29, 2024. These materials were examined to assess whether inmates are subject to disciplinary sanctions only through a formal disciplinary process following an administrative or criminal finding of guilt for inmate-on-inmate sexual abuse, whether sanctions are applied proportionately and consistently, and whether disciplinary practices align with the requirements of PREA Standard 115.78.

## **INTERVIEWS**

### **Medical and Mental Health Staff**

Interviews with medical and mental health staff reflected an integrated approach to discipline that includes behavioral health considerations. Staff explained that when an inmate presents with a history of mental illness, cognitive limitations, or behavioral health concerns, these factors are evaluated in coordination with disciplinary decision-making. Mental health professionals may be consulted to determine whether such conditions contributed to the behavior under review. Staff further described the availability of counseling, therapy, and other interventions intended to address underlying causes of sexually abusive behavior. These services are offered as part of a broader corrective strategy to support behavior modification but are not imposed as a condition for access to programming or facility benefits. The responses demonstrated alignment with PREA expectations regarding consideration of mental health factors and access to interventions.

### **Facility Head**

The Facility Head provided detailed information regarding disciplinary procedures and expectations. It was explained that all sexual activity between inmates is prohibited under facility policy; however, disciplinary sanctions for inmate-on-inmate sexual abuse are imposed only after a formal disciplinary process establishes responsibility through a preponderance of the evidence or when there is a criminal finding of guilt. The Facility Head reported that, during the previous twelve months, the facility had zero substantiated administrative findings and zero criminal findings of inmate-on-inmate sexual abuse. Additionally, it was emphasized that inmates are disciplined for sexual contact with staff only when it is determined that the staff member did not consent. The Facility Head also confirmed that inmates are not subject to disciplinary action for reporting sexual abuse in good faith, even when allegations are unsubstantiated. These responses reflect a clear understanding of PREA protections and disciplinary limitations.

## **PROVISIONS**

### **Provision (a): Formalized Disciplinary Process Following Substantiated**

## **Findings**

JRLDC policy, as outlined in Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and Chapter 500, Inmate Discipline, revised August 29, 2024, establishes that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative determination or criminal finding of guilt for inmate-on-inmate sexual abuse. The disciplinary process utilizes a preponderance of the evidence standard and ensures due process prior to the imposition of sanctions. Documentation reviewed confirms that this framework is consistent with PREA Standard 115.78(a). The PAQ indicates that there were no administrative or criminal findings during the previous twelve months; however, policy provisions clearly establish compliance in the event such cases occur.

### **Provision (b): Proportionate and Individualized Sanctions**

Facility policy contained in Chapter 500, Programs, Activities and Discipline, Policy 500.0, Inmate Discipline, revised August 29, 2024, requires that disciplinary sanctions be proportionate to the nature and circumstances of the abuse, the inmate's disciplinary history, and sanctions imposed in comparable cases involving similar conduct. Information obtained during the interview with the Facility Head confirmed that sanctions are applied consistently and may include housing reassignments, loss of privileges or sentence credits, and referral for criminal prosecution when appropriate. This approach reflects adherence to PREA Standard 115.78(b), ensuring sanctions are both equitable and individualized.

### **Provision (c): Consideration of Mental Health and Cognitive Factors**

The disciplinary process at JRLDC incorporates consideration of mental disability or mental illness when determining appropriate sanctions. Information from the PAQ and interviews confirms that behavioral health staff are consulted when relevant, particularly in cases where mental health conditions may have contributed to the behavior. This collaborative approach ensures that disciplinary outcomes account for clinical factors and is consistent with PREA Standard 115.78(c).

### **Provision (d): Access to Therapeutic and Corrective Interventions**

Policy outlined in Chapter 500, Programs, Activities and Discipline, Policy 500.0, Inmate Discipline, revised August 29, 2024, reflects that the facility considers the availability of therapy, counseling, or other interventions designed to address the underlying causes of sexually abusive behavior. Medical and mental health staff indicated that inmates may be referred for such services as part of a broader management strategy. While participation in these interventions may be encouraged, it is not required as a condition for access to programming or other benefits. This practice is consistent with PREA Standard 115.78(d).

### **Provision (e): Discipline for Sexual Conduct with Staff Based on Non-Consent**

Chapter 500, Programs, Activities and Discipline, Policy 500.0, Inmate Discipline, revised August 29, 2024, specifies that inmates are subject to disciplinary sanctions for sexual contact with staff only upon a determination that the staff member did not consent to the contact. This limitation ensures that disciplinary action is appropriately applied and aligns with PREA Standard 115.78(e). Information obtained through the PAQ and interviews supports that this standard is clearly understood and implemented.

**Provision (f): Protection for Good-Faith Reporting**

Facility policy prohibits disciplinary action against an inmate who reports sexual abuse in good faith based on a reasonable belief that the alleged conduct occurred. Chapter 500, Programs, Activities and Discipline, Policy 500.0, Inmate Discipline, revised August 29, 2024, explicitly affirms this protection. The Facility Head confirmed that no inmates had been disciplined for good-faith reporting during the previous twelve months. This practice is consistent with PREA Standard 115.78(f) and supports an environment that encourages reporting.

**Provision (g): Prohibition of Sexual Activity and Distinction from Sexual Abuse**

JRLDC policy prohibits all sexual activity between inmates; however, such activity is classified as sexual abuse only when it is determined to be coerced. Chapter 500, Programs, Activities and Discipline, Policy 500.0, Inmate Discipline, revised August 29, 2024, reflects this distinction, ensuring that while all sexual activity is prohibited, only coerced activity meets the definition of sexual abuse under PREA. This approach is consistent with PREA Standard 115.78(g) and demonstrates appropriate application of definitions and disciplinary thresholds.

**CONCLUSION**

Based on the review of documentation and interviews, the Auditor finds that JRLDC meets the requirements of PREA Standard 115.78. The facility employs a formal disciplinary process grounded in established findings, applies sanctions in a proportionate and consistent manner, incorporates mental health considerations, provides access to corrective interventions, protects inmates who report in good faith, and appropriately distinguishes between prohibited sexual activity and sexual abuse based on coercion.

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW:</b>

The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and JRLDC Policies and Procedures, Chapter 200.0 Booking, Release, and Transfer, Policy 205.0, PREA Intake Screening of Inmates, revised May 30, 2015. These materials were reviewed to determine whether the facility provides timely follow-up with medical or mental health practitioners when intake screening identifies prior sexual victimization or prior sexually abusive behavior, limits disclosure of sensitive screening information to those with a need to know, and obtains informed consent before reporting prior sexual victimization that did not occur in an institutional setting, as required by PREA Standard 115.81.

## **INTERVIEWS**

### **Risk Screening Personnel**

Staff responsible for conducting PREA risk screenings during intake described a process designed to identify inmates who may be vulnerable to sexual victimization or who may present a risk of sexual aggression. Intake staff explained that when screening results indicate prior sexual victimization, prior sexually abusive behavior, or heightened vulnerability, the inmate is referred for follow-up with a medical or mental health practitioner within 14 days of intake. Screening personnel also stated that all medical and mental health records are maintained in a separate, secure, and confidential database that is not accessible through general inmate records. Access to this sensitive information is restricted to authorized medical practitioners, and disclosure to classification staff or upper-level administrators occurs only when necessary for legitimate institutional purposes. These responses reflect a practice of limiting dissemination of sensitive information while ensuring that relevant staff have the information necessary to support housing, programming, treatment, and safety decisions.

### **Medical Staff**

Healthcare professionals affirmed that informed consent is obtained from inmates before information concerning prior sexual victimization that occurred outside a correctional setting is disclosed, unless the inmate is under the age of 18. Staff described privacy as a core element of clinical practice and explained that this requirement helps preserve trust while maintaining compliance with PREA confidentiality provisions. Medical staff also reported that when an inmate is identified through screening as being at significant risk of victimization or sexual aggression, or has a known history of sexual victimization, the inmate is referred for follow-up with mental health services within 14 days of arrival. These referrals are documented to ensure continuity of care and timely response to identified needs.

### **Inmates Reporting Prior Victimization**

According to facility records, there were disclosures of prior sexual victimization by inmates housed at the facility at the time of the on-site audit. During interviews they

confirmed that a mental health referral was made on the same day the information was reported.

### **PROVISIONS**

#### **Provision (a): Timely Follow-Up for Inmates Who Disclose Prior Sexual Victimization Through Screening**

The PAQ reflects that during the past twelve months all inmates at the facility who disclosed prior sexual victimization during screening pursuant to § 115.41 were offered a follow-up meeting with a medical or mental health practitioner, and that these referrals were made within 14 days. Through the interview process, the PREA Compliance Manager stated that an initial medical screening is completed at intake and that this initial assessment triggers scheduling for the 14-day health screening, which is conducted by a contract medical professional using the Health Assessment Form. Intake staff also indicated that inmates are offered follow-up with a mental health professional within 14 days of intake when screening indicates high risk for victimization, sexual aggressiveness, or a history of victimization. During documentation review, the Auditor found that mental health referrals related to disclosure during intake were made in a timely manner and that all referrals were evaluated within the appropriate timeframe. These practices are consistent with PREA Standard 115.81(a), which requires that an inmate who reports prior sexual victimization through screening be offered follow-up with a medical or mental health practitioner within 14 days of intake screening.

#### **Relevant Policies**

JRLDC Policy 108.0 and Chapter 200 Booking, Release, and Transfer, Policy 206.0, Preliminary Health Screening and Health Appraisals, Attachment A, revised June 22, 2023. These policy sources support the facility's process for identifying needs during screening and making timely referrals for follow-up care.

#### **Provision (b): Mental Health Follow-Up for Inmates with Prior Sexually Abusive Behavior**

JRLDC Policies and Procedures, Chapter 200 Booking, Release, and Transfer, Policy 205.0, Inmate PREA Intake Screening of Inmates, revised May 30, 2015, pages 2-3, Procedure #2, states that if screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, 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. Intake staff further indicated that inmates are offered follow-up with a mental health professional within 14 days of intake if the screening indicates that the inmate presents a high risk of possible victimization, aggressiveness, or has a history of victimization. During documentation review, the Auditor found that all mental health referrals triggered by disclosure during intake were timely and evaluated within the required timeframe. PREA Standard 115.81(b) specifically requires that if screening indicates that a prison inmate has previously perpetrated sexual abuse, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within

14 days of the intake screening, and the facility's screening and referral practice is consistent with that requirement.

**Provision (c): Follow-Up for Jail Inmates Reporting Prior Sexual Victimization**

JRLDC Policies and Procedures, Chapter 200.0 Booking, Release, and Transfer, Policy 205.0, PREA Intake Screening of Inmates, revised May 30, 2015, pages 2-3, Procedure #2, states that if screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, 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. Because JRLDC operates as a detention facility, this practice is also consistent with PREA Standard 115.81(c), which applies the same 14-day follow-up requirement to jail inmates who disclose prior sexual victimization during screening of Inmates

**Provision (d): Limitation of Sensitive Screening Information to Those with a Need to Know**

The PAQ indicates that the facility strictly limits information obtained through intake screening relating to sexual abuse to those who need the information in order to make management, security, or treatment plan decisions. During interviews, staff who conduct intake screenings explained that all medical and mental health records are maintained in a separate and secure database accessible only to medical or mental health staff, and that information is shared with classification staff or upper-level administrators only on a need-to-know basis. This practice is consistent with PREA Standard 115.81(d), which requires that information related to sexual victimization or abusiveness obtained during screening be strictly limited to staff who need it for treatment, management, security, or investigative purposes.

**Relevant Policies**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 12-13, section G, paragraphs 1-2, and JRLDC Policy 400.0, Inmate Health Care Services, revised August 8, 2023. These policies support confidentiality protections and controlled access to sensitive medical and mental health information.

**Provision (e): Informed Consent Before Disclosure of Non-Institutional Prior Victimization**

According to the PAQ, 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. Medical staff confirmed this practice during interview and described it as a consistent requirement in the handling of sensitive clinical information. This is directly consistent with PREA Standard 115.81(e), which requires informed consent before such non-institutional victimization information is reported, except in cases involving inmates under 18 years of age.

	<p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding medical and mental health screenings and history of sexual abuse. Policy review, document review, and interviews with intake staff, medical personnel, and the affected inmate demonstrate that JRLDC provides timely follow-up for inmates who disclose prior victimization or risk-related concerns, limits access to sensitive screening information to those with a legitimate need to know, and obtains informed consent before disclosing information about prior non-institutional victimization.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW:</b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and JRLDC Policies and Procedures, Chapter 200, Booking, Release, and Transfer, Policy 205.0 Inmate PREA Intake Screening of inmates, revised May 30, 2015. These materials were reviewed to determine whether inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, whether first responders take appropriate preliminary action when qualified practitioners are not immediately available, whether emergency contraception and sexually transmitted infections prophylaxis are offered when medically appropriate, and whether treatment is provided without financial cost regardless of cooperation with the investigation.</p>
	<p><b>INTERVIEWS</b></p>
	<p><b>First Responders (Security and Non-Security Staff)</b></p> <p>Security staff described their immediate responsibilities following a report of sexual abuse as ensuring the safety of the inmate, separating involved individuals, preserving physical evidence, and contacting medical personnel without delay. Their responses demonstrated a clear understanding that the first priority is protection of the inmate and preservation of evidence so that both medical care and investigative integrity are maintained. Non-security staff likewise explained that their role includes promptly notifying security personnel, remaining with the inmate when appropriate, and providing support until trained responders arrive. Taken together, these</p>

responses reflect a coordinated first responder process consistent with PREA requirements for immediate protective action and prompt notification of appropriate medical and mental health practitioners.

### **Medical Staff**

Medical personnel described a prompt and structured response process following any report of sexual abuse. They stated that inmates are assessed immediately to determine the nature and urgency of medical needs and that the scope of care is guided by the professional judgment of licensed practitioners. Staff explained that when clinically indicated, inmates are transferred to an outside medical facility for advanced evaluation or forensic examination. Medical staff also confirmed that emergency contraception and prophylactic treatment for sexually transmitted infections are offered when medically appropriate and in accordance with accepted standards of care. In addition, staff emphasized that inmates are provided clear information about available treatment options, follow-up care, and medical recommendations so that care decisions are informed and timely.

### **Mental Health Services**

Although mental health services are provided through contracted external providers and no on-site interview with a mental health practitioner was conducted during the audit, documentation confirmed that crisis intervention and follow-up mental health services are available as part of the facility's response to sexual abuse. The records reviewed reflected that mental health involvement is integrated into the overall response process and that referrals are made in a timely manner when needed. This documentation supported the conclusion that access to crisis intervention services is available even when services are delivered through an outside provider arrangement.

### **Inmates Who Reported Sexual Abuse**

At the time of the on-site audit, there were no inmates assigned to the facility who had reported sexual abuse in the past 12 months. Consequently, no inmates from this category were interviewed for this standard. The absence of interviewees in this category did not prevent assessment of the standard because compliance was evaluated through policy review, staff interviews, and case record review.

### **PROVISIONS**

#### **Provision (a): Timely, Unimpeded Access to Emergency Medical Treatment and Crisis Intervention**

Medical and mental health staff reported that treatment is provided immediately and is based on professional judgment. Staff explained that medical and mental health personnel work collaboratively to ensure that the inmate receives appropriate treatment and crisis intervention services without unnecessary delay. They further reported that information about and access to emergency contraception and sexually transmitted disease prophylaxis is offered in accordance with professionally accepted standards of care and where medically appropriate. The Auditor reviewed records of

inmates who alleged sexual abuse and found that in each case the inmate was referred to medical and mental health services well within the appropriate timeframe. These practices are consistent with PREA Standard 115.82(a), which requires timely, unimpeded access to emergency medical treatment and crisis intervention services, with the nature and scope of services determined by medical and mental health practitioners according to their professional judgment.

**Provision (b): First Responder Duties When Qualified Practitioners Are Not Immediately Available**

Through the interview process, medical staff reported that upon arrival in medical following a report of sexual assault, the inmate receives an initial examination by the physician so that an appropriate determination can be made regarding use of a Sexual Assault Response Team or whether immediate transport to a hospital is necessary based on the nature of the injuries. Medical staff explained that if a Sexual Assault Response Team is utilized, nursing staff provide recommendations for treatment and care before the inmate leaves the facility, and the facility physician then completes the necessary medical orders. Staff further reported that, as part of this process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary treatment information. The PAQ indicates that when no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to § 115.62. This is consistent with PREA Standard 115.82(b), which requires first responders to take preliminary protective steps and immediately notify the appropriate medical and mental health practitioners.

**Provision (c): Timely Information About and Access to Emergency Contraception and STI Prophylaxis**

As described in Provision (b), medical and mental health staff reported that treatment is provided immediately and according to professional judgment and that information about and access to emergency contraception and prophylaxis for sexually transmitted infections is offered where medically appropriate. JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 15-16, Procedure #11, section B, paragraph 3, states that inmate victims of sexual abuse while incarcerated are 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. This policy and practice are consistent with PREA Standard 115.82(c).

**Provision (d): Treatment Without Financial Cost and Regardless of Investigative Cooperation**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 15-16, Procedure #11, section B, paragraph 3, states that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	<p>This requirement was confirmed by the PREA Coordinator during an interview. This is consistent with PREA Standard 115.82(d), which requires that treatment services be provided to the victim at no cost and without conditioning care on participation in the investigative process.</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding access to emergency medical and mental health services. Policy review, staff interviews, and case documentation demonstrate that JRLDC provides inmate victims of sexual abuse with timely, unimpeded access to emergency medical treatment and crisis intervention services, ensures that first responders take appropriate protective action when practitioners are not immediately available, offers timely information about and access to emergency contraception and STI prophylaxis when medically appropriate, and provides treatment without financial cost regardless of whether the inmate cooperates with the investigation.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW:</b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and JRLDC Policies and Procedures, Chapter 200, Booking, release, and Transfer, Policy 205.0, Inmate PREA Intake Screening of Inmates, revised May 30, 2015. These materials were reviewed to determine whether the facility provides ongoing medical and mental health evaluation and treatment to inmate victims of sexual abuse, ensures follow-up services and continuity of care, provides services consistent with the community level of care, offers pregnancy-related and sexually transmitted infection-related services when medically appropriate, and provides treatment without financial cost to the victim.</p> <p><b>INTERVIEWS</b></p> <p><b>Medical and Mental Health Staff</b></p> <p>Medical and mental health staff described a structured and clinically driven approach to ongoing care following an allegation of sexual abuse. Staff explained that services begin immediately after a report and continue based on the inmate’s individualized</p>

treatment needs, with care including medical evaluation, mental health assessment, crisis intervention, preventive services, and ongoing therapeutic support. They emphasized that treatment is guided by professional judgment, delivered confidentially, and provided without financial burden to the inmate. Staff also reported that preventive care, including sexually transmitted infection testing and prophylactic treatment, is offered when clinically appropriate and consistent with accepted medical standards. In addition, mental health staff indicated that inmates identified as abusers are evaluated within the applicable timeframe and offered treatment interventions when deemed appropriate to address behavioral risk factors.

### **Inmates Who Reported Sexual Abuse**

At the time of the onsite audit, there were no inmates in this category assigned to the facility. Consequently, no inmates from this category were interviewed for this standard.

### **PROVISIONS**

#### **Provision (a): Ongoing Medical and Mental Health Evaluation and Treatment for Victims of Sexual Abuse**

The PAQ indicates that the facility offers 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. The Auditor reviewed records produced by the facility documenting community-standard care, sexually transmitted infection testing, prophylaxis treatment, psychiatry and psychology services, and crisis intervention. These records reflected that such services are provided without cost to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation. Medical and mental health staff reported that treatment is provided immediately and is based on professional judgment and that staff work together to ensure that each inmate receives appropriate care. They further reported that information about and access to emergency contraception and prophylaxis for sexually transmitted diseases is offered in accordance with professionally accepted standards of care and where medically appropriate. JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 15-16, Procedure #11, section D, indicates that the facility offers 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. These policy and practice findings are consistent with PREA Standard 115.83(a).

#### **Provision (b): Follow-Up Services, Treatment Planning, and Referrals for Continued Care**

Through the interview process, medical staff reported that upon arriving in medical after a report of sexual assault, an inmate receives an initial examination by the physician to assist in determining whether use of a Sexual Assault Response Team is appropriate or whether the inmate should be immediately transported to a hospital due to the nature of the injuries. Staff explained that if a Sexual Assault Response

Team is utilized, nursing staff provide treatment and care recommendations before the inmate leaves the facility and the facility physician completes the corresponding medical orders. As part of this process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary follow-up care. The PAQ further indicates that evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following transfer to, placement in, another facility, or release from custody. These practices are consistent with PREA Standard 115.83(b), which requires continuity of care through follow-up services, treatment planning, and referral when continued care is needed.

**Provision (c): Community Level of Care and Timely Access to Preventive Medical Services**

As previously described in Provision (b), medical and mental health staff reported that treatment is provided immediately and according to professional judgment and that medical and mental health professionals collaborate to ensure that the inmate receives appropriate treatment. They further stated that information about and access to emergency contraception and sexually transmitted disease prophylaxis is offered in accordance with professionally accepted standards of care and where medically appropriate. JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 15-16, Procedure #11, section B, paragraph 3, states that inmate victims of sexual abuse while incarcerated are 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. These findings support compliance with PREA Standard 115.83(c), which requires that such victims receive medical and mental health services consistent with the community level of care.

**Provision (d): Pregnancy Testing and Care Without Financial Cost or Investigative Condition**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 15-16, Procedure #11, section B, paragraph 3, states that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was confirmed by the PREA Compliance Manager. The same policy, at page 16, Procedure #11, section E, indicates that inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. These provisions are consistent with PREA Standard 115.83(d), which requires pregnancy testing for inmate victims of sexually abusive vaginal penetration while incarcerated, and with PREA Standard 115.83(g), which requires that treatment be provided without financial cost and regardless of investigative cooperation.

**Provision (e): Timely Access to Lawful Pregnancy-Related Medical Services**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and

Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 16, Procedure #11, section E, indicates that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. This policy is consistent with PREA Standard 115.83(e), which requires timely information and access to lawful pregnancy-related care when pregnancy results from sexually abusive vaginal penetration.

**Provision (f): Sexually Transmitted Infection Testing as Medically Appropriate**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 16, Procedure #11, section E, indicates that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. This policy is consistent with PREA Standard 115.83(f), which requires that victims of sexual abuse while incarcerated be offered STI testing as medically appropriate.

**Provision (g): Services Provided Without Cost and Regardless of Participation in the Investigation**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 16, Procedure #11, section B, paragraph 3, indicates that treatment services are 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. This requirement was also reflected in the records reviewed and in staff interviews. These findings are directly consistent with PREA Standard 115.83(g).

**Provision (h): Mental Health Evaluation of Known Inmate-on-Inmate Abusers Not Applicable to This Jail Standard Context**

This provision was identified as not applicable because the facility is not a prison. PREA Standard 115.83(h) specifically applies to prisons and requires an attempt to conduct a mental health evaluation of known inmate-on-inmate abusers within 60 days of learning of such abuse history and to offer treatment when deemed appropriate by mental health practitioners.

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. Policy review, case documentation, and interviews demonstrate that JRLDC provides ongoing evaluation and treatment, follow-up services, continuity-of-care referrals, community-level medical and mental health services, pregnancy-related and STI-related care when appropriate, and treatment without financial cost regardless of whether the inmate identifies the abuser or cooperates with the investigation.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p data-bbox="310 317 613 348"><b><u>DOCUMENT REVIEW:</u></b></p> <p data-bbox="310 386 1442 768">The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, along with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to determine whether the facility conducts sexual abuse incident reviews at the conclusion of substantiated and unsubstantiated sexual abuse investigations, completes those reviews within the required timeframe, uses a multidisciplinary review team, prepares written findings and recommendations, and implements recommendations or documents the reasons they are not adopted, as required by PREA Standard 115.86.</p> <p data-bbox="310 806 496 837"><b>INTERVIEWS</b></p> <p data-bbox="310 875 646 907"><b>PREA Coordinator (PC)</b></p> <p data-bbox="310 945 1442 1367">The PREA Coordinator (PC) described a coordinated and time-sensitive process for conducting sexual abuse incident reviews. The PC explained that reviews are initiated promptly following the conclusion of qualifying investigations and are expected to be completed within established PREA timeframes. The PC stated that the facility uses a Sexual Abuse Incident Review checklist to promote consistency, thoroughness, and clear documentation across cases. The PC also emphasized that findings and recommendations generated through the review process are elevated to leadership for consideration, follow-through, and continuous quality improvement. These responses reflected an operational understanding that the incident review process serves not only as a documentation exercise, but also as a mechanism for identifying needed changes in policy, practice, supervision, staffing, and monitoring.</p> <p data-bbox="310 1404 505 1436"><b>Facility Head</b></p> <p data-bbox="310 1474 1442 1854">Facility leadership described the sexual abuse incident review process as an important preventive and management tool. The Facility Head explained that review teams are composed of individuals from multiple disciplines so that each qualifying allegation can be evaluated from operational, investigative, medical, mental health, and supervisory perspectives. Leadership also confirmed that recommendations generated by the review team are carefully considered and that responsive action is taken when appropriate. When a recommendation is not implemented, the basis for that decision is documented. These responses reflect an understanding that the incident review process is intended to strengthen institutional operations and reduce the likelihood of future incidents.</p> <p data-bbox="310 1892 781 1923"><b>Incident Review Team Members</b></p>	

Members of the incident review team described a collaborative and analytical approach to reviewing allegations of sexual abuse after investigations are completed. Team members explained that each review includes consideration of possible contributing factors, including environmental conditions, staff response, physical barriers, staffing patterns, and broader systemic concerns that may have affected the circumstances of the incident or allegation. They emphasized that the process is designed to identify opportunities for improvement and to generate practical, targeted recommendations that enhance inmate safety and overall operational effectiveness. Their responses were consistent with PREA Standard 115.86(d), which requires meaningful review of multiple institutional factors that may bear on the occurrence or handling of sexual abuse allegations.

### **PROVISIONS**

#### **Provision (a): Required Sexual Abuse Incident Review at the Conclusion of Qualifying Investigations**

The PAQ indicates that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. This requirement is outlined in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, pages 18-19, Procedure #14, sections A through D. The Incident Review Team Roster confirms that the structure and composition of the review team are consistent with the expectations of this standard. These findings are consistent with PREA Standard 115.86(a), which requires a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation, but not when the allegation is determined to be unfounded.

#### **Provision (b): Completion of Incident Reviews Within 30 Days of the Investigative Conclusion**

The PAQ reflects that during the past twelve months there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only unfounded incidents. The facility reported that all investigations during the previous twelve months were unfounded, and this information was confirmed by the PC. Because PREA Standard 115.86(b) requires such reviews only for substantiated and unsubstantiated sexual abuse investigations, the absence of qualifying incident reviews during the audit period is consistent with the standard and reflects the fact that there were no completed investigations requiring post-investigation review within 30 days.

#### **Provision (c): Multidisciplinary Review Team Composition with Upper-Level Management Participation**

The PAQ reflects that the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility's Incident Review Team Roster confirms that the makeup of the team is

consistent with the requirements of this standard. During the interview process, the Facility Head confirmed an understanding of the expected composition of the review team and indicated a willingness to consider and incorporate recommendations from participating team members. These findings are consistent with PREA Standard 115.86(c), which requires upper-level management participation together with input from relevant operational and clinical personnel.

**Provision (d): Written Review Findings, Required Analytical Factors, and Submission to Leadership**

According to the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) through (d)(5) of the standard and any recommendations for improvement, and submits that report to the facility head and the PREA Coordinator. Members of the Sexual Abuse Incident Review Team were interviewed, and each team member reported that the team considers all of the criteria required by PREA policy during the review process. These factors include whether the allegation or investigation suggests a need to change policy or practice, whether group dynamics or protected status may have played a role, whether physical barriers contributed to the incident, whether staffing levels were adequate in the area and on relevant shifts, and whether monitoring technology should be deployed or enhanced. The report of the Sexual Abuse Incident Review Team is then submitted to the Detention Center Director and the PC. These findings are consistent with PREA Standard 115.86(d).

**Provision (e): Implementation of Recommendations or Documentation of Non-Implementation**

According to the PAQ, the facility implements recommendations for improvement or documents its reasons for not doing so. Facility leadership confirmed during interviews that recommendations produced through the incident review process are carefully considered and either acted upon or formally documented if they are not adopted. This practice is consistent with PREA Standard 115.86(e), which requires the facility to implement recommendations for improvement or document the reasons for declining to do so.

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding sexual abuse incident reviews. Policy review, staff interviews, and review team documentation demonstrate that JRLDC has established a PREA-compliant process for conducting multidisciplinary sexual abuse incident reviews at the conclusion of qualifying investigations, preparing written findings and recommendations, and ensuring that recommendations are either implemented or formally addressed.

<b>115.87</b>	<b>Data collection</b>
	<p data-bbox="310 176 963 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 574 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 605 350"><b><u>DOCUMENT REVIEW</u></b></p> <p data-bbox="310 390 1446 768">The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, together with J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025. These materials were reviewed to assess whether the agency collects accurate and uniform data for every allegation of sexual abuse, aggregates that data annually, captures the information necessary to answer the Department of Justice Survey of Sexual Victimization, gathers information from all relevant incident-based sources, and provides data to the Department of Justice upon request, as required by PREA Standard 115.87.</p> <p data-bbox="310 808 496 840"><b><u>INTERVIEWS</u></b></p> <p data-bbox="310 879 646 911"><b>PREA Coordinator (PC)</b></p> <p data-bbox="310 951 1446 1409">The PREA Coordinator provided detailed information regarding the facility’s PREA data collection and data management practices. The Coordinator explained that PREA-related data is maintained through secure facility-level systems with controlled access, ensuring that only authorized personnel with a legitimate need to know can review sensitive information. The Coordinator also stated that data is maintained at the agency level and within the data system, which serves as a primary electronic repository for inmate-related records and associated PREA documentation. According to the Coordinator, the data collected pursuant to PREA standards is used for multiple reporting and compliance purposes, including preparation of the Survey of Sexual Victimization and development of annual PREA reports. The Coordinator further confirmed that personally identifiable information is removed before data is released publicly in order to protect privacy and preserve security.</p> <p data-bbox="310 1449 496 1480"><b><u>PROVISIONS</u></b></p> <p data-bbox="310 1520 1430 1551"><b>Provision (a): Standardized and Uniform Collection of PREA Allegation Data</b></p> <p data-bbox="310 1591 1430 1969">According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 3, Procedure #1, section B, requires the agency to collect accurate and uniform data for every allegation of sexual abuse using a standardized instrument. The policy definitions supporting that process are found in the same policy on pages 2 through 3, Definition #6, section A. Review of the 2025 Annual PREA Report further confirmed that this requirement has been implemented in practice. These findings are consistent with PREA Standard 115.87(a).</p>

**Provision (b): Annual Aggregation of Incident-Based Sexual Abuse Data**

According to the PAQ, the agency aggregates incident-based sexual abuse data at least annually. This was also confirmed during the interview process with the Detention Center Director. This practice is consistent with PREA Standard 115.87(b), which requires the annual aggregation of incident-based sexual abuse data so that it may be used for reporting, analysis, and corrective action review.

**Provision (c): Collection of Data Necessary for the Survey of Sexual Victimization**

According to the PAQ, the incident-based data collected by the agency includes, at a minimum, the information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. This requirement is reflected in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 4, section E. These findings are consistent with PREA Standard 115.87(c), which requires agencies to collect the data necessary to answer the most recent Survey of Sexual Victimization.

**Provision (d): Collection and Review of Data from All Available Incident-Based Sources**

According to the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. This requirement is reflected in JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 4, section F. This practice is consistent with PREA Standard 115.87(d), which requires agencies to obtain data from all available incident-based records necessary to maintain a complete and reliable PREA data collection process.

**Provision (e): Contract Confinement Data Collection Not Applicable**

This provision does not apply because the facility does not contract for the confinement of its inmates. PREA Standard 115.87(e) applies when an agency contracts with private facilities or other entities for confinement and requires those entities to provide PREA-related data. Because JRLDC does not use such contracted confinement arrangements for its inmate population, this subsection was not applicable to this audit.

**Provision (f): Provision of Prior Calendar Year Data to the Department of Justice Upon Request**

The PAQ indicates that the agency provided the Department of Justice with data from the previous calendar year upon request. This practice is consistent with PREA Standard 115.87(f), which requires agencies to provide the Department of Justice with data from the prior calendar year upon request in support of national PREA data collection and analysis.

	<p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding data collection. Policy review, annual report review, and the interview with the PREA Coordinator demonstrate that JRLDC collects accurate and uniform PREA data using a standardized instrument and definitions, aggregates that data annually, captures the information needed for the Survey of Sexual Victimization, gathers data from all relevant incident-based sources, and provides data to the Department of Justice when requested.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW:</b></p> <p>The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, J. Reuben Long Detention Center (JRLDC) Policies and Procedures, Chapter 100., Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and the most recent Annual PREA Report. These materials were reviewed to determine whether the agency reviews 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, and whether the agency prepares and publishes an annual report of findings and corrective actions consistent with PREA Standard 115.88.</p>
	<p><b>INTERVIEWS</b></p>
	<p><b>Agency PREA Coordinator (PC)</b></p> <p>The PREA Coordinator provided a detailed overview of the agency’s data collection, review, and reporting process. The Coordinator explained that data is gathered from multiple sources, including incident reports, investigative files, and Sexual Abuse Incident Reviews, and is compiled into a centralized system for analysis and reporting. The Coordinator further stated that aggregated data is submitted annually to the Department of Justice within the required reporting timeframes and is also used to produce public annual PREA reports. According to the Coordinator, those reports are used to analyze trends, evaluate progress, identify corrective action needs, and guide improvements while ensuring that sensitive information is appropriately protected before publication.</p>

The PREA Coordinator further described the facility-level process for collecting and submitting PREA data. The PC explained that monthly reports are completed using standardized electronic tools, which promotes consistency and accuracy across reporting periods and aligns facility-level reporting with agency-wide practices. These reports include information related to allegations, investigative outcomes, and associated documentation. The PC stated that this regular reporting structure supports ongoing monitoring, strengthens accountability, and helps ensure that data review is not limited to annual reporting but remains part of the facility's continuing PREA compliance efforts.

## **PROVISIONS**

### **Provision (a): Review of Aggregated Data to Assess and Improve PREA Effectiveness**

According to the PAQ, the agency reviews 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. JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, indicates that the facility will collect, maintain, and report statistics and information related to PREA incidents, programs, and activities, including documentation and data related to corrective action plans as required under PREA Standards 115.87(a) through (f), 115.88(a) through (d), and 115.89(a) through (d). During the interview with the PC, the Auditor learned that the agency reviews data collected pursuant to § 115.87 and assesses the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The Detention Center Director further stated that if incident-based sexual abuse data reflects patterns, such as particular groups of inmates being targeted or allegations clustering in a specific area of the facility, policies, procedures, or training may be modified accordingly. These findings are consistent with PREA Standard 115.88(a), which requires review of aggregated data to identify problem areas, take corrective action on an ongoing basis, and improve institutional response.

### **Provision (b): Identification of Problem Areas, Ongoing Corrective Action, and Annual Reporting of Findings**

Through the interview process, the Auditor learned that the facility reviews collected data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, procedures, and training by identifying problematic issues, taking corrective action on an ongoing basis, and preparing annual reports of findings and corrective action when applicable. The Auditor reviewed the most recent annual report and found that it followed PREA requirements, including comparison to findings in prior reports in order to assess progress in addressing sexual abuse. This is consistent with PREA Standard 115.88(b), which requires that the 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.

**Provision (c): Agency Head Review and Public Availability of the Annual PREA Report**

This provision is addressed in part through the practices described in Provisions (a) and (b). According to the Detention Center Director, all PREA Annual Reports are reviewed before being placed on the agency’s website. As required by the standard, the facility makes its annual reports publicly available through its website, and the facility PREA webpage contains the most recent annual report for public review. This practice is consistent with PREA Standard 115.88(c), which requires that the agency’s report be approved by the agency head and made readily available to the public through the agency website or other means if no website exists.

**Provision (d): Redaction of Sensitive Information Prior to Publication**

According to the PAQ, the annual report is prepared without personal identifying information. The PAQ further reflects that if personally identifiable information were included, it would be redacted prior to publication on the agency website, and that the agency has the ability to make any necessary changes before release. The PC confirmed during interview that the agency reviews data collected pursuant to § 115.87 and that the annual report is written without personally identifiable information, with any such information redacted before publication if necessary. This practice is consistent with PREA Standard 115.88(d), which permits agencies to redact specific material from reports when publication would present a clear and specific threat to the safety and security of a facility, while requiring the agency to indicate the nature of the material redacted.

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding data review for corrective action. Policy review, annual report review, website review, and interviews with the PREA Coordinator demonstrate that JRLDC reviews aggregated PREA data to identify problem areas, takes corrective action on an ongoing basis, prepares annual reports comparing current and prior years’ data, makes those reports publicly available, and ensures that sensitive information is excluded or redacted before publication.

115.89	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>  The documentation reviewed for this standard included the Pre-Audit Questionnaire (PAQ) and supporting documentation, J. Reuben Long Detention Center (JRLDC)

Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and the most recent Annual PREA Report. These materials were reviewed to determine whether the agency securely retains incident-based and aggregate sexual abuse data collected pursuant to PREA, makes aggregated data publicly available at least annually, removes personal identifiers before publication, and maintains such data for the required retention period.

## **INTERVIEWS**

### **PREA Coordinator (PC)**

The PREA Coordinator provided a detailed explanation of how PREA-related data is stored, maintained, and managed. The coordinator described the use of secure facility-level systems with controlled access, explaining that only authorized personnel with a legitimate need to know are permitted to access sensitive PREA information. The Coordinator also stated that PREA data is maintained at the agency level and within the secure data system, which serves as a primary electronic repository for inmate-related records and associated documentation. According to the coordinator, data collected under PREA standards is used for multiple purposes, including preparation of the Survey of Sexual Victimization and development of the agency's annual PREA reporting. The Coordinator further confirmed that before any PREA data is made publicly available, personal identifiers are removed to protect privacy and maintain institutional security.

## **PROVISIONS**

### **Provision (a): Secure Retention of Incident-Based and Aggregate PREA Data**

JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, page 4, section G, indicates that the agency ensures that incident-based and aggregate data are securely retained. Through the interview process, the Auditor learned that the facility retains data in multiple secure locations. At the local level, data is maintained within a secure system with access limited to staff whose responsibilities require access to that information. Additional data is retained at the agency level as necessary for completion of the Survey of Sexual Victimization and other required PREA reporting functions, and aggregated reporting information is also made available through the facility's public website. These practices are consistent with PREA Standard 115.89(a), which requires that data collected pursuant to § 115.87 be securely retained.

### **Provision (b): Annual Public Availability of Aggregated Sexual Abuse Data**

The facility webpage provides reports relating to sexual abuse data and makes PREA information accessible to the public. PREA Standard 115.89(b) requires that the agency make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its website or by other means if no website exists. Review of the facility's public PREA webpage and annual

	<p>reporting materials confirmed that JRLDC makes aggregated PREA-related information publicly available in a manner consistent with this requirement.</p> <p><b>Provision (c): Removal of Personal Identifiers Prior to Public Release of Data</b></p> <p>During the interview with the PREA Coordinator, the Auditor was informed that the department reviews data collected pursuant to § 115.87 before publication and prepares reports in a manner that does not require disclosure of personally identifiable information. The department report reviewed by the Auditor met PREA compliance expectations in this regard. This practice is consistent with PREA Standard 115.89(c), which requires the agency to remove all personal identifiers before making aggregated sexual abuse data publicly available.</p> <p><b>Provision (d): Retention of PREA Data for at Least Ten Years</b></p> <p>JRLDC Policies and Procedures, Chapter 100, Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, indicates that the facility will maintain all collected data related to sexual abuse incidents, recommendations, and corrective action plans for at least ten years. This retention period is consistent with PREA Standard 115.89(d), which requires that sexual abuse data collected pursuant to § 115.87 be maintained for at least 10 years after the date of initial collection unless a longer retention period is required by federal, state, or local law.</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding data storage, publication, and destruction. Policy review, annual report review, website review, and the interview with the PREA Coordinator demonstrate that JRLDC securely retains PREA-related data, makes aggregated data publicly available at least annually, removes personal identifiers before publication, and maintains the data for the required ten-year retention period.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess compliance with PREA Standard §115.401, the Auditor reviewed the Pre-Audit Questionnaire, supporting documentation, Chapter 100, Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, revised November 24, 2025, and information available on the facility’s public website.</p>

These materials were used to determine whether JRLDC complies with the required three-year PREA audit cycle, makes audit-related information publicly accessible, and supports full auditor access to records, facility areas, and confidential communication with inmates. The documentation reflected an agency structure that treats the audit process as an integral component of PREA accountability rather than a standalone event.

The Auditor verified that JRLDC's website posts prior audit reports and related PREA information, including findings and corrective actions, in a manner consistent with PREA's transparency expectations. The combination of policy, PAQ responses, and website content showed that the facility approaches PREA audits as part of an ongoing compliance framework, with emphasis on public accountability and continued monitoring of sexual safety practices.

### **INTERVIEWS**

Interviews with the PREA Coordinator and random inmates provided additional context about how the audit standard is implemented in practice.

#### **PREA Coordinator**

The PREA Coordinator described the PREA audit as part of a continuous, three-year cycle in which each facility is reviewed at least once per cycle, consistent with national standards. The Coordinator emphasized that audit preparation and follow-up are viewed as ongoing responsibilities, including periodic self-assessment, tracking of corrective actions, and regular review of PREA data and trends. The Coordinator also noted that the agency's PREA webpage serves as a key transparency tool by posting audit reports, sexual abuse data summaries, and other PREA materials so stakeholders and community members can review the facility's compliance status and progress over time.

#### **Random Inmates**

Random inmates reported that they had been informed of their right and ability to communicate confidentially with the Auditor during the onsite review. They stated that correspondence to the Auditor could be submitted through a process equivalent to legal or privileged mail, without staff interference or review. Inmates expressed that knowing an outside Auditor was available and that communication could be confidential contributed to their sense of safety and trust in the audit process. Their statements confirmed that the facility operationalizes PREA's requirement for confidential inmate contact with the Auditor.

### **PROVISIONS**

#### **Provision (a): Placement Within the Required Three-Year Audit Cycle**

Provision (a) requires that each facility operated by the agency, or by a private organization on the agency's behalf, be audited at least once during each three-year period. Under this provision, facilities must remain within a defined audit schedule and cannot fall outside the required cycle.

The Detention Center Director reported that JRLDC was last audited in 2022, and that the final audit report from that review is posted on the facility's website for public viewing. The current audit therefore falls within the next three-year cycle, satisfying the timing requirement of §115.401(a). The public posting of the prior report reinforces transparency and confirms that the facility tracks and adheres to the required audit intervals.

**Provision (b): Audit Cycle Management and Public Access to PREA Information**

Provision (b) addresses how facilities are placed within the broader agency audit schedule and underscores the importance of public access to audit-related information. It reflects PREA's expectation that audits occur regularly and that their results not be confined to internal audiences.

During the interview, the PREA Coordinator explained that this audit is being conducted in the first year of the current three-year audit period, consistent with the agency's established audit schedule. The Coordinator also noted that the facility's webpage includes PREA audit reports and sexual abuse data in a format accessible to the public. By aligning the facility's audit schedule with the agency's cycle and posting results publicly, JRLDC demonstrates both adherence to PREA scheduling requirements and commitment to transparency in its PREA compliance efforts.

**Provisions (c) through (g): Audit Framework Elements Not Requiring Separate Facility Findings**

PREA Standard §115.401 includes provisions addressing, for example, the use of Department of Justice audit instruments, auditor qualifications, scope of document review, and overarching responsibilities of agencies during the audit process. For this facility-level review, no separate issues arose under these provisions that required an independent narrative finding. The applicable elements were met within the broader context of the audit and did not warrant additional facility-specific discussion in this section.

**Provision (h): Unimpeded Auditor Access to All Facility Areas**

Provision (h) requires that auditors be permitted unrestricted access to all areas of the audited facility so they can observe operations, verify policy implementation, and assess physical conditions relevant to PREA compliance.

During the onsite audit, the Auditor was granted complete and unimpeded access to every area of JRLDC, including housing units, intake and booking areas, segregation, program spaces, medical areas, and support functions. The PREA Coordinator and facility leadership ensured that access was immediate and continuous, and accompanied the Auditor as needed to facilitate entry into secure or restricted areas. This level of cooperation reflects full compliance with §115.401(h) and underscores the facility's willingness to subject all operations to external review.

**Provision (i): Timely and Complete Access to Records and Documentation**

Provision (i) requires that auditors be provided timely and complete access to all documents, records, and electronically stored information relevant to assessing PREA compliance.

Throughout the audit process, facility staff supplied requested documents promptly and in complete form, including policies, incident reports, training records, investigation files, staffing plans, and PREA-related data. The Auditor's requests were treated as a priority, and staff followed up to ensure that any additional or clarifying information was provided without delay. This practice meets the requirements of §115.401(i) and demonstrates the facility's commitment to transparency and thorough review.

**Provisions (j) through (l): Additional Audit Requirements Not Triggering Separate Narrative Findings**

Provisions (j) through (l) address topics such as retention of audit records, the scope of staff and contractor interviews, and review of video or other electronic evidence during audits. In this facility's case, no distinct issues or deviations under these subsections were identified that required separate narrative discussion. The relevant elements were met as part of the overall audit methodology.

**Provision (m): Provision of Private Space for Confidential Interviews**

Provision (m) requires that auditors be permitted to conduct private interviews with inmates, residents, and detainees, as well as staff, without anyone else present who could influence or overhear the conversation.

During the onsite audit, the facility provided a secure, private room dedicated to audit interviews. This space was used for confidential discussions with staff and inmates, and access was controlled to ensure privacy. The setting allowed the Auditor to conduct interviews without interruption, background traffic, or staff presence that could affect responses. This arrangement is consistent with §115.401(m) and supports the integrity and independence of the interview process.

**Provision (n): Confidential Inmate Correspondence to the Auditor**

Provision (n) requires that inmates be permitted to send confidential information or correspondence to the Auditor in the same manner as legal mail.

Inmates reported that they were informed about how to send confidential mail to the Auditor and that such correspondence would be handled under the same procedures used for legal mail. They stated that staff did not read or interfere with this mail and that they understood the process for submitting concerns or information directly to the Auditor if they chose. This practice meets the requirements of §115.401(n) by ensuring that inmates have a safe, confidential avenue for communicating with the Auditor beyond in-person interviews.

**Provision (o): No Additional Issues Identified Under This Subsection**

Provision (o) addresses remaining audit-related requirements that, in this case, did

	<p>not present independent issues or deviations requiring separate narrative discussion. No additional concerns were identified in the material reviewed for this section.</p> <p><b>CONCLUSION</b></p> <p>Based on the review of the Pre-Audit Questionnaire, applicable policies, public website information, and interviews with the PREA Coordinator, facility leadership, and inmates, the Auditor determines that JRLDC meets the requirements of PREA Standard §115.401 regarding frequency and scope of audits. The facility participates in the required three-year audit cycle, provides public access to prior audit reports and PREA-related information, affords auditors unimpeded access to facility areas and records, provides private space for confidential interviews, and ensures that inmates can communicate confidentially with the Auditor in a manner equivalent to legal mail.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW:</b></p> <p>The documentation reviewed for this standard consisted of the JRLDC publicly accessible website, including the facility’s PREA-related public information. The website was reviewed to determine whether final audit reports and related PREA materials are made publicly available in a manner consistent with PREA Standard 115.403, which requires publication of the auditor’s final report on the agency’s website if it maintains one, or otherwise that the report be made readily available to the public.</p> <p><b>INTERVIEWS</b></p> <p><b>PREA Coordinator (PC)</b></p> <p>The PREA Coordinator explained that the agency’s PREA webpage serves as the primary public platform for sharing audit results and related PREA information. The Coordinator stated that final audit reports are published in full and that any redactions are limited to circumstances involving legitimate safety, security, or privacy concerns. The Coordinator emphasized that this process is intended to ensure compliance with PREA requirements while also promoting openness, public accountability, and confidence in the facility’s oversight structure. According to the Coordinator, public availability of audit findings allows internal and external stakeholders to remain informed about facility compliance and any related</p>

corrective action.

### **Administrative Staff**

Administrative staff described a structured and reliable process for ensuring that audit reports are publicly posted after completion. Staff explained that once an audit report is finalized, it is reviewed and then uploaded to the agency's website within the required timeframe. They emphasized that this posting process is monitored for accuracy, completeness, and accessibility so that the public can review the facility's PREA audit information without unnecessary delay. Staff further noted that public posting of audit findings supports institutional accountability and reflects the facility's commitment to transparency and continuous improvement.

### **Random Inmates**

Inmates interviewed during the audit expressed general awareness that PREA audits involve outside review and that audit results are made available to the public. Although inmates reported that they do not have direct personal access to the website, they indicated that awareness of external oversight contributes to confidence in the PREA process and reinforces the credibility of the facility's compliance efforts. These responses reflect the broader value of public audit reporting, even where direct inmate access to online content is limited.

### **PROVISIONS**

#### **Provisions (a) through (e): Not Applicable Within the Scope of This Facility Review**

These provisions were identified as not applicable within the scope of this facility's audit narrative. PREA Standard 115.403 contains several subsections addressing the contents of the audit instrument, auditor findings, and report structure, and those requirements are primarily reflected in the final audit report itself rather than in facility-generated operational narrative. No separate deficiency or disputed issue was identified under these subsections for purposes of this section.

#### **Provision (f): Public Availability of Final Audit Reports and PREA-Related Information**

The facility's webpage provides multiple reports and related materials concerning sexual abuse data and PREA compliance information. These materials are publicly accessible through the agency's website and support compliance with PREA Standard 115.403(f), which requires that the agency ensure the auditor's final report is published on the agency's website if it has one, or otherwise made readily available to the public. Review of the agency's public-facing PREA webpage confirmed that PREA-related information is available online and that the agency uses its website as a mechanism for transparency and public access.

### **CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding audit

	<p>contents and findings. Website review and staff interviews demonstrate that JRLDC makes PREA-related information publicly accessible through its agency webpage and maintains a process for publishing final audit reports in a manner consistent with PREA requirements for public availability and transparency.</p>
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<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (b) Supervision and monitoring</b>		
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c) Supervision and monitoring</b>		
	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
<b>115.13 (d) Supervision and monitoring</b>		
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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?	
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	

	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (c) Protective Custody</b>		
	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
<b>115.43 (d) Protective Custody</b>		
	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?	
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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.)	yes
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	

	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d) Reporting to inmates</b>		
	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
<b>115.73 (e) Reporting to inmates</b>		
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a) Disciplinary sanctions for staff</b>		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b) Disciplinary sanctions for staff</b>		
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	

	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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?	
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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