

**Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails**

Interim Final

Date of Report September 21, 2018

Auditor Information

Name: Brian C. Sutherland	Email: bcsuther@gmail.com
Company Name: MYSIX PREA Consulting, LLC.	
Mailing Address: P.O. Box 3	City, State, Zip: Aylett, Virginia 23009
Telephone: 804-313-0636	Date of Facility Visit: July 23, 24, & 25, 2018

Agency Information

Name of Agency: Pamunkey Regional Jail Authority		Governing Authority or Parent Agency (If Applicable): Pamunkey Jail Authority Board	
Physical Address: 7240 Courtland Farm Road		City, State, Zip: Hanover, Virginia 23069	
Mailing Address: 7240 Courtland Farm Road		City, State, Zip: Hanover, Virginia 23069	
Telephone: 804-537-6400		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Pamunkey Regional Jail shall provide the highest level of safety and security for our community. We shall strive to exceed national correctional standards while continuously providing exceptional services and resources for the community, law enforcement, and the judicial system. Through integrity, dedication, and teamwork, we shall provide an environment of professional development that promotes respect, cooperation, and ethical excellence.

Agency Website with PREA Information: <https://www.hanovercounty.gov/232/Pamunkey-Regional-Jail>

Agency Chief Executive Officer

Name: James C. Willett	Title: Superintendent
Email: jcwillett@hanovercounty.gov	Telephone: 804-537-6400 ext. 3005

Agency-Wide PREA Coordinator

Name: Kimberly Hopkins	Title: Major of Operations and Support Services
Email: kdhopkins@hanovercounty.gov	Telephone: 804-537-6400 ext. 3019
PREA Coordinator Reports to: Superintendent	Number of Compliance Managers who report to the PREA Coordinator 1

Facility Information

Name of Facility:	Pamunkey Regional Jail		
Physical Address:	7240 Courtland Farm Road, Hanover, VA. 23069		
Mailing Address (if different than above):			
Telephone Number:	804-537-6400		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	

Facility Mission: The Pamunkey Regional Jail shall provide the highest level of safety and security for our community. We shall strive to exceed national correctional standards while continuously providing exceptional services and resources for the community, law enforcement, and the judicial system. Through integrity, dedication, and teamwork, we shall provide an environment of professional development that promotes respect, cooperation, and ethical excellence.

Facility Website with PREA Information: <https://www.hanovercounty.gov/232/Pamunkey-Regional-Jail>

Warden/Superintendent

Name: James Willett	Title: Superintendent
Email: jcwillett@hanovercounty.gov	Telephone: 804-537-6400 ext. 3005

Facility PREA Compliance Manager

Name: Karen Hurd	Title: Sergeant Standards/Accreditation Manager
Email: khurd@hanovercounty.gov	Telephone: 804-537-6400 ext. 3088

Facility Health Service Administrator

Name: Angela R. Perry	Title: Health Services Administrator
Email: aperry@armorcorrectional.com	Telephone: 804-537-6400 ext. 3038

Facility Characteristics

Designated Facility Capacity: 519		Current Population of Facility: 417		
Number of inmates admitted to facility during the past 12 months				4457
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				1262
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				2580
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-81 years of age		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				0
Average length of stay or time under supervision:				14.8 days
Facility security level/inmate custody levels:				Minimum, Medium, Maximum
Number of staff currently employed by the facility who may have contact with inmates:				129
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				24
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				6
Physical Plant				
Number of Buildings: 1		Number of Single Cell Housing Units: 3 (C-D-J) Units		
Number of Multiple Occupancy Cell Housing Units:		7 (A-B-E-F-G-H-I) Units		
Number of Open Bay/Dorm Housing Units:		5 (K-L-M-N-O) Units		
Number of Segregation Cells (Administrative and Disciplinary):		30		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
<p>The facility contains a centrally located control center that provides 24-hour staff monitoring. There are 112 cameras placed throughout the facility on various forms of mounting brackets such as: exterior corner mounts, interior surface mounts, interior corner mounts, interior acoustical tile mounts, interior tilt mounts, exterior wall mounts, and interior gypsum board mounts. The video monitoring equipment, positioned in specific locations for the control operators to view, includes touch screen monitors, and a complete access recording workstation. The following locations are available for view: sally port areas, employee break room, main lobby, parking lot, laundry, property room, booking area, medical areas, recreation yards, dayroom areas, visitation booths, and food service.</p>				
Medical				

Type of Medical Facility:	Armor Correctional Health Services, Inc., and Bon Secours Richmond Medical Health System
Forensic sexual assault medical exams are conducted at:	St. Mary's Emergency Hospital
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	60
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

Audit Findings

Audit Narrative

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

Pre-Audit Phase:

The Pamunkey Regional Jail Authority entered into contract for the Prison Rape Elimination Act (PREA) auditing services with MYSIX PREA Consulting, LLC on April 26, 2018. The primary sole auditor is Brian Sutherland and no conflict of interest exists between the two parties. Brian is a twenty-three-year correctional veteran attempting to complete the PREA auditor certification process. This audit will be the first probationary audit for Brian to achieve certification. The Department of Justice requires probationary auditors to receive feedback from the National PREA Resource Center during the reporting phase to determine final certification. The terms of this contract began on May 14, 2018 and conclude on or before September 23, 2018 with the submission of the final report. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases. The amount of time to complete the final report could extend past the September 23, 2018 date discussed due to a possible 180-day corrective action period. No corrective action period was required throughout the conclusion of this audit. The contract specified the on-site review conducted on July 23, 24, & 25, 2018, and the final contract submission included the standard provisions 401-405. The Pamunkey Regional Jail Authority operates the Pamunkey Regional Jail, and this is the only designated facility within this authority. The Pamunkey Regional Jail is located at 7240 Courtland Farm Road Hanover, Virginia 23069. No initial barriers exist toward the completion of the audit and the PREA Compliance Manager was established as the facility point of contact. No third-party entity exists between MYSIX PREA Consulting, LLC and the Pamunkey Regional Jail Authority to include: private contractors, operators, facilities, governmental entities, or ACA paid affiliates.

The pre-audit phase began on April 20, 2018 during the contract negotiation process as the auditor reviewed the Pamunkey Regional Jail website for information relating to PREA. The website confirmed the first phase PREA audit was conducted on November 4, 5, and 6, 2015, and the facility was found in compliance on all 42 standards. The auditor reviewed the 2015 PREA Audit Report posted on the facility website and documented all previously recommended corrective action responses. The website included data collection reports for 2013 through 2015 and the auditor noted no reports posted for 2016 through 2018. This review began the issue log communication process between the PREA Compliance Manager, PREA Coordinator, and the PREA Auditor. The first issue log indicated the reports for 2016 through 2018 were not posted to the facility website. The PREA Compliance Manager presented the reports, and the auditor verified the reports were completed. The PREA Compliance Manager confirmed the reports were posted to the facility website as required in standard 115.88, and the auditor verified this process by reviewing the reports on the website for 2016 and 2017. The report for 2018 will be posted to the website at the end of the annual review. The auditor reviewed the data collected in 2018 up to the time of the on-site review. The auditor prepared a timeline of events, issue log, and corrective action notations file at this time and informed the PREA Compliance Manager regarding the issue log communication process. The process map was supplied to the PREA Compliance Manager and this included specific steps within the pre-audit, audit, and post audit phases. The auditor noted on the facility website a Data Findings and Corrective Actions Report, the facility PREA policy, a zero-tolerance statement toward all forms of sexual abuse, sexual assault, and sexual harassment, and a third-party phone number utilized to report all criminal acts of sexual abuse or sexual harassment to the Hanover County Sheriff's Office. This reporting line was verified, and the auditor determined a cohesive relationship exists with the Hanover County Sheriff's Office and the Pamunkey Regional Jail regarding sexual assault investigations. The auditor reviewed internet searches for the following considerations: pending litigation reports, Department of Justice involvement, federal consent decrees, local oversight, news articles, and press clippings. There was no negative information provided relative to these topics within the internet search attempted. One news article was later revealed, by the PREA Compliance Manager, submitted by a transgender inmate however; this article was not revealed during the on-line research conducted by the auditor. The news article depicted the treatment received by the transgender inmate while at the Pamunkey Regional Jail. The article did not appear to be negative toward the facility and demonstrated inmate knowledge regarding the PREA reporting process. The auditor reviewed the mandatory reporting laws in Virginia and determined the following legal considerations: definition of a juvenile, time calculations, age considerations, transferring requirements, and a listing of felony convictions and sentencing guidelines. The auditor reviewed the 2015 PREA Audit Report for the Pamunkey Regional Jail and determined the facility does not accept youthful offenders. Their population is dedicated to inmates 18 years of age and older.

The auditor submitted the pre-audit reporting notification to the PREA Resource Center and an email confirmation was received. On April 27, 2018, communication was established with the Pamunkey Regional Jail PREA Compliance Manager and the determination was made to utilize the pre-audit questionnaire as opposed to the Online Audit System. The pre-audit questionnaire is utilized by the auditor to determine the facility information, policies, agency organization chart, contracts, staffing plans, written justifications for deviations within the staffing plan, PREA reviews, staff rounds, population reports, searches, cross-gender viewing incidents, training curriculum, training logs, special needs documentation, hiring and promotion considerations, evidence protocols, medical treatment obligations, intake screening instruments, inmate grievances, investigation reports, and data collection. The issue log was discussed and finalized as the primary means of communication to establish a record of concerns, requests, and issues provided by the auditor and the response by the PREA Compliance Manager. This system of reporting was utilized to enhance the communication process between the auditor and the PREA Compliance Manager. The PREA Compliance Manager uploads

the required documentation to the pre-audit questionnaire and submits a final copy to the auditor. The auditor communicates additional requests for documentation within the issue log and the PREA Compliance Manager submits the requests to the auditor or uploads the document to the pre-audit questionnaire. On June 11, 2018, the PREA Compliance Manager submitted the initial pre-audit questionnaire and this process continued until the final receipt on July 14, 2018. There were gaps within this time frame and communication stalled due to the discontinued weekly phone conference by the PREA Compliance Manager. The final pre-audit questionnaire and documents were received by mail and saved on a thumb drive for future review. The pre-audit questionnaire included 104 attachments and 945 pages of documentation upon completion. All documentation was reviewed by the auditor to triangulate compliance considerations, form the basis for the facility operations, terminology, structure, population, staffing, training, medical outreach, SANE/SAFE requirements, volunteer support, local advocacy, and physical plant.

A PREA Kick-off Event was designated for May 14, 2018 at the Pamunkey Regional Jail. The auditor received email confirmation from the PREA Compliance Manager regarding receipt of the Auditor Information Notice. The auditor provided the notice in both English and Spanish versions, directions regarding the minimum 6 weeks posting requirement prior to the on-site visit, the posting must be in all inmate living areas, visible throughout the facility, utilizing large text, colored paper, must discuss the confidentiality of inmate and staff correspondence, and the facility must provide proof of posting to the auditor. The auditor was introduced and briefly spoke with the following staff: Superintendent, Assistant Superintendent, PREA Coordinator, Chief of Security, Health Services Administrator, I.T. Manager, and the PREA Compliance Manager. The following topics were discussed throughout the event: investigations, transgender inmates, medical staff training, documents required for compliance, interview lists, pre-audit questionnaire, and communication. The auditor explained the issue log communication process, audit logistics, unimpeded access to the entire facility, document reviews, staff interview process, inmate interview process, the role of the auditor and the differences associated with a PREA audit, such as practice based, established the facility goals and expectations, and explained the purpose of corrective action measures, and corrective action should not be conveyed as a negative outlook. The Superintendent was very supportive of the process, and the facility goals and expectations were identified as creating a safe environment for the inmates and staff and enhancing the sexual safety of the facility. The PREA Compliance Manager and the auditor agreed upon a weekly phone conference to discuss the issue log and individual concerns. The auditor submitted the on-site review agenda to the PREA Compliance Manager, and the weekly phone conference was initiated. The auditor submitted the interview lists and instructions for interview criteria. These requests included the following: a complete inmate roster on the day of the audit including inmates with disabilities, limited English proficiency, inmates classified as lesbian, gay, bi-sexual, transgender, intersex, inmates in segregated housing, inmates who reported sexual abuse, inmates reporting sexual victimization during risk screening, a complete staff roster, specialized staff, contractors, volunteers, grievances, incident reports, all allegations of sexual abuse and sexual harassment, all hotline calls that occurred within the last 12 months, all investigations reported in the last 12 months, and all grievances for allegations made within the last 12 months. A barrier to communication was presented as the weekly phone conference was not conducted due to agency request. On June 8, 2018, the auditor received confirmation from the PREA Compliance Manager and photographic evidence regarding the posting of the auditor notice. The photographs included the intake section, living unit A, living unit E, multi-classroom #1, Multi-classroom #2, and an email confirmation confirming the posting in all inmate living units. This posting was confirmed during the on-site review and through random/informal staff and inmate interviews. The notice was posted within the 6-week mandate required by the standard. The facility provided the notice in both English and Spanish versions, in all inmate living areas, visible throughout the facility, utilizing large text, colored paper, and included a statement regarding confidentiality of inmate and staff correspondence. The auditor did not receive any postal communication from inmates or staff

throughout the auditing process. A private post office box was assigned to the auditor for confidential communication from both staff and inmates. The post office box was inspected weekly, by the auditor, and continued to be inspected for correspondence throughout the post audit phase. The PREA Compliance Manager informed the auditor regarding confidential communication and described the legal mail process.

Audit Phase:

The on-site review began on July 23, 2018 and continued until July 25, 2018. The in-brief with facility leadership began at 0900 hours and included the following staff: Superintendent, Assistant Superintendent, PREA Coordinator, PREA Compliance Manager, Administrative Internal Affairs Lieutenant, Senior IT Technician, Shift Lieutenant, Shift Sergeant, Maintenance Facility Manager Lieutenant, Support Services Sergeant, Maintenance Fire Safety, and the Health Services Administrator. The Superintendent provided the welcoming and the staff introductions commenced following the auditor introduction. The auditor reviewed the agenda for the week, explained the auditor conduct and the site review process, discussed the expectations for informal interactions with staff and inmates, the file review process, interview expectations, site review, and out briefing on the final day.

The PREA Compliance Manager provided the auditor with a current inmate alpha roster, and this roster included 433 inmates. The current staffing roster included 119 staff, 60 contractors, and 51 volunteers. The shift activity reports for the last 60 days were provided by the PREA Compliance Manager. All additional documents were reviewed by the auditor and included the following: specialized staff and targeted inmate population reports, a private work station with printer access, facility audit logs for the past 30 days, a list of 35 grievances submitted within the past 12 months, 14 incident reports for the past 12 months, 14 allegations of sexual abuse and sexual harassment reported within the past 12 months, and 11 hotline calls made during the past 12 months. The PREA Compliance Manager provided 17 investigative files for review, and all 17 investigative files reviewed resulted in unfounded complaints. The auditor reviewed the 2015 PREA audit report to determine areas of concern regarding credibility assessments during the investigative process and monitoring for continued compliance within this standard. Further discussion regarding this topic is documented within standard 115.71. There are no cases currently in progress or under criminal or administrative review. The inmate grievance system was reviewed, and no inmates utilized the inmate grievance system to report an allegation of sexual assault, sexual abuse, or sexual harassment in the last 12 months. Inmate random and informal interviews confirmed no incidents of grievances being utilized as a reporting mechanism however, it is a provided option. The auditor reviewed 20 staff personnel files and verified 134 staff members received the annual PREA training in the past 12 months. The auditor reviewed 20 inmate classification files and 20 inmate medical files for compliance considerations. The audit methodology and selection process consisted of inmates and staff indicated in facility incident reports, allegations of misconduct, and specialized staff and targeted inmate populations. The auditor spoke with the facility staff regarding arrangements to interview the SANE staff at the St. Mary's Hospital and contacted the provided numbers on two occasions. The auditor was not able to interview the SANE staff at the St. Mary's Hospital. The auditor interviewed the staff at the YWCA regarding any allegations of sexual misconduct at the facility and no reports of allegations were reported to this local support group. The YWCA staff indicated they would provide the necessary support at the St' Mary's Hospital during the sexual assault examination and confirmed the Memorandum of Understanding regarding advocacy. The auditor reviewed the MOU for the YWCA and the St' Mary's Hospital Sexual Assault Nurse Examiner.

The facility provided a private area for conducting formal interviews with staff and the inmate interviews were conducted in medical, housing area interview rooms, and classrooms. The selection process for conducting the inmate interviews consisted of utilizing an inmate alpha roster that is organized by

housing unit, and bed assignment. The auditor methodology for selecting the random inmate interviews involved inmates from all living units, PREA education dates, odd number listings, age, and length of stay. The selection process for random staff consisted of staff members from each shift, department, sworn and non-sworn staff, multiple roles, post locations, job titles, and time of service. A total of 34 interviews were conducted with the inmate population and these consisted of the following: 25 random inmates, 2 inmates identifying as transgender, 2 inmates identifying as LGBTI, 2 limited cognitive disabilities, 1 limited English proficiency, 1 hard of hearing, and 1 with a physical disability. The auditor also conducted 19 informal inmate interviews throughout the site review. The informal interviews supplied the auditor with the knowledge regarding 1 hard of hearing inmate and 1 inmate with a physical disability. No youthful inmates were available for interview as the facility does not house youthful offenders. No inmates were identified in segregated housing for high risk of sexual victimization. No inmates were currently at the facility that reported prior sexual abuse or victimization during the risk screening. No victims of sexual assault were available during the on-site visit as this facility has not reported any allegations in the past 12 months.

The staff interviews consisted of 44 total interviews: 13 random staff interviews, 1 Contract Mental Health Director, 2 segregated housing staff, 2 incident review team staff, 3 first responder staff, 2 volunteers, 3 victim advocacy services, 3 intermediate staff, 1 staff that screens for victimization and abusiveness, 1 PREA Coordinator, 1 PREA Compliance Manager, 4 contract staff, 1 contract Health Services Administrator, 1 intake staff, 1 Agency Head, 1 investigative staff, 1 facility Superintendent, 1 agency contract administrator, 1 Human Resource staff, 2 volunteers that have contact with inmates, 2 victim advocacy volunteers, and 1 staff designated to monitor retaliation. There were no staff interviewed regarding cross gender strip or visual searches due to this practice not being authorized or performed in the past 12 months. The informal staff interviews indicated training received regarding the proper procedures for conducting searches, exigent circumstances for conducting the searches, and efforts to enhance safety when performing searches such as utilizing the back of the hand. The staff interviews indicated no cross-gender searches have been conducted in the past 12 months. The auditor conducted 13 informal staff interviews throughout the site review and this assisted with identifying specialized staff for interviews such as the staff that monitor retaliation.

The facility site review was provided by the PREA Compliance Manager on the last day of the on-site review. The facility design consists of the following: 7 multiple occupancy housing units, 5 open bay housing units, 3 single cell units, 7 recreation areas, 2 multi-purpose rooms, programs, commissary, medical, library, master control, intake, vehicle sally port, records, property, main lobby, kitchen, maintenance, staff exercise room, staff break room, staff training room, and administration. The site review provided additional opportunities to conduct informal interviews with staff and inmates. The site review lasted approximately 3 hours and the guide provided access to all areas within the facility. During the site review the observation consisted of looking for blind spots and the laundry area was identified as a potential blind spot. Enough video monitoring equipment was available within this area and the auditor viewed the footage in the master control center. The overall level of supervision of the inmate population was assessed and the physical plant was observed in relation to the documented facility blue prints. The auditor observed the activities associated with dayshift operations and night shift movements to include supervision practices, staff to inmate ratios, post assignments, video monitoring equipment, inmate activities, and housing unit dayroom practices. The facility master control staff provided an overview of all video monitoring equipment, camera placements in the facility, observations of PREA related materials posted in intake, reception, medical and inmate living units. The auditor notice was confirmed and verified through staff and inmate interviews. The auditor observed supervisors conducting unannounced rounds and observed cross gender announcements made and documented in the logbooks. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains, restroom barriers, and private

camera placements throughout the facility. The auditor observed the roll call briefing for night shift and witnessed facility count and inmate movements being conducted. The auditor verified the staffing plan associated with each shift and confirmed the current staffing levels of 129 staff. The auditor observed staff during the booking process performing intake procedures, utilizing the screening instrument, verifying the classification process, providing the inmate with the PREA handout, and the auditor watched the PREA video for clarity. The PREA video described the facility zero tolerance policy, methods of reporting, detection, response, and methods to avoid manipulation that may lead to abuse. The auditor utilized the PREA hotline and observed PREA information posted throughout the facility. The inmate and staff records are stored electronically, and access is limited requiring the I.T. Manager approval. Inmate phones are in all the inmate living areas and intake section of the facility. An external reporting mechanism is available to the inmate population by dialing #8 on the phone system. This system is designed to allow inmates to report allegations of sexual abuse or sexual harassment to the Meherrin River Regional Jail PREA Coordinator. The MRRJ PREA Coordinator will contact the PRJ PREA Compliance Manager regarding the allegation for investigation. The auditor tested this system and left a message on the provided hotline. The PREA Compliance Manager confirmed the facility response. The hotline is provided in both English and Spanish and the facility offers a language line for diverse populations and interpreting. The facility utilizes the KIOSK system to report grievances and the informal inmate interviews indicated knowledge of utilizing this system in both Spanish and English. The facility appears to be well managed by staff and all interactions were professional and respectful. The staff and inmates appeared supportive of the facility's PREA efforts and education requirements.

The exit briefing was conducted with the following staff present: Assistant Superintendent, PREA Coordinator, PREA Compliance Manager, Administrative Internal Affairs Lieutenant, Senior IT Technician, Shift Lieutenant, Shift Sergeant, Maintenance Facility Manager Lieutenant, Support Services Sergeant, Maintenance Fire Safety, and the Health Services Administrator. The auditor provided a power point overview that included the following topics: positive reinforcement and compliance considerations, recommendations and areas of improvement, recommendations and areas of concern, wrap-up, and a final thought. The command staff provided an overall discussion regarding corrective action plans and the auditor authorized a thirty-day time frame to provide documentation necessary to satisfy compliance. The auditor explained the requirements for development of the interim report and provided the time frame associated with auditor compliance. The facility understands the auditor has 30 days to submit an interim report to the PREA Resource Center for review and an additional 30 days to submit the final report and completion of the audit.

Post Audit Phase:

The facility PREA Coordinator provided the necessary documentation to satisfy the recommendations during the on-site review. The specific standards provide additional information relative to auditor recommendations. The auditor reviewed all supporting revisions, documents, investigation reports, training materials, and policy changes during the post audit review. The auditor conducted a phone interview with the facility Superintendent, and Mental Health Director. The auditor verified all corrective action efforts and continued preparation of the interim report. On August 5, 2018, the auditor contacted the Hanover Safe Place (outside advocate) for the Pamunkey Regional Jail and was provided helpful suggestions, therapeutic intervention, explored options, and interviewed the after-hours provider. The auditor and PREA Coordinator continued electronic communications on August 6-10, 2018, and finalized the implementations and recommendations associated with compliance. The Pamunkey Regional Jail demonstrated all corrective action procedures and practice – based on the audit requirements and additional discussion is documented in each specific standard.

Facility Characteristics

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

The Pamunkey Regional Jail is located at 7240 Courtland Farm Road, Hanover, Virginia 23069. The Pamunkey Regional Jail is located near the Hanover County landfill and the public park on Route 301 between Fredericksburg and Richmond Virginia. The Pamunkey Regional Jail Authority is comprised of the Counties of Caroline and Hanover, and the Town of Ashland. The facility has 127,000 square feet, 519 beds, consisting of 451 general-purpose beds, a 24-bed work release center, a 6-bed medical housing unit, and 38 special management cells. The county economic report states a future expansion to accommodate a total inmate population of 665 and no timeline was offered within the report. The facility became operational on March 1, 1998 and houses inmates for the Virginia Department of Corrections.

The Pamunkey Regional Jail is a co-ed minimum, medium, and maximum-security facility and provides direct and in-direct supervision for all inmates. The total inmate population is 519 inmates and the total population on the day of the on-site review was 433. This consisted of 376 males and 57 females, 255 in multiple occupancy housing units, 149 in open bay housing units, 23 in single cell housing units, 1 in a medical cell, and 5 in intake. The age range of the population is 18-81 as the Pamunkey Regional Jail does not house youthful offenders. The average length of stay at the time of the audit was 14.8 days. The current staffing levels on the day of the audit consisted of 119 staff members, 60 contractors, and 51 volunteers.

The facility design consists of the following: 7 multiple occupancy housing units, 5 open bay housing units, 3 single cell units, 7 recreation areas, 2 multi-purpose rooms, commissary, medical, library, master control, intake, vehicle sally port, records, property, main lobby, kitchen, maintenance, staff exercise room, staff break room, staff training room, administration, barber shop, law library, medical infirmary, and 2 negative pressure cells designed to house inmates with highly contagious conditions. The facility describes the operational design as state of the art with Inter-Office Communications Link, Digital Optical Fingerprint Capture Machine, Video Imaging System, and a sophisticated Computer Network System. The facility contains a centrally located control center and all doors throughout the facility are controlled and operated by the officer assigned. This is performed via cameras, intercoms, electronic locks, and emergency keys by a 24-hour staff monitoring system. There are 112 cameras placed throughout the facility at various locations and mounting brackets. The video monitoring equipment is positioned in specific locations for the control operators to view, includes touch screen monitors, and a complete access recording workstation. The following areas are available for view: sally port areas, employee break room, main lobby, parking lot, laundry, property room, booking area, medical areas, recreations yards, dayroom areas, visitation booths, and food service. The staff must pass through a secure officer work station, receive a pat down or wand by security staff, and pass through the metal detector to enter the facility. The facility armory is located outside the secure area of the facility. The Shift Commander inventories the armory daily and has authority to issue items from the armory. The maintenance warehouse is operated by a maintenance supervisor and 3 maintenance officers. All 4 of these staff members are sworn employees. The Magistrate maintains an office adjacent to the booking area with public access outside the secure perimeter. The administrative offices, training, and staff lounge are not accessible by the community and access is monitored by an

intercom system and control booth access. The security staff are provided electronic access through card systems, video confirmation, and voice response. The facility provides high grade fencing and barb wire to control the outside perimeter and the facility firearms qualification range is off site. The facility provides a highly trained emergency response team and training is conducted monthly.

The facility provides 24-hour contracted medical care and is equal to the level of care provided within the community. This includes complete medical, dental, mental health care, and the emergency services are provided by the St. Mary's Hospital and Bon Secours Medical Center. The St. Mary's Hospital provides the Sexual Assault Nurse Examiner duties and the facility has an MOU on file with this facility. The Hanover Safe Place provides the confidential victim support services and the auditor viewed an MOU on file with this agency. The commissary services are provided by trained contractors and security supervision. The facility offers numerous programs and provides PREA trained volunteer services. These programs include Alcoholics and Narcotics Anonymous, Educational programs, computer classes, the McShin Foundation, Hanover Safe Place, Religious Services, and contracted food service.

The second floor of the facility is utilized for public visitation and each living unit offers the visitation on the second floor. All the visitation booths are monitored by cameras and no one under 18 can visit unless accompanied by the parent or legal guardian. The visitors must show a picture ID and are screened prior to being authorized a visit. The visit consists of 30 minutes and the inmates are allowed one regular visit per day and a maximum of 2 visits per week. This information is posted on the facility website for review. Professional visitation is offered by appointment and all visitation is monitored by the officer working the front entry.

Supervisors conduct rounds and inspections in the facility twice daily. The shift commander office is located within the master control section of the facility and this section is maintained by 24 -hour full-time sworn security staff coverage. The auditor always viewed 2 control operators in the control center, 1 male and 1 female staff member, and the cameras were inspected to ensure compliance with cross gender viewing. No inmate showers, toilets, or changing areas were viewed by cross gender staff. The security staff are required by Virginia Code to conduct two rounds per hour within the inmate living areas. The auditor reviewed logbook entries, and rounds verification reports indicating compliance within this standard.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 1

115.17

The steps considered by the facility to ensure the sexual safety of the inmates with qualified staff is exceedingly impressive. In addition, the staff must submit to a polygraph exam and the sexual assault

and sexual harassment questions are included within the polygraph exam. The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver's license, personal interview, proper documentation provided, Local Inmate Data System review, social security number compliance, polygraph exam, jail certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Coordinator provided documentation demonstrating a criminal history and driver history inspection was previously conducted for all staff on July 5, 2018. The PREA Coordinator confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review.

Number of Standards Met: 44

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

Number of Standards Not Met: 0

0

Summary of Corrective Action (if any)

The following corrective action recommendations were provided during the on-site review and all corrections have been made within the 30-day post audit phase. The result is full compliance toward all the documented standards. Below is a brief synopsis of the auditor findings and facility corrective measures. Additional information is provided within each individual standard as well as other standards that associate with those documented below.

115.13 Supervision and Monitoring - The on-site review indicated the supervisory rounds are being conducted however they are not consistently documented as unannounced. A memo was distributed to all supervisory staff to log all unannounced rounds in the following manner: Rank, Name, on post conducting unannounced supervisory rounds at this time. This procedure is effective immediately and will be spot checked by the security captain and major.

The PREA Coordinator provided documentation to this auditor at the end of the on-site review to satisfactorily comply with the new procedure and included rounds documentation, rule activity reports, and facility audit logs for all shifts. The auditor reviewed the rounds documentation logs, rule activity reports, and the facility logs for all shifts and concluded the new practice is being implemented. The staff member rank, name, and comment are being conducted. This practice is being performed on all shift assignments, shift commanders and housing supervisors are utilizing this method, and the auditor obtained a clear understanding the policy matches the procedure. The documentation indicated review by the security captain and the major during the command staff inspections.

115.22 Policies to ensure referrals of allegations for investigations - This auditor reviewed all 17 investigative reports and determined the lack of a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews however, they were not documented within the reports. This auditor provided recommendations to the investigative staff for future implementation and the reports were revised during the on-site review. The credibility assessment section was added to the investigation report template. The credibility

assessment included the following criteria: staff and inmate discipline history, current and previous criminal history, prior allegations reported, prior grievances, post assignments, evaluations, reports, phone logs, visitations, and performance appraisals. The facility PREA Coordinator implemented a change in the reporting structure to include documented credibility assessments within the report. Facility policy 9A-08, page 32 requires the credibility of an alleged victim, suspect, or witness to be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. The facility PREA investigator was provided training regarding the documentation of credibility assessments and the auditor received copies of the training roster. Since the conclusion of the on-site review, critical steps have been considered by the facility to include the credibility assessments within the final report. This auditor reviewed a PREA investigation report submitted by the PREA Investigator on August 11, 2018. The report included information regarding an unfounded anonymous complaint. The investigation was conducted immediately by the PREA Investigator, the credibility assessments were documented for staff and inmates.

115.31 Employee Training - Improvements were identified within the RELIAS tracking mechanisms and the facility initiated a plan of action to incorporate the training in the first quarter of the year. At the end of the first quarter, a report will be provided to the PREA Manager demonstrating satisfactory compliance and employee roster comparisons. The remaining staff will be notified, and the supervisor will ensure the training has been received.

Staff random and informal interviews indicated limited knowledge regarding the dynamics of sexual abuse and harassment. The training curriculum confirmed the training was received and included all essential elements associated with the dynamics of sexual abuse and harassment such as: victimization history, sexual activity continuum, inmate culture, and red flag indicators. However, the interviews indicated limited knowledge of these topics and the facility developed an action plan to increase the knowledge base. The staff will review the facility policy 9A-05 on a semi-annual basis during roll call. A training roster will be documented and tracked by the supervisors to ensure compliance and understanding. The PREA Coordinator provided signed training rosters, written tests, and the training curriculum to this auditor ensuring the training was received at the end of the on-site review.

The staff random and informal interviews indicated limited ability to properly identify the PREA Manager, PREA Investigator, and the PREA Coordinator as the PREA Manager was identified as all three. The facility organizational chart will be reviewed during the initial orientation to ensure proper identifications and the PREA Coordinator provided written documentation to this auditor ensuring the training was received at the end of the on-site review.

The employee training roster received an update during the pre-audit phase, to include a signature statement regarding employees fully understand the training they received. The auditor verified the new forms are being utilized during the on-site review.

115.34 Specialized Training: Investigations - All the investigations reviewed were conducted by 1 PREA investigator. The facility spreadsheet used to track the investigations listed shift supervisors as the investigator, but this was not correct information. The shift supervisors gather the information and the certified PREA investigator conducts the investigation. The information gathered by the shift supervisors includes personal data information, location, photos, and concerns for immediate safety. This practice was corrected during the on-site review and the new tracking mechanism was reviewed by this auditor. Confirmation was made within all investigative documents, and confirmed during the investigator interview, the PREA investigator conducted all the investigations.

115.41 Screening for risk of victimization and abusiveness - Concerns were identified and conveyed to the PREA Coordinator regarding the PREA Initial Intake Screening form. The information was found to be incorrect, blank, or unknown in 5 of the files reviewed. This prompted corrective action by the PREA Coordinator to ensure this document was completed properly. This was corrected during the post audit phase to include a revision of the quality control assurance and initial booking checklists as supervisory approval has been added to ensure the questions have been answered completely. Samples were provided to this auditor during the post audit phase and full standard compliance.

115.81 Medical and mental health screenings; history of sexual abuse - During the medical file review 2 inmates reported experiencing prior victimization while in the community and no inmates reported experiencing prior victimization while in a facility. The file review indicated 1 inmate listed on the Virginia Sex Offender Registry, but the prior sexual abuse screening was not accurate as the responses were reported as unknown. The inmate interview indicated no mental health follow-up review was offered but a 30-day mental health review was offered and denied. Only 2 of the inmates were offered the follow-up mental health referral and denied. A medical refusal for treatment was completed and the inmate's signatures verified. The facility offered a plan of action to ensure when an individual enters the facility, there are now several questions on the intake medical screening that refer to the PREA assessment. These questions are the following: In the past 5 days have you been a victim of sexual assault or physical abuse, would you like to speak to a Mental Health Professional about past sexual abuse, and have you ever perpetrated sexual assault or physical abuse. If these questions receive a yes response an urgent or routine mental health referral is required. A notification email will be produced and submitted to the PREA Compliance Manager, PREA Coordinator, Health Services Administrator, and the Mental Health Director to ensure the 14-day follow-up is offered. This new procedure was verified during the post audit and email verifications submitted by the PREA Coordinator.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility PREA policy 9A-03, page 6, mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The facility policy 9A-03, page 6-8 describes the approach toward prevention, detection, and response to all forms of sexual abuse and sexual harassment. This policy includes definitions of prohibited behaviors on 9A-03, page 5-6, and these include definitions for sexual abuse and sexual harassment. Policy 9A-09, page 34 explains the presumptive approach toward staff who engage in sexual abuse will be termination and prosecution referral. Policy 9A-09, page 35 describes the corrective action measures for contractors, volunteers, and referrals to law enforcement. Facility policy 9A-09, page 35-36 includes disciplinary sanctions for inmates found to have participated in all forms of sexual abuse or sexual harassment. Policy 9A-03, page 6 includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of inmates such as, architectural design, direct supervision 24/7, central control staff, roving staff, and video monitoring equipment. Training provided for all inmates, staff, volunteers, and contractors, and education on the duties and responsibilities toward prevention, detection, and response procedures. Facility policy 9A-05, pages 16-18, provides employee, volunteer, detainee, contractor, inmate worker, and inmates training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs the staff how to fulfill their responsibilities toward prevention, detection, reporting, and response.

The agency employs an upper-level, agency wide PREA Coordinator and designates one PREA Compliance Manager. The PREA Coordinator position reports directly to the Superintendent and this position is in the facility organizational chart (Major Operations and Support Division Director/PREA

Coordinator). The PREA Compliance Manager reports directly to the PREA Coordinator and this position is in the facility organizational chart (Sergeant Standards and Accreditation/PREA Manager).

Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed sufficient time and authority to develop, implement, and oversee the jail efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and very knowledgeable. Interviews conducted with staff, inmates, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager were always accessible throughout the auditing process, responded to emails and phone calls immediately, and arranged a weekly pre-audit questionnaire meeting during the pre-audit phase.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Pamunkey Regional Jail does not contract with other entities for the confinement of inmates. The auditor confirmed this statement during the facility Superintendent interview and referenced the 2015 PREA audit report.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the 2018 facility-staffing plan, (developed and documented), indicates 113 current sworn positions, 22 civilian positions, 3 open Correctional Officer positions (sworn) and 4 frozen (sworn) Correctional Officer positions. The facility contains a centrally located control center that provides 24-hour staff monitoring. There are 112 cameras placed throughout the facility. The video monitoring equipment, positioned in specific locations for the control operators to view, includes touch screen monitors, and a complete access recording workstation. The current staffing plan and video monitoring system is adequate for the protection of inmates from sexual abuse, with no blind spots recognized. There are adequate security staff levels for each shift, support staff, administrative staff, maintenance staff, and management.

The factors considered in the development of this staffing plan includes, generally accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the inmate population averaged 423 inmates and the facility-staffing plan predicated to include 495 inmates. The staffing plan provides adequate supervisory coverage in correlation with the inmate and staff compositions. All programming activities are during dayshift hours and the facility provides additional staff to accommodate these needs. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily activity reports. The elements of State, Local Law, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. There were no substantiated or unsubstantiated incidents prior to the review of the current staffing plan. On April 12, 2018, the PREA Coordinator reviewed the staffing plan with the facility Superintendent. The document provided indicated the previously mentioned factors discussed within this meeting. The PREA Coordinator confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The facility Superintendent confirmed throughout the interview the staffing plan requirements and discussions with the PREA Coordinator. The interview indicated full compliance with the provisions of this standard.

Policy 9A-03, page 6 informs staff regarding supervisor unannounced rounds throughout the facility to deter sexual abuse or sexual harassment on each shift. Policy 9A-03, page 6 also includes staff are prohibited from alerting other staff members regarding the supervisor rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted however they are not consistently documented as unannounced. A memo was distributed to

all supervisory staff to log all unannounced rounds in the following manner: Rank, Name, on post conducting unannounced supervisory rounds at this time. This procedure is effective immediately and will be spot checked by the security captain and major.

The PREA Coordinator provided documentation to this auditor at the conclusion of the on-site review to satisfactorily comply with the new procedure and included rounds documentation, rule activity reports, and facility audit logs for all shifts. The intermediate staff interviews, random and informal staff interviews concluded the rounds are being conducted and documented appropriately. The interviews also indicated the staff requirements to announce cross gender presence within the living units and the random and informal inmate interviews confirmed this procedure is conducted on a routine basis. The auditor reviewed the rounds documentation logs, rule activity reports, and the facility logs for all shifts and concluded the new practice is being implemented. The staff member rank, name, and comment are being conducted. This practice is being performed on all shift assignments, shift commanders and housing supervisors are utilizing this method, and the auditor obtained a clear understanding the policy matches the procedure. The documentation indicated review by the security captain and the major during the command staff inspections.

This auditor reviewed the shift activity reports, note worthy emails, and the facility audit logs for the past 60 days. These forms of documentation provide the necessary information to determine written deviations within the staffing plan. The most common deviations appear to be staff vacations, call-outs, leave without pay, and the Family Medical Leave Act. The facility attempts to ensure all deviations are provided the necessary coverage through staff reassignments and overtime usage.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Pamunkey Regional Jail has not housed a youthful offender. Policy 9A-03, pages 10-11 specify PRJ has an agreement with the Rappahannock Regional Jail to house youthful offenders. Youthful Offenders are transported to the Rappahannock Regional Jail, directly from court, and classified by the Northern Neck Regional Jail staff. A youthful offender never enters the Pamunkey Regional Jail. This practice was confirmed during the interview process by the education and program staff and verified by the facility population analysis of age ranges for the past 12 months.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

115.15 (a)

Policy 9A-03, pages 10-11 indicate the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility has not conducted any cross-gender strip or visual body cavity searches of inmates in the last 12 months. This includes no searches that involved exigent circumstances or performed by non-medical staff. This was confirmed through random and informal interviews with inmates and staff.

115.15 (b)

Policy 9A-03, page 11 confirms the facility shall not permit cross-gender pat-down searches of female inmates, except in exigent circumstances. The facility shall not restrict female inmate's access to regularly available programming or other out-of-cell opportunities. The auditor observed female inmate movement to programming activities and female staff on post in the female housing unit. The facility Superintendent confirmed no pat-down searches of female inmates performed by male staff to include exigent circumstances in the last 12 months.

115.15 (c)

Policy 9A-03, page 11 confirms the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of female inmates. The auditor was not informed of any incidents through random inmate and staff interviews. The facility would utilize an incident report to document all cross-gender strip searches, body cavity searches, and pat down searches of female inmates.

115.15 (d)

Policy 9A-03, page 11 explains the facility shall implement policies and procedures that enable 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. The site review did not indicate any areas of the facility that allow staff of the opposite gender to view inmates within these listed capacities. The facility offers inmate shower curtains that do not create blind spots, half walls to protect from viewing during restroom functions, and mirrors that do not affect privacy. Informal interviews with staff and inmates did not indicate viewing of this nature. No video monitoring equipment was identified to be positioned to allow for cross-gender viewing in this capacity.

115.15 (e)

The auditor reviewed 2 transgender viewing incident reports and determined the file reviews and interviews indicated no further precautionary results were determined. This behavior was related to incidental routine duties, and the facility did not examine for the sole purpose of determining the inmate's genital status. Policy 9A-03, page 11 strictly forbids this practice for both transgender and intersex inmates, and if the genital status is unknown, the information will be obtained during inmate conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The Health Services Administrator confirmed this practice is prohibited during the interview process.

115.15 (d)

Policy 9A-03, page 11 also indicates a procedure for staff of the opposite gender to announce their presence when entering an inmate-housing unit. This practice was observed throughout the facility site review as staff announced their presence and documented this action in the unit logbooks.

115.15 (f)

Policy 9A-05, page 17 indicates all sworn staff are trained to conduct proper pat down searches on inmates to include cross-gender searches. The training curriculum consists of a power point provided by the National PREA Resource Center, The Moss Group, Inc., and the Bureau of Justice Assistance U.S. Department of Justice titled, "Guidance in Cross-Gender and Transgender Pat Searches". This auditor reviewed 20 staff training files and found no discrepancies within these documents. Formal and informal interviews with staff indicated knowledge of the training and verbal demonstrations regarding proper conduct such as utilizing the back of the hand to conduct the pat-down search.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 9A-03, page 12 indicates the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing inmates, blind or having low vision, inmates who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficient.

Policy 9A-03, page 12 describes the facilities use of interpreters, detainee readers, or other types of assistants. The use of inmate interpreters is prohibited except in limited circumstances, where an extended delay in obtaining an effective interpreter could compromise the inmate's safety or limit the performance of the first response duties and investigations.

The facility provides interpreter services with a language line service known as Certified Languages International. This company also requires its interpreters to undergo a medical interpreter credentialing process. A PREA hotline number is available on the inmate phone lines and this service is available for inmates with limited reading skills. This auditor tested the number during the on-site review and an immediate response was provided. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. The inmate handbooks are written in both English and Spanish formatting.

Staff training files reviewed indicated training received for managing inmates at risk of sexual abuse. Staff formal and informal interviews did not reveal any reports of utilizing inmate interpreters for incidents of sexual assault or sexual harassment. Interviews conducted with inmates with documented physical disabilities, sensory disabilities, limited English proficiencies, and cognitive disabilities did not reveal concerns regarding this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 9A-03, page 13 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who engaged, been convicted, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

Policy 9A-03, page 13 requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Policy 9A-03, page 13 indicates prior to hiring new employees who may have contact with inmates, criminal background records checks and efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse is completed. This auditor spoke with the human resources staff and determined 36 criminal background records checks completed in the past 12 months. These record checks were through the Virginia Criminal Information Network, and all current staff background checks are performed prior to employment. In addition, 31 background checks completed for staff covered under contracts for services that may have contact with inmates.

Policy 9A-03, page 14 indicates criminal background checks conducted on all current employees, volunteers, and contractors, at least every 5 years. This was confirmed during the human resources staff interview. All applicants and employees, who may have contact with inmates, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. Employees must disclose any such misconduct. Any material omission or false information regarding misconduct will be grounds for termination. Policy 8A-13, page 20 explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, 20 staff files were reviewed, and no issues determined regarding this practice.

In addition, the staff must submit to a polygraph exam and the sexual assault and sexual harassment questions are included within the polygraph exam. The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid drivers license, personal interview, proper documentation provided, Local Inmate Data System review, social security number compliance, polygraph exam, jail certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Coordinator provided documentation demonstrating a criminal history and driver history inspection was previously conducted for all staff on July 5, 2018. The PREA Coordinator confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review. The steps considered by the facility to ensure the safety of the inmates with qualified staff is exceedingly impressive.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility policy 9A-03, page 14 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The Superintendent confirmed no substantial expansions were performed within the last 12 months.

Facility policy 9A-03, page 14 indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The facility performed modifications and upgrades to the video monitoring equipment within the last 12 months. This included installing additional monitors in the control center, video quality retainment, and additional camera placements throughout the facility. The facility superintendent confirmed this process was performed to improve the sexual safety of the facility in accordance with the PREA standards. Security inspections identified potential blind spots and the upgrades to the video monitoring equipment provided the assistance necessary to eliminate these concerns. The site review demonstrated the quality of the improvements as this auditor viewed the additional monitors in the control center and the camera placements are consistent with inmate privacy considerations. There are designated black dots utilized for inmate restroom privacy and the camera placements did not indicate any concerns

regarding cross gender viewing. The physical plant inspection did not indicate any additional concerns with blind spots and staff to inmate ratio is apparent within designated areas.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pamunkey Regional Jail is responsible for conducting administrative sexual abuse and sexual harassment investigations only. The Hanover County Sheriff's Office has the responsibility for conducting criminal abuse investigations. The Hanover County Sheriff's Office utilizes Administrative Order AO 42-2, Sexual Assault Complaints and Related Evidence, as the uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. The Hanover County Sheriff's Office protocol AO22-2, Sexual Harassment and Discrimination, is the standard utilized when conducting sexual harassment and discrimination investigations. These evidence-based protocols are appropriate for youth as AO 42-2, page 2 explains, if the alleged victim is under 18 years of age, the Child Protective Services will be notified immediately of the situation. The Pamunkey Regional Jail does not house youthful offenders.

The facility offers all inmates who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. Policy 9A-04, page 14 advises the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. The Pamunkey Regional Jail has a Memorandum of Understanding with Bon Secours Richmond Health System to provide the following services: RHART Advocate on site, caring response, conduct medical/forensic examinations, collaborative care, and case review as requested. No forensic medical exams were performed by SAFE/SANE, or qualified medical practitioner during the past 12 months. Attempts to contact the Director of Forensic Nurse Program at the Bon Secours Richmond Health System was unsuccessful. This auditor reviewed the facility MOU and confirmed with the PREA Compliance Manager during the interview. The auditor spoke with the facility staff regarding arrangements to interview the SANE staff at the St. Mary's Hospital and contacted the provided numbers on two occasions. The auditor was not able to interview the SANE staff at the St. Mary's Hospital. The auditor interviewed the staff at the YWCA regarding any allegations of sexual misconduct at the facility and no reports of allegations were reported to this local support group. The YWCA staff indicated they would provide the necessary support at the St' Mary's Hospital during the sexual assault examination and confirmed the Memorandum of Understanding regarding advocacy. The auditor reviewed the MOU for the YWCA and the St' Mary's Hospital Sexual Assault Nurse Examiner. The Health Services Administrator confirmed during the interview process the Memorandum of Understanding with the St. Mary's Hospital to perform the Sexual Assault Nurse Examinations. No examinations have been conducted within the last 12 months.

Policy 9A-04, page 14 advises the facility shall attempt to make available to the victim a victim advocate from a rape crisis center. Pamunkey Regional Jail has a Memorandum of Understanding with the Hanover Safe Place to offer the following free and confidential services: 24-hour telephone crisis intervention, advocacy at hospitals for forensic programs, counseling, advocacy, information, and referrals. The Hanover Safe Place offers on-site counseling programs on a volunteer weekly basis. These programs include healthy relationships, parenting classes, and actively engages the population to reduce recidivism. The Director of Community Engagement and Volunteer Services and an intern for the Hanover Safe Place was interviewed. These volunteers indicated the RHART program is linked with six local hospitals in the Richmond area and provide on-call staff to offer the support and advocacy

upon request. However, confidentiality concerns were discussed, and mandatory reporting training added to the volunteer curriculum. The facility PREA Manager confirmed this process during the interview and this auditor reviewed a copy of the MOU. All volunteer advocates complete a background screening prior to being approved for services, and this was confirmed by the PREA Manager. During the post audit phase, documentation was provided by the PREA Coordinator to ensure future volunteer mandatory reporting requirements. The facility updated page 12 of the volunteer handbook to include the staff member required to receive the report of an allegation. Page 16 of the volunteer handbook was also updated to require the volunteer to provide signature indicating they have read, understand, and comply with the PRJ PREA policy. The Volunteer/Contract Staff Sexual Misconduct form has been revised to include mandatory reporting requirements when inmates report allegations of sexual abuse or sexual harassment. To ensure future training requirements, the volunteer policy has also been added to the semi-annual Life, Health, and Safety books for signature by the volunteer.

The Pamunkey Regional Jail medical staff complete the National Institute of Corrections training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting training. Certificates were reviewed for all medical staff and all training was verified. The Hanover Safe Place poster was identified in all housing units, intake, and medical sections of the facility. This poster identified the 24-hour services offered by the agency, advocacy and case management, and hospital accompaniment. A 24-hour hotline number is included for all inmate access and is also included in the inmate handbook, intake PREA information, and the facility KIOSK. The intake information provided to the inmates upon arrival was updated to include the Hanover Safe Place contact information during the on-site review.

The Pamunkey Regional Jail entered a Memorandum of Understanding with the Hanover County Sheriff's Office to conduct criminal investigations of sexual abuse, sexual assault, and sexual harassment. The Pamunkey Regional Jail will conduct parallel administrative investigations if the accusation involves a staff member, volunteer, or contractor.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The Pamunkey Regional Jail PREA policy 9A-04, page 15-16 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 9A-04, page 16 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Pamunkey Regional Jail has entered a Memorandum of Understanding with the Hanover County Sheriff's Office to conduct these investigations. This notification policy is posted on the facility web site and the procedures for reporting allegations.

The facility reported 7 inmates on inmate allegations in 2017 and 1 inmate on inmate allegation in 2018. All 8 of these allegations were investigated and documented as an unfounded allegation. The facility reported 9 staff to inmate allegations in 2017 and 0 staff to inmate allegations in 2018. All 9 of these allegations were investigated and documented as an unfounded allegation.

This auditor reviewed all 17 investigative reports and determined the lack of a documented credibility assessment. The considerations for credibility were included and discussed throughout the investigative staff interviews however, they were not documented within the reports. This auditor provided recommendations to the investigative staff for future implementation and the reports were revised during the on-site review. The facility PREA Coordinator implemented a change in the reporting structure to include documented credibility assessments within the report. Facility policy 9A-08, page 32 requires the credibility of an alleged victim, suspect, or witness be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. The facility PREA investigator was provided training regarding the documentation of credibility assessments and the auditor received compliance documentation during the post audit phase.

The investigative reports indicated several reporting mechanisms utilized by the inmates such as notifying the staff, grievance mechanisms, facility KIOSK, medical staff, and the PREA tip line. The PREA Investigator interview indicated no referrals reported to the Hanover County Sheriff's Office for prosecution and all allegations are investigated. The interview with the agency head provided guidance for prosecution referral, communication with the Hanover County Sheriff's Office, and open communication with staff and inmates. The agency head indicated all allegations are investigated and referred if necessary for prosecution. No inmates reporting sexual abuse were available for interviews due to previous release, however 3 random inmate interviews confirmed utilization of the hotline by mistake. The inmates may dial #8 on the phone to report an allegation. All 3 random inmate interviews advised the PREA investigator investigated and documented the findings as accidental.

Since the conclusion of the on-site review, critical steps have been considered by the facility to include the credibility assessments within the final report. This auditor reviewed a PREA investigation report submitted by the PREA Investigator on August 11, 2018. The report included information regarding an unfounded anonymous complaint. The investigation was conducted immediately by the PREA Investigator, the report included all essential elements required within the standard, the credibility assessments were conducted for staff and inmates, and staff actions were considered within the final report. This documentation provided the necessary requirements to ensure compliance.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

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Policy 9A-05, page 16 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. Random staff interviews indicated significant knowledge regarding the zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response.

This auditor reviewed the staff training curriculum to include, rosters, power points, briefing rosters, lesson plans, and the Relias on-line training program. This program is an interactive testing software and specifically designed to provide the PREA training elements listed in 115.31 (a) 1-10. The facility trained 127 staff members in the last 12 months and provided roll-call training rosters demonstrating PREA training across all shifts. The training is tailored to the gender of the inmates at the facility to include male and female inmates and staff. The facility utilizes the National PREA Resource Center, The Moss Group, and the Bureau of Justice Assistance U.S. Department of Justice Guidance in Cross-Gender and Transgender Pat Searches power point within their training curriculum. This auditor interviewed an inmate that identified as transgender and indicated no discrepancies associated with the facilities response to searches.

Improvements were identified within the RELIAS tracking mechanisms and the facility initiated a plan of action to incorporate the training in the first quarter of the year. At the end of the first quarter, a report will be provided to the PREA Manager demonstrating satisfactory compliance and employee roster comparisons. The remaining staff will be notified, and the supervisor will ensure the training has been received.

Staff random and informal interviews indicated limited knowledge regarding the dynamics of sexual abuse and sexual harassment. The training curriculum confirmed the training was received and included all essential elements associated with the dynamics of sexual abuse and harassment such as: victimization history, sexual activity continuum, inmate culture, and red flag indicators. However, the interviews indicated limited knowledge of these topics and the facility developed an action plan to increase the knowledge base. The staff will review the facility policy 9A-05 on a semi-annual basis during roll call. A training roster will be documented and tracked by the supervisors to ensure

compliance and understanding. The PREA Coordinator provided written documentation to this auditor ensuring the training was received at the end of the on-site review.

The staff random and informal interviews indicated limited ability to properly identify the PREA Manager, PREA Investigator, and the PREA Coordinator as the PREA Manager was identified as all three. The facility organizational chart will be reviewed during the initial orientation to ensure proper identifications and the PREA Coordinator provided written documentation to this auditor ensuring the training was received at the end of the on-site review.

The employee training roster received an update during the pre-audit phase, to include a signature statement regarding employees fully understand the training they received.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility policy 9A-05, pages 17-18 explains the zero-tolerance standard and the facility also provides a volunteer and contractor handbook to all volunteers and contractors. This auditor reviewed the handbook and this information is provided on pages 12-15 and includes the zero-tolerance policy, requirements for preventing, reporting, detection, and response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training they have received.

The facility has trained 53 volunteers and 28 contractors in the last 12 months. The level of training provided is based on the services they provide and the level of contact they have with inmates. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional volunteer experience. Each volunteer and contractor are screened through the Virginia Criminal Information Network and the National Crime Information Center.

Three Armor contract medical staff were interviewed and provided information relating to the training received, handbook notifications, and background questionnaires. All three contractors were able to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. The inmate signs a consent form upon the initial intake screening and there are no documented concerns regarding limits to confidentiality. The Pamunkey Regional Jail medical staff complete the National Institute of Corrections training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting training. Certificates were reviewed for all medical staff and all training was verified.

The Director of Community Engagement and Volunteer Services and an intern for the Hanover Safe Place was interviewed. Confidentiality concerns were discussed, and mandatory reporting training added to the volunteer curriculum. The facility PREA Manager confirmed this process during the interview and this auditor reviewed a copy of the MOU. All volunteer advocates complete a background screening prior to being approved for services, and this was confirmed by the PREA Manager. During the post audit phase, documentation was provided by the PREA Coordinator to ensure future volunteer mandatory reporting requirements. The facility updated page 12 of the volunteer handbook to include the staff member required to receive the report of an allegation. Page 16 of the volunteer handbook was also updated to require the volunteer to provide signature indicating they have read, understand, and comply with the PRJ PREA policy. The Volunteer/Contract Staff Sexual Misconduct form has been revised to include mandatory reporting requirements when inmates report allegations of sexual abuse or sexual harassment. To ensure future training requirements, the volunteer policy has also been added to the semi-annual Life, Health, and Safety books for signature by the volunteer.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 9A-05, page 18 discusses the inmate education requirements and includes elements (a-f) within the policy. The intake officer described the inmates receive an initial PREA document upon arrival to the intake section. This document includes the facility zero tolerance policy, the inmates right to be free from sexual abuse, sexual assault, and sexual harassment and instructions for reporting an allegation by phone. The facility has set up a hotline number on the inmate phones by dialing the number 8. The auditor attempted this call during the on-site review and learned this process allows the inmate to contact the Meherrin River Regional Jail to report an allegation. The information will then be reviewed and forwarded to the PRJ PREA Compliance Manager for immediate investigation. The auditor reviewed the investigations conducted and several were dialed by mistake. The auditor presented a recommendation to update the process on the initial PREA document to include the Hanover Safe Place information and steps to consider when the inmate dials the number 8. This was corrected during the on-site review and updated in the inmate handbook.

The facility also proudly displays PREA posters and one is displayed in the intake section regarding zero tolerance. The facility provides a 16-minute PREA video to the inmates in intake prior to the medical screening, and this auditor reviewed the video for quality. The video was produced by Just Detention International and includes the information in English and Spanish. The video offers closed captioning for the deaf impaired. This video training is also provided to the inmate population and the staff are required to play the video daily during a facility wide schedule. Random and informal interviews with the inmate population demonstrated frustration from the inmates due to viewing the video so often, as one inmate described the process as "PREA to death". The housing unit staff are required to print an inmate roster and the inmates sign advising they understand the training they have received. The auditor sampled 28 inmate files indicating receipt of the PREA inmate document and

viewing the video within 30 days of arrival. The PREA Compliance Manager reported a total of 4457 inmates admitted during the past 12 months and 1262 of those inmate's length of stay exceeded 30 days. The average length of time under supervision for all the population is 14.8 days. This information was confirmed by the PREA Compliance Manager and the Information Technology Manager. This auditor reviewed a crystal report that was printed from the Offender Management System confirming the average length of stay.

There are several reporting methods provided to the inmates and this is discussed in the inmate handbook. KIOSK's are provided to the inmates for internal communication, staff members, grievances, Hanover Safe Place volunteers, and tablets. This auditor received a brief education session from an informal inmate interview regarding the use of the tablets and the KIOSK. The inmate was very helpful in demonstrating the process to the auditor. The PREA information, handout, and Hanover Safe Place information was posted on the wall near the phones in every inmate living unit. Posters are visual throughout the facility reminding inmates regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. Random and informal inmate interviews demonstrated PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility policy 9A-05, page 19 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The facility employs 3 staff members that are trained in conducting PREA investigations however, 1 staff member is the primary investigator. All investigations reviewed were conducted by 1 PREA investigator. The facility spreadsheet used to track the investigations listed shift supervisors as the investigator, but this was not factual information. The shift supervisors gather the information and the trained PREA investigator conducts the investigation. This practice was corrected during the on-site review and the new tracking mechanism was reviewed by this auditor. The tracking mechanism is an Excel spreadsheet that includes: name of the participants involved, case number, inmate number, date and time, shift supervisor, evidence collected by, and the investigator assigned. Confirmation was made within all investigative documents, and confirmed during the investigator interview, the PREA investigator conducted all investigations.

The PREA investigators completed training in 2013 that was presented by the Moss Group. This training titled, "Investigating Sexual Assault" provided the necessary elements required within this standard. This auditor reviewed the 126 page training outline and power points associated with this learning environment. Training certificates were also viewed for training received within the last 12

months by the RELIAS Learning titled, "PREA: Investigation Protocols". This training identified the seven PREA standards that apply specifically to investigating sexual abuse of inmates and demonstrated six critical investigative techniques and protocols of competent investigations. In addition, the primary PREA investigator is scheduled to attend Interview and Interrogation Technique Training in October 2018. The facility maintains records of all training received and is easily accessible for review.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 9A-05, pages 19-20 explains the facility policy, procedures, and practice associated with this standard compliance, and requires all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 20 contract medical staff that work regularly in the facility and the training records indicated all 20 have received the initial PREA orientation and specialized training. The specialized training is conducted by the National Institute of Corrections on-line PREA classes titled, "PREA, Behavioral Health Care for Sexual Assault Victims in a Confinement Setting", and "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting". The forensic medical exams are conducted at the St. Mary's Emergency Hospital and no facility staff are trained on conducting forensic medical exams. However, the facility maintains documentation demonstrating the medical and mental health practitioners have completed and understand the training received. The Health Services Administrator, Mental Health Director, and the Health Services Assistant were interviewed and provided direct knowledge regarding how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 9A-06, pages 20-21 explain the screening procedures for risk of victimization and abusiveness. This policy explains all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Inmates will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other inmates.

This auditor reviewed 28 inmate files and determined the intake screenings usually take place within 1 hour of their arrival. None of the 28 files reviewed indicated concerns regarding the initial intake screening. The facility utilizes an objective classification screening instrument that includes: a classification questionnaire, a brief jail mental health screen, a booking inmate risks and needs assessment, and a PREA initial intake screening. All these tools are based on an individual points system, yes and no responses, and classification protocol. The objective classification screening includes the following criteria for the risk of sexual victimization: inmate mental, physical or developmental disabilities, age, physical build, previous incarcerations, criminal history violent or non-violent, prior sex convictions, whether the inmate is perceived gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, previous sexual victimization, vulnerability perceptions, or if the inmate is detained solely for civil immigration purposes. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted.

The objective classification questionnaire also assesses inmates for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. This was also confirmed during the PREA Coordinator, PREA Compliance Manager, and staff performing the screening interviews.

The facility policy 9A-06, page 21 indicates within 30 days of intake an inmate's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Concerns were identified and

conveyed to the PREA Coordinator regarding the PREA Initial Intake Screening form. The information was found to be incorrect, blank, or unknown in 5 of the files reviewed. This prompted corrective action by the PREA Coordinator to ensure this document was completed properly. This was corrected during the post audit phase to include a revision of the quality control assurance and initial booking checklists as supervisory approval has been added to ensure the questions have been answered completely. Samples were provided to this auditor during the post audit phase and full standard compliance.

Policy 9A-06. Page 21 indicates inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would

ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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The facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information is provided in the facility policy 9A-06, page 21. This was also confirmed during the interviews with the PREA Coordinator, PREA Compliance Manager, and the staff assigned to conduct the risk screening.

The facility provided examples of a high-risk review sheet for an inmate that identifies as a transgender male. This inmate was booked in to the facility and the initial review confirmed a protective custody status due to the inmate being in fear of his safety as a transgender. A review was conducted within 7 days and the inmate requested a general population status and the facility initiated a removal from the protective custody status. The respect of the inmate's views to his own safety was reviewed prior to placement and the facility initiated a 7 day review process. After 7 days the inmate requested general population and again the inmate concerns for safety and housing was applied.

This auditor spoke with 2 inmates that identify as transgender and 2 inmates that identify as lesbian and both agreed their housing was discussed during the classification interview. They agreed to the level of housing recommended by the facility and no further issues were discussed. Facility policy 9A-06, page 21 indicates the facility will make individualized determinations on a case by case basis to ensure the residents health and safety.

The facility site review provided the opportunity to confirm all inmate showers are conducted separately, a shower curtain is provided for privacy, and the inmate random and informal interviews concluded no issues reported due to other staff or inmates viewing the inmates while changing clothes, showering, or using the restrooms. The random staff interviews advised no concerns with this type of issue. The video monitoring equipment did not indicate concerns regarding this issue.

The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated housing facility, unit, or wing based on their status. This is strictly forbidden in policy 9A-06, page 21.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 9A-06, page 22 clearly defines the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete this assessment. This policy was confirmed during the interview with the facility Superintendent. This policy allows for programming, privileges, education and work opportunities to the extent possible.

This auditor reviewed the segregated housing records and spoke with the staff that supervise the inmates in segregated housing. One inmate in the past 12 months was identified to be housed in segregated housing involuntary. The initial review was conducted within 24 hours and the inmate was placed on a protective custody status due to his identification as a transgender and concerns for his safety. Reviews were conducted within 7 days and the determination was made to remain in segregated housing due to continued disregard for the facilities rules and regulations and violations of these rules. This inmate remained in segregation for a period exceeding 30 days due to behavior concerns and facility violations. The reviews were conducted every 7 days and segregation continued. The facility documented the privileges such as recreation, education, and programming. The inmate was not authorized work opportunities due to behavior concerns and this was documented on the segregation forms.

No inmates were present in a segregated housing for high risk of sexual victimization during the on-site review.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Pamunkey Regional Jail provides multiple methods for inmates to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting, staff neglect, and contributing factors to these incidents, and these methods are described in policy 9A-06, page 23-24. These methods include the following: verbally, in writing, anonymously, third party reporting, request forms, grievance forms, and the sexual abuse hotline. These reports are documented in writing immediately and forwarded to the facility investigator for review promptly. This information was reviewed in the facility policy, inmate handbook, staff handbook, PREA inmate form, and the inmate training video. The delivery methods are provided on the inmate KIOSK machine and tablets.

The facility has a documented Memorandum of Understanding with the Meherrin River Regional Jail to provide one method of anonymous inmate reporting to a public entity that is not part of the agency. The inmates can dial #8 on the phone and leave a message to the PREA Coordinator at Meherrin River Regional Jail. The PREA Coordinator will contact the PREA Compliance Manager at PRJ to initiate the investigation promptly. This information is posted in all inmate living units, documented in the inmate handbook, and available upon the intake PREA form. Random and informal inmate interviews concluded knowledge of this process and one inmate volunteered to demonstrate the operation of the phone. One informal interview indicated calling this number by mistake and an investigation report was provided by the PREA Compliance Manager. The auditor called the number from an inmate phone and left a message regarding the facility PREA audit. Investigative files were reviewed for 11 calls made to the PREA hotline and 5 attempts were made by accident, and 11 attempts resulted in unfounded complaints. The Pamunkey Regional Jail does not detain inmates solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager and the Superintendent interviews. These calls are authorized at no cost to the inmate.

Facility policy 9A-06, page 23 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Facility policy 9A-06, page 24 advises the Superintendent or designee will monitor the conduct and treatment of inmates or staff who reported sexual abuse or sexual harassment for at least 90 days. The Superintendent confirmed this monitoring period during the interview process. The Superintendent also confirmed any allegations reported by another facility or to another facility will be performed from the agency head to the other facilities agency head in writing. This information will then be passed on to the facility PREA Investigator promptly.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 9A-06, pages 24-25 explains the administrative procedures that address inmate grievances relative to sexual abuse, sexual assault, and sexual harassment. This policy does not place a time limit for an inmate to submit a grievance relating to these topics. Inmates are not required to use any informal grievance processes when submitting a grievance regarding sexual abuse. This was confirmed during the facility Superintendent and PREA Compliance Manager interviews. The facility policy 9A-06, pages 24-25 include elements (a-g) of this standard.

No grievances were submitted within the last 12 months associated with allegations of sexual abuse, sexual assault, or sexual harassment. The random and informal inmate interviews indicated knowledge of submitting a grievance to report sexual misconduct. The inmate population indicated they feel very comfortable reporting an allegation to a staff member and the PREA Investigator will investigate the incident promptly. One random inmate interview indicated the PREA investigator is everywhere and always talking to someone about an allegation. They stated, "She doesn't miss anything around here".

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 9A-06, page 26 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. The Pamunkey Regional Jail utilizes the services of the Hanover Safe Place, a non-profit organization providing confidential services to persons experiencing domestic or sexual violence in Hanover County, VA and the Town of Ashland since the early 1990's.

The Pamunkey Regional Jail established a Memorandum of Understanding with this agency in 2013 and this auditor reviewed the document for clarity. The MOU may be revised at any time by either party and the terms of the MOU do not expire without written notice by both parties. The Hanover Safe Place information is posted in all inmate living units near the phones, listed on the KIOSK machines, provided in the inmate handbook, and listed on the initial intake PREA form provided upon arrival to the facility. The auditor confirmed the facility provides the name, address, and phone number at no cost to the inmate and these services are confidential. The volunteers from the Hanover Safe Place are also routinely at the facility conducting special programming such as Healthy Relationships and Parenting Class. One concern was identified during the interview of the two volunteers from the Hanover Safe Place. They reported confidentiality concerns to the auditor and were not clear regarding the reporting process. The facility PREA Coordinator addressed this concern during the post audit phase and additional training has been provided to the volunteers. The volunteers received training regarding the Virginia mandatory reporting laws, and facility policy regarding volunteer services. Documents provided indicated updated volunteer application forms, volunteer handbook, and training rosters confirmed the information received. Since the conclusion of the site review, this auditor has received notification from the PREA Coordinator that all 51 volunteers have received the updated information and training. On August 5, 2018, the auditor contacted the Hanover Safe Place (outside advocate) for the Pamunkey Regional Jail and was provided helpful suggestions, therapeutic intervention, explored options, and interviewed the afterhours provider. The Pamunkey Regional Jail does not detain persons solely for civil immigration services. This information was confirmed during the Superintendent interview and noted in the 2015 PREA audit report.

The staff members interviewed were able to identify the Hanover Safe Place as an option for confidential inmate support services. A total of 15 random inmate interviews indicated knowledge of the Hanover Safe Place and identified the number and the poster. The inmates reported feeling confident these services would be useful, but no inmates advised attempts to utilize these services. The PREA Coordinator and the PREA Compliance Manager was not aware of any current inmates that have utilized this service. The Hanover Safe Place volunteer confirmed inmates at PRJ have called the number and utilize the services in the past.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The facility has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in facility policy 9A-06, page 26. This information is also published on the facility's website and the notification process to contact the Hanover County Sheriff's Office for investigation. There are posters throughout the facility and in the front visitation lobby regarding third-party reporting and the number to contact with a complaint. The inmates are provided a number to contact the Meherrin River Regional Jail and this information is posted in the PREA intake document, inmate handbook, PREA video, and a pamphlet is posted near the inmate phones in the living units. The random and informal inmate interviews indicated knowledge of the third-party reporting methods and inmates advised they felt very comfortable reporting all allegations of sexual misconduct.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility policy 9A-07, page 27 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against inmates or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the Superintendent and the PREA Coordinator. The auditor verified this process during the random and informal staff interviews as staff conveyed the directive to notify a supervisor immediately. The staff also identified the PREA investigator as the primary source for conducting PREA investigations.

Facility policy 9A-07, page 27 indicates apart from reporting to designated supervisor or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The random staff interviews

indicated knowledge of this policy and procedures and the mandatory reporting requirements. The Pamunkey Regional Jail does not house youthful offenders.

The auditor reviewed the document provided to the inmate during the medical screening process. This document informs the inmate of the practitioner's requirement to report all allegations of sexual misconduct immediately and limits the confidentiality of the inmate at the initiation of services. The auditor reviewed 28 inmate medical files and this document was included in all 28 files. This procedure was confirmed by the Mental Health Director and the Health Services Administrator during the interview process. The inmate must sign the document indicating full understanding at the time of the services.

The auditor reviewed 17 investigative files and incident reports to conclude the investigative process was begun immediately. The auditor also reviewed email notifications from the PREA Coordinator at Meherrin River Regional Jail to the PREA Compliance Manager at the Pamunkey Regional Jail. This facility provides hotline services to the Pamunkey Regional Jail and the Memorandum of Understanding indicates these services as third-party reporting. The email notifications were provided immediately, and the investigative reports indicated the investigation began immediately.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility policy 9A-07, page 27 describes when the facility learns an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The Superintendent interview indicated segregation may be ordered immediately to protect the inmate or others, but the action must be reviewed within 72 hours by the appropriate authority.

The facility reported 1 incident in the past 12 months that determined an inmate was subject to a substantial risk of imminent sexual abuse. The auditor reviewed the incident report, facility admission report, ICC/High Risk Review Sheet, Removal from Protective Custody Contract, and the Cell Assignment History Report associated with this incident. A transgender male inmate arrived at the facility and was placed on a protective custody status due to a determined risk of sexual abuse. The facility reacted to the incident immediately and the classification review was conducted within 10 hours. The inmate was not available for interview during the on-site review due to being released from custody. The materials provided indicated full compliance with this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility policy 9A-07, page 28 indicates upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The Superintendent indicated he would personally contact the agency head at the facility where the abuse occurred, and he would expect the other agency to return the same courtesy. The Superintendent explained all allegations are taken seriously and treated with an immediate response. The facility policy 9A-07, page 28 indicates the documented notification will occur as soon as possible, but no later than 72 hours after receiving the allegation.

The facility has not reported nor received any allegations of sexual abuse to other facilities or from another facility in the past 12 months. However, the auditor reviewed email documentation for compliance regarding previously reported incidents and the notification was provided within the mandated 72-hour timeframe to the agency head and documented in an incident report.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The facility policy 9A-07, page 28-29 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following: separate the alleged victim and abuser, preserve and protect the scene, and collect the evidence if time is allotted and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately.

The facility did not report any allegations of sexual abuse within the past 12 months that involved the separation of the victim and the abuser, physical evidence collection, use of the Sexual Assault Nurse Examiner at the St. Mary's Hospital, or notifications made directly to a security or non-security staff member. However, the auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed 6 security staff and 8 non-security staff informally and the common response was to notify a supervisor immediately. This directive was noted in the employee handbook, staff training curriculum, and verified during the Superintendent interview. The auditor interviewed 2 random staff members, and both were able to convey the steps required within the policy to provide an immediate response.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The facility policy 9A-07, page 29 provides the efforts for a coordinated response and this information is further described in policy 9A-12, pages 41-44. The policy describes the procedures for the following participants: volunteers and contractors, support staff, security staff, shift commanders and shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan is documented, provides detailed actions for providers, and the staff were able to convey their specific duties during random and informal interviews. The facility Superintendent and the PREA Coordinator interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Pamunkey Regional Jail is in the State of Virginia and agencies within this State are not allowed to enter into any such agreements. There are no governmental entities responsible for collective bargaining on behalf of the Pamunkey Regional Jail. The Pamunkey Regional Jail has not entered into any agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Superintendent provided a Statement of Fact confirming this requirement.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The agency has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation and this is described in policy 9A-07, pages 30-31. The agency Security Captain is the designated staff member charged with monitoring possible retaliation. This position is provided the necessary support by the Assistant Superintendent and an interview with the Assistant Superintendent indicated an active role toward retaliation monitoring as stated, "Efforts toward retaliation must be an ongoing process and should not include an expiration date".

The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for inmate victims and abusers, removal of staff through termination, emotional support services, monitoring the inmate and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the inmates are provided with tablets to assist the communication process. Literature is posted in the inmate handbook, posters, and methods of reporting retaliation described in the daily PREA video. The Assistant Superintendent indicated additional reviews may be considered every 7 days once the 90-day review has concluded. Random interviews with staff and inmates indicated no cause for concern with retaliation as one inmate advised, "This facility is not going to let that happen". The facility did not report any attempts of retaliation by inmates or staff in the past 12 months. The auditor interviewed a transgender inmate recently released from segregation due to disciplinary action and confirmed no concerns regarding retaliation by the staff or inmates.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.68 (a)

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

Auditor Overall Compliance Determination

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

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Facility policy 9A-07, page 31 explains that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of standard 115.43. The Pamunkey Regional Jail facility policy 9A-06, page 22 clearly defines the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete this assessment. This policy was confirmed during the interview with the facility Superintendent. This policy allows for programming, privileges, education and work opportunities to the extent possible.

This auditor reviewed the segregated housing records and spoke with the staff that supervise the inmates in segregated housing. One inmate in the past 12 months was identified to be housed in segregated housing involuntarily. The initial review was conducted within 24 hours and the inmate was placed on a protective custody status due to his identification as a transgender and concerns for his safety. Reviews were conducted within 7 days and the determination was made to remain in segregated housing due to continued disregard for the facilities rules and regulations and violations of these rules. This inmate remained in segregation for a period exceeding 30 days due to behavior concerns and facility violations. The reviews were conducted every 7 days and segregation continued. The facility documented the privileges such as recreation, education, and programming. The inmate was not authorized work opportunities due to behavior concerns and this was documented on the segregation forms.

No inmates were present in a segregated housing for high risk of sexual victimization during the on-site review, and the facility Superintendent presented a Statement of Fact regarding this statement.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The Pamunkey Regional Jail conducts administrative investigations and the Hanover County Sheriff's Office conducts the criminal investigations. This information was confirmed during the facility PREA investigator interview. Facility policy 9A-08, pages 31-33 requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment. This auditor reviewed 17 investigative reports to include reports from the third-party hotline and all 17 investigation results were unfounded. The third-party hotline procedure is to dial #8 on the phone and the inmate can report an allegation to the PREA Coordinator at the Meherrin River

Regional Jail. The auditor reviewed MOU with MRRJ to accommodate this process. Policy 9A-08, page 31 requires the agency use investigators who have received special training in sexual abuse investigations.

Facility policy 9A-05, page 19 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Hanover County Sheriff's Office will prepare compelled interviews and communicate all activities with the County Prosecutor. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation.

The facility employs 3 staff members that are trained in conducting PREA investigations however, 1 staff member is the primary investigator. All investigations reviewed were conducted by 1 PREA investigator. The facility spreadsheet used to track the investigations listed shift supervisors as the investigator, but this was not factual information. The shift supervisors gather the information and the certified PREA investigator conducts the investigation. This practice was corrected during the on-site review and the new tracking mechanism was reviewed by this auditor. This auditor confirmed the PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative reports, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties.

The PREA investigators completed training in 2013 that was presented by the Moss Group. This training titled, "Investigating Sexual Assault" provided the necessary elements required within this standard. This auditor reviewed the 126-page training outline and power points associated with this learning environment. Training certificates were also viewed for training received within the last 12 months by the RELIAS Learning titled, "PREA: Investigation Protocols". This training identified the seven PREA standards that apply specifically to investigating sexual abuse of inmates and demonstrated six critical investigative techniques and protocols of competent investigations. In addition, the primary PREA investigator is scheduled to attend Interview and Interrogation Technique Training in October 2018. The facility maintains records of all training received and is easily accessible for review.

This auditor reviewed all 17 investigative reports and determined the lack of a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews however, they were not documented within the reports. This auditor provided recommendations to the investigative staff for future implementation and the reports were revised during the on-site review. The facility PREA Coordinator implemented a change in the reporting template to include documented credibility assessments within the report. Facility policy 9A-08, page 32 requires the credibility of an alleged victim, suspect, or witness to be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. The facility PREA investigator was provided training regarding the documentation of credibility assessments.

Since the conclusion of the on-site review, critical steps have been considered by the facility to include the credibility assessments within the final report. This auditor reviewed a PREA investigation report submitted by the PREA Investigator on August 11, 2018. The report included information regarding an unfounded anonymous complaint. The investigation was conducted immediately by the PREA Investigator, the credibility assessments were documented for staff and inmates, and the auditor

verified the training rosters received. Email correspondence was received by the PREA Compliance Manager, PREA Coordinator, and confirmed during the Superintendent interview reflecting the revisions to the final report.

The PREA Coordinator described incidents occurring in the past regarding prosecution referral and the agency PREA Compliance Manager advised the reports are saved on a secure server if the alleged abuser is incarcerated or employed by the agency and five years after release. Facility policy 9A-08, page 32 advises the departure of the alleged abuser or victim from employment shall not provide the basis for terminating the investigation, and the agency shall cooperate with outside investigators to remain informed about the progress of the investigation. The facility investigator appears to have an open line of communication with the Hanover County Sheriff's Office and conveyed this information during the on-site interview. No State entity or U.S. Department of Justice component is responsible for conducting investigations. This auditor reviewed an investigative report that occurred prior to previous 12 months. The investigation was concluded, and the Commonwealth Attorney did not move forward with prosecution.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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Facility policy 9A-08, page 33 requires the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the facility PREA investigator revealed the facility standard is preponderance of the evidence.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the 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 posted within the inmate's unit? Yes No
- 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 staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the 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 No
- 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 No

115.73 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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Facility policy 9A-08, pages 33-34 requires following an investigation into an inmate's allegation of sexual abuse, the agency must inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PREA investigator confirmed this procedure and the auditor reviewed 17 investigative reports to include the documented notification as unsubstantiated. If the investigation was conducted by Hanover County Sheriff's Office, the Memorandum of Understanding specifies the requirements necessary to inform the inmate regarding the case.

Facility policy 9A-08, page 33 requires if the allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate whenever the staff member is no longer posted in the inmate's unit, no longer employed at the facility, indicted on a charge, or have been convicted on a charge related to sexual abuse. The policy reflects these steps are not required if the results of the allegation are unfounded.

When the allegation is the result of sexual abuse by another inmate, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the results of the allegation are unfounded.

The facility Superintendent and the PREA Investigator confirmed this communication process during the on-site review. The PREA Coordinator indicated knowledge of this occurring throughout the investigative process. This auditor reviewed documentation of this notification process occurring in the past, but no notifications were necessary within the last 12 months.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the Pamunkey Regional Jail is termination and this is explained in facility policy 9A-09, page 34. This policy was confirmed by the facility Superintendent during the interview process and reviewed by the auditor in the employee handbook. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The facility did not report any incidents in the past 12 months for staff who have been terminated or disciplined for violation of the agency sexual abuse or sexual harassment policies. However, the auditor reviewed the disciplinary action of staff occurring prior to the 12-month review. The disciplinary sanctions imposed was termination. The Superintendent confirmed past incidents being referred to law enforcement for prosecution and notifying the applicable licensing board such as the Virginia Department of Criminal Justice Services, Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required in facility policy 9A-09, page 34.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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The facility policy 9A-09, page 35 requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the Superintendent interview and informal interviews with the command staff.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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The facility policy 9A-09, pages 35-36 informs inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on inmate sexual abuse. The facility reported no administrative findings of inmate-on-inmate sexual abuse or criminal findings of inmate-on-inmate sexual abuse in the past 12 months. This was confirmed by the facility Superintendent, Health Services Administrator, Mental Health Director, and 28 inmate medical files were reviewed without indication of occurrences. The Mental Health Director indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical contractors for assistance and the Hanover Safe Place conducts on site counseling programs for victims and abusers.

Facility policy 9A-09, page 35 advises the facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that

the alleged conduct occurred, even if an investigation does not establish evidence enough to substantiate the allegation. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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This auditor reviewed 28 COREMR electronic medical files and reviewed the facility policy regarding inmates experiencing prior victimization and abusiveness. The facility policy 9A-10, page 36 provides this information and verifies staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process. This was also confirmed during the interview with the Mental Health Director.

During the medical file review 2 inmates reported experiencing prior victimization while in the community and no inmates reported experiencing prior victimization while in a facility. The file review indicated 1 inmate listed on the Virginia Sex Offender Registry, but the prior sexual abuse screening was not accurate as the responses were reported as unknown. The inmate interview indicated no mental health follow-up review was offered but a 30-day mental health review was offered and denied. Only 2 of the inmates were offered the follow-up mental health referral and denied. A medical refusal for treatment was completed and the inmate's signatures verified. The facility offered a plan of action to ensure when an individual enters the facility, there are now several questions on the intake medical screening that refer to the PREA assessment. These questions are the following: In the past 5 days have you been a victim of sexual assault or physical abuse, would you like to speak to a Mental Health Professional about past sexual abuse, and have you ever perpetrated sexual assault or physical abuse. If these questions receive a yes response an urgent or routine mental health referral is required. A notification email will be produced and submitted to the PREA Compliance Manager, PREA Coordinator, Health Services Administrator, and the Mental Health Director to ensure the 14-day follow-up is offered. This new procedure was verified during the post audit and email verifications submitted by the PREA Coordinator.

The intake medical screening form requires the inmate's signature to provide consent for professional health care services and to receive instructions regarding access to medical, dental, and mental health care. The auditor reviewed all secondary mental health screening forms and all the inmate medical information is stored electronically through the COREMR recordings. The medical staff and authorized staff necessary to make management decisions are provided a user name and password to access the medical information. This information is used strictly for treatment plans, housing decisions, bed assignments, work details, educational programming, or as otherwise required by federal, state, and local law.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

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Facility policy 9A-10, page 37 requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers 24-hour medical care and 24-hour crisis intervention services. The facility utilizes the services of the Bon Secours Emergency Medical Facilities and the Hanover Safe Place. The St. Mary's Hospital performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE at the St. Mary's Hospital would provide the notification to the Hanover Safe Place and the YWCA. The Hanover Safe Place volunteers will be notified to provide crisis intervention services and advocacy. The facility offers the morning after pill to female inmates requesting guard against pregnancy. The level of care at the Pamunkey Regional Jail is consistent with the level of care demonstrated within the community. The auditor spoke with the facility staff regarding arrangements to interview the SANE staff at the St. Mary's Hospital and contacted the provided numbers on two occasions. The auditor was not able to interview the SANE staff at the St. Mary's Hospital. The auditor interviewed the staff at the YWCA regarding any allegations of sexual misconduct at the facility and no reports of allegations were reported to this local support group. The YWCA staff indicated they would provide the necessary support at the St' Mary's Hospital during the sexual assault examination and confirmed the Memorandum of Understanding regarding advocacy. The auditor reviewed the MOU for the YWCA and the St' Mary's Hospital Sexual Assault Nurse Examiner.

This auditor reviewed the inmate handbook provided by the facility to ensure compliance and the treatment services are provided to every victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The inmate handbook specifies the level of fees associated with the continuity of care and this auditor reviewed no cost associated with victims of sexual abuse. This was confirmed by the Health Services Administrator and no concerns were presented during the informal inmate interviews. No victims of sexual assault were available during the on-site visit as this facility has not reported any allegations in the past 12 months.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The St. Mary's Hospital Sexual Assault Nurse Examiner will offer victims of sexually abusive vaginal penetration a pregnancy test and conduct a follow-up review. The jail will attempt to make available to the victim an advocate from the Hanover Safe Place upon arrival. This was confirmed by the Hanover Safe Place volunteer interview. The facility policy 9A-10, page 38 requires the victim offered a pregnancy test and comprehensive information about all lawful pregnancy-related medical issues. The inmate victim will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. This information is supported in the inmate handbook. The Hanover Safe Place will also provide outside emotional support services and their volunteers are also on-site conducting programs. This information was confirmed during the Health Services interview, and the informal inmate interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The Hanover Safe Place and information was posted near every phone in the inmate living areas. All 15 random inmate interviews confirmed knowledge of this service.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility provided an official "Note to the Auditor" that indicated the Pamunkey Regional Jail has not performed any sexual abuse incident reviews during this PREA auditing period. This was confirmed by the Health Services Administrator. This is due to the facility not reporting any substantiated or unsubstantiated allegations in the past 12 months. The incident review team consists of the facility Superintendent, Assistant Superintendent, PREA Coordinator, PREA Compliance Manager, Security Captain, Training Lieutenant, Health Services Administrator, Mental Health Director, and the Information Technology Manager. This document was confirmed by the facility Superintendent, Assistant Superintendent, and the PREA Compliance Manager during the interview process.

Facility policy 9A-11, page 38-39 mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the facility Superintendent, Assistant Superintendent, and PREA Compliance Manager during the interview process.

The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The auditor reviewed a blank reporting template, but no reviews have been conducted in the past 12 months. These recommendations are based on the following criteria: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex or gang affiliation status, were there any physical barriers that may have contributed to the sexual abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training received by staff and inmates, appropriate supervision, notifications, and any operation procedures necessary to reduce future incidents. Previous incident reviews indicated the need for improved video monitoring equipment. The facility has recently performed a video monitoring expansion to include: 112 cameras placed throughout the facility on various forms of mounting brackets and the video monitoring equipment positioned in specific locations for the control operators to view, includes touch screen monitors, and a complete access recording workstation. This information was confirmed during the Information Technology Manager, PREA Coordinator, and facility Superintendent interviews. The installation of the new video monitoring equipment was to improve the sexual safety of the facility and this was confirmed during the Superintendent interviews.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the facility uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility aggregates the incident -based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence. The auditor reviewed the data collected in 2016, 2017, and to date in 2018 as the data is compiled for a one-year (calendar) period after December. The Pamunkey Regional Jail does not operate another facility or contract with other facilities for the confinement of its inmates. The Department of Justice has not requested to review the Pamunkey Regional Jail sexual abuse data and the facility PREA Investigator securely maintains all documentation used to compile the information.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 9A-11, page 40 requires the facility to review data collected and aggregate to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the facility website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by inmate-

to-inmate and staff-to-inmate reports in 2016, 2017, and current data for 2018. This information is approved by the facility Superintendent and posted on the facility website for review.

The facility PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Superintendent confirmed the use and data associated with this report during the interview. The data report demonstrates huge efforts toward a reduction in facility sexual assault allegations as the 2018 figures are much lower than the 2017 report. No facility data was redacted from the annual report for publication and this was verified by the Information Technology Manager. The facility video monitoring equipment upgrades have contributed significantly to the reduction of allegations and required reviews.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Coordinator indicated all documentation utilized for data collection is maintained by the PREA Compliance Manager. The PREA Compliance Manager collects the data and maintains electronic files on a secure server. The data report is approved by the facility Superintendent and posted on the facility website annually. The auditor reviewed the report and did not observe any personally identifying information. The facility policy 9A-11, page 41 requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The Pamunkey Regional Jail received its first PREA Audit Report on November 19, 2015 and was found in compliance of all standards at that time. The auditor reviewed the report on the facility website during the pre-audit phase. The Pamunkey Regional Jail Authority operates only 1 facility and is not a private agency. This was confirmed by the facility PREA Compliance Manager.

The auditor was authorized complete access to the entire facility and provided this access during the on-site review. No restrictions were placed on the auditor during the pre-audit, on-site review, and post audit phases. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with inmates, staff, volunteers, and contractors without limitations. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all inmate living areas. This posting provided the inmates and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and inmate interviews validated the posting at least 6 weeks prior to the on-site review. The auditor information was posted on June 8, 2018. The auditor did not receive any mail correspondence from staff or inmates throughout the auditing process.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not

excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The final audit report was published on the facility website and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations completed from the previous audit. The facility has received 1 prior PREA audit on November 19, 2015 and the facility was reported compliant with all standards. This document was confirmed by the facility PREA Compliance Manager.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document

into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Brian Christopher Sutherland

September 21, 2018

Auditor Signature

Date

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

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