

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 11/19/15

Auditor Information			
Auditor name: Paul Perry			
Address: PO Box 1186, Bowling Green, VA 22427			
Email: perry@pcrj.org			
Telephone number: 540-760-6201			
Date of facility visit: November 4-5, 2015			
Facility Information			
Facility name: Pamunkey Regional Jail			
Facility physical address: 7240 Courtland Farm Road, Hanover, VA 23069			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 804-537-6400			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	Regional
Name of facility's Chief Executive Officer: James Willett			
Number of staff assigned to the facility in the last 12 months: 121			
Designed facility capacity: 469			
Current population of facility: 417			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 18-73			
Name of PREA Compliance Manager: Karen Hurd		Title: Sergeant of Standards and Accreditation	
Email address: khurd@hanovercounty.gov		Telephone number: 804-537-6400 ext. 3088	
Agency Information			
Name of agency: Pamunkey Regional Jail Authority			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 7240 Courtland Farm Road, Hanover, VA 23069			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 804-537-6400			
Agency Chief Executive Officer			
Name: James Willett		Title: Superintendent	
Email address: jcwillett@hanovercounty.gov		Telephone number: 804-537-6400 ext. 3005	
Agency-Wide PREA Coordinator			
Name: Kimberly Hopkins		Title: Major of Operations and Support Services	
Email address: kdhopkins@hanovercounty.gov		Telephone number: 804-537-6400 ext. 3019	

AUDIT FINDINGS

NARRATIVE

Prior to the audit the auditor sent a notice of the audit dates to be posted in each inmate living unit. This posting was placed in each living unit on September 28, 2015. The posting included a statement to the inmate population informing them how to confidentially correspond with the auditor. The auditor received no confidential correspondence from an inmate.

The auditor received the Pre-Audit Questionnaire from the PREA Coordinator on October 22, 2015. This information was received through the U.S. Postal Service and included an electronic copy of all attachments to the questionnaire. Facility policies were included in the electronic information. The information included a 27 page Pre-Audit Questionnaire and 143 attachments. The auditor began review of the Pre-Audit Questionnaire on October 23, 2015. During this review the auditor contacted the PREA Coordinator multiple times with questions, comments, and recommendations. The PREA Coordinator responded quickly to each question, comment, recommendation and requests made by the auditor. The auditor provided a plan for the on-site portion of the audit to the PREA Coordinator through email several days prior to the audit.

A review of the facility's website was conducted to analyze the facility's published data reports. Prior to arriving at the facility the auditor attempted to contact the Director of Community Relations of the Hanover Safe Place to verify emotional support services provided to the Pamunkey Regional Jail inmates. The auditor also contacted the Meherrin River Regional Jail who maintains a sexual assault reporting hotline for the inmates of the Pamunkey Regional Jail. The auditor dialed the hotline telephone number.

The auditor arrived at the facility on November 4, 2015 to begin the on-site portion of the audit. An entrance meeting was conducted at 8:00 a.m. with the following personnel:

Superintendent
Deputy Superintendent
PREA Coordinator
PREA Compliance Manager
Director of Nursing
Food Service Manager
Captain of Operations and Support Services
Security Commander

A tour was given to the auditor accompanied by the PREA Coordinator, PREA Compliance Manager and the Captain of Operations and Support Services. The tour took approximately 3 hours. During the tour the auditor was allowed access to and visited all areas of the facility looking for blind spots, the overall level of supervision of the inmate population, and observed camera placements in the facility. Observations were made of PREA related materials posted in the intake, reception, medical and inmate living units. The auditor observed supervisors making unannounced rounds and opposite gender staff making opposite gender announcements when entering living units. All inmates have access to private restrooms and showers in all areas of the facility. While touring the facility the auditor informally interviewed 21 inmates, 10 staff and reviewed post logbooks. The auditor attended roll call briefing and visited various shifts.

After touring the facility the auditor conducted a review of the facility's supportive documents. The auditor reviewed medical records, investigative files, staffing plan, booking and classification records, personnel files, policy, procedures, practices and disciplinary records. The documentation review was performed to establish the facility's level of compliance in prevention, detection, and response to sexual abuse, training and education, risk screening, reporting, investigations, inmate discipline, medical and mental health care, and data collection, review and reporting.

Formal interviews were conducted with 12 specialized staff, 13 random staff, and 15 random inmates. Specialized staff interviews were conducted with the Superintendent, intermediate level supervisor, programs staff, medical staff, human resources, volunteer, contractor, investigator, risk screening staff, security staff supervising inmates in special management, an incident review team member, retaliation monitor, security and non-security first responders and intake staff. Interviews with random inmates included a vision impaired inmate, 2 inmates who reported suffering prior sexual victimization in the community, 1 who was involved in a PREA investigation and 1 who reported being gay during the booking process.

The auditor found the noise level to be at a minimum and the facility appeared to be well managed and supervised by staff. Sanitation of the facility was maintained at a high level. Inmates interviewed by the auditor spoke respectfully of staff and appeared confident in staff abilities. All interactions between staff and inmates seen by the auditor were professional and respectful. Staff and inmates appeared to have a great rapport with one another. Staff were supportive of the facility's PREA efforts and well educated in such.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Pamunkey Regional Jail is located at 7240 Courtland Farm Road, Hanover, Virginia 23069. The facility sits .6 miles east of route 301 and is geographically located between Fredericksburg (to the north) and Richmond (to the south). The facility was constructed next to the Hanover County landfill on 34.8 acres of reclaimed landfill property. The Pamunkey Regional Jail is a 469 bed, co-ed adult, minimum, medium and maximum security facility with both direct and in-direct supervision of the inmate population. The jail became operational on March 1, 1998.

The Pamunkey Regional Jail serves the counties of Ashland, Caroline and Hanover. In addition, it houses inmates for the Virginia Department of Corrections and the United States Marshall Service. Representatives from the jurisdictions are known as the Pamunkey Regional Jail Authority. Ashland county maintains one representative while Caroline and Hanover counties maintain two members each. The Authority Board holds meetings quarterly.

The age ratio of the facility ranges from 18 to 73. The average length of stay at the time of the audit was 14.8 days. At the time of the audit there were 396 inmates confined in the facility, 343 males and 53 females. There were no Hispanic inmates incarcerated during the audit. The racial demographics were as follows:

African American Males	147
Caucasian Males	196
African American Females	20
Caucasian Females	33

Age demographics of the facility were as follows:

18-21	9%
22-29	30.5%
40-49	18%
50-59	11%
60-69	2.5%
70-79	3%
80+	0%

The jail encompasses 127,000 square feet and includes 14 inmate living units. The living units are labeled A through N and are utilized for the following inmate classifications:

- A Unit – Male Pre-Classification
- B Unit – Male Low/Medium Custody
- C Unit – Male Administrative Segregation and Protective Custody
- D Unit – Male Disciplinary Segregation
- E Unit – Male Maximum Custody
- F Unit- Male Low/Medium Custody
- G Unit – Male Low/Medium Custody
- H Unit- Female Low/Medium Custody
- I Unit – Female Pre-Classification, Administrative Segregation, Protective Custody and Disciplinary Segregation
- J Unit – Female Low/Medium Custody
- K Unit – Male Low/Medium Custody
- L Unit – Male Low/Medium Custody – Drug Treatment
- M Unit – Male Low/Medium Custody
- N Unit – Male Low Custody

Inmate living units K, L, M & N are open dormitory style units with restrooms and showers adjacent to the dayroom. All other living units are double and single cell units. Living units A through J are wet cells (sink and toilet in the cell) with showers adjacent to the dayroom. All showers in inmate living units have shower curtains. Cameras monitor dayroom activities in each inmate living unit. Living units B, C, D, E, H, I, and J are monitored by two staff members. One staff member remains in a control bubble to monitor units B, C, D and E while one staff member performs security rounds. One female staff member remains in a control bubble to monitor female units H, I, and J while one female staff member performs security rounds.

Living units A, K, L, M, and N are remote supervision living units where staff perform intermittent security checks. The Central Control center monitors dayroom activity through a camera located in the dayroom. Living units F and G are direct supervision units with a staff member stationed 24/7 in the unit. All inmate dayrooms maintain a bulletin board with PREA information posted for the inmate population. Inmates have access to telephones located in each dayroom.

At the time of the audit there were 12 inmates housed in segregated housing and 12 placed in disciplinary segregation. No inmate in segregated housing was determined at risk of sexual abuse and placed involuntarily in protective custody.

The booking area of the facility has 14 cells. Two of the 14 are utilized for female inmates while two are multiple occupancy cells. There are 4 camera monitored by the control center and the booking officer. The booking area is maintained by two staff members at all times. When female inmates are booked into the facility a female staff member is called to the booking area to conduct a pat-down or strip search. There is a shower area adjacent to the booking area where inmates can shower separately (by themselves) from other inmates. The shower has a shower curtain. Both medical and classification screenings occur in the booking area. Inmates are classified within 24 hours of admittance. A Magistrate maintains an office adjacent to the booking area with public access outside the secure perimeter of the facility.

The facility has two indoor recreation yards with one camera each to monitor recreation activities. No more than 25 inmates are allowed in the indoor recreation yard at any time. There are 4 outdoor recreation yards with 2 cameras each to monitor outdoor recreation activities. The Central Control center monitors recreational cameras. No more than 25 inmates are allowed in the outdoor recreation yards at one time.

Twenty four hour comprehensive medical services are available to the inmate population. The medical area has 6 single cells. Four of the cells can be monitored by cameras. The medical cells are utilized for inmates placed on suicide watch, those needing more intensive supervision, or inmates with medically related problems who cannot be placed with general population. The medical area has two negative pressure cells for inmates with a communicable disease. There are offices utilized by mental health staff, exam/treatment room, dental lab, medical records storage and a secure pharmacy. Private areas are available for medical and mental health staff to meet with inmates. The facility employs 10 medical staff members and contracts for mental health, physician and dental services. Showers in the medical area have a shower curtain. A security staff member is maintained in the medical area.

Laundry services are provided to the inmate population from a laundry room. One inmate worker is stationed in the laundry room to wash and dry inmate clothing. There is a camera in the laundry room monitored by the Central Control Center. Staff also perform intermittent security checks in the laundry area.

Food services are provided by Pamunkey Regional Jail staff. The facility employs 6 food service workers. There are 10 inmate workers assigned to the kitchen. There are 4 cameras to monitor food service activities and 1 camera to monitor the dry storage area. Blind spots include the walk-in freezer, refrigerator and dairy refrigerator. Only one inmate is assigned to these areas. When shipments are received more than one inmate is utilized under constant supervision by staff.

A 24 hour control center monitors 112 cameras and controls all movement throughout the facility. The 112 cameras monitor hallways, parking lot, laundry, property room, booking area, medical area, recreation yards, dayroom areas, visitation booths, food service areas, main lobby, employee break room, and sallyport areas. The auditor reviewed video recordings of two cameras. The control center is maintained by one staff member at all times. The control center operator can take over operations of the 2 control bubbles that maintain living units B, C, D and E and the female units H, I, and J. The Shift Commander maintains an officer in the control center.

The facility also maintains a training room, employee break room and an armory. The armory is located outside of the secure area of the facility. The Shift Commander inventories the armory on a daily basis and has authority to issue items from the armory. There is a maintenance warehouse operated by a maintenance supervisor and 3 maintenance officers. All 4 are sworn employees.

The entire second floor of the facility is utilized as the public side of visitation. The public enters the elevator with a color code for their visit. The floor is marked with colors when getting off the elevator. The visitor follows their specific color that directs him/her to the appropriate booth to complete their visit. Inmates have access to the inmate side of visitation booths through the living units. Visitation for each living unit occurs on the second floor directly above the living unit. There are four visitation booths on the first floor adjacent to the control center. These four booths are utilized for inmate workers. Downstairs visits are for 1 hour while visitation occurring on the second floor are for 30 minutes. Inmates can visit from 9:00 – 11:00 a.m., 2:00 – 3:30 p.m. and from 7:30 – 9:30 p.m. All visitation booths are monitored by cameras.

The facility contracts commissary services with the Keefe Group. The Keefe Group has one employee that works at the Pamunkey Regional Jail. Three female inmates work in the commissary with the trained Keefe employee. Security staff perform intermittent security checks in the commissary area.

Numerous programs are offered to the inmate population including, Alcoholics and Narcotics Anonymous, Anger Management, Culinary Arts, GED/Literacy Tutoring, Healthy Relationships, Life Without a Crutch, Male Responsibility, McShin Foundation, One-to-One Mentoring, Parenting Education Group, Productive Citizenship: A Vision Beyond Survival, Responsibilities of Fatherhood, Resume Workshop, and Offender Aid and Restoration. The auditor observed GED testing and the McShin program in progress.

SUMMARY OF AUDIT FINDINGS

The auditor found the facility exceeded standard 115.33 (Inmate Education). All inmates interviewed by the auditor were very knowledgeable in the facility's PREA efforts. The facility not only conducts a comprehensive inmate education training within 30 days of booking, it continues the education every thirty days with all inmates.

The auditor found standard 115.12 (Contracting with other entities for confinement of inmates) not applicable to the Pamunkey Regional Jail. The Pamunkey Regional Jail does not contract with other entities for the confinement of inmates.

The auditor found the facility compliant on all other standards. The facility demonstrated sufficient compliance with the standards.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 9A-03, pg. 6 mandates a zero tolerance to all forms of sexual abuse and sexual harassment. The auditor viewed facility policy 9A-03, pg. 6-9 which stipulates the agency's approach to prevention, detection and response to sexual abuse and sexual harassment. The policy is sufficient to meet the requirements of 115.11. Definitions of prohibited behaviors are included in policy 9A-02, pg. 5. Policy 9A-09, pg. 37-38, includes sanctions for staff, volunteers and contractors found to have participated in sexual abuse or sexual harassment. Facility policy 9A-09, pg. 38 maintains discipline sanctions for inmates found to have participated in sexual abuse/harassment. The presumptive disciplinary sanction for staff, volunteers and contractors is termination. The facility maintains multiple strategies to reduce and prevent sexual abuse/harassment such as, but not limited to: facilitating continuous personal contact between staff and inmates, monitoring inmate movement, providing ample lighting, restricting inmate access to areas in the facility, and educating inmates, staff, volunteers and contractors.

The agency employs one PREA Coordinator and one PREA Compliance Manager. Both feel they have ample time to designate to the facility's PREA efforts. The auditor reviewed the organization chart which depicts the positions of both. The auditor had numerous contacts through both phone and email prior to the audit. The PREA Coordinator and PREA Compliance Manager responded quickly (within minutes) to the auditors questions and requests. The PREA Compliance Manager reports directly to the PREA Coordinator. The PREA Coordinator reports directly to the Superintendent. Both the PREA Coordinator and Prea Compliance Manager were knowledgeable and are able to quickly make recommendations of policy, procedure and practice changes to the Superintendent when needed. All staff and inmates interviewed were aware of the agency's zero tolerance policy and stated they received training on the policy.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Not Applicable

The Pamunkey Regional Jail does not contract for confinement of its inmates with other agencies.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed the facility's 2015 staffing plan. The staffing plan is adequate for providing sufficient staffing of the facility. The staffing plan denotes posts which must be filled on each shift, documents positions for support functions, and allows for utilization of sworn administrative personnel if needed. On April 16, 2015, the PREA Coordinator reviewed the staffing plan with the Superintendent. Documentation reviewed by the auditor revealed the meeting considered adjustments to the staffing plan, deployment of video monitoring systems and other technologies and available resources to comply with the staffing plan. The facility currently has 7 sworn position frozen, 4 vacant sworn positions and 1 vacant LPN position. Current staffing levels are 102 sworn staff and 28 civilian staff. The staffing plan requires any deviations to be documented on the Shift Activity Report. During the tour the auditor observed sufficient staffing to supervise the inmate population.

Facility policy 9A-03, pg. 6 requires supervisors to make unannounced rounds throughout the facility to deter sexual abuse/harassment. During the audit the auditor observed staff supervisors making unannounced rounds in various areas of the facility, including inmate living units. Policy 9A-03, pg. 6 prohibits staff from alerting other staff of unannounced supervisory rounds. The auditor also observed documentation of unannounced supervisory rounds in post logbooks.

Staff and inmate interviews confirmed supervisors are conducting unannounced rounds. Logbooks of inmate living units were reviewed during the tour. The auditor observed unannounced rounds documented in logbooks. Staff were well aware they are prohibited from alerting other staff of unannounced supervisory rounds. Supervisors informed the auditor staff would be disciplined if caught alerting other staff of unannounced rounds.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Pamunkey Regional Jail has not housed a youthful offender. It maintains a Memorandum of Understanding with the Rappahannock Regional Jail to house youthful detainees. A youthful offender is transported directly to the Rappahannock Regional Jail and never enters the Pamunkey Regional Jail.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy 9A-03, pg. 11 restricts security staff from performing cross-gender strip searches except in exigent circumstances. There were no reported cases of cross gender strip searches by facility staff in the last 12 months. The facility maintains female security staff on all shifts and prohibits male security staff from performing cross gender pat-down searches of female inmates. In the event a male staff member must pat-down search a female inmate policy 9A-03, pg. 11 requires the search to be documented. This policy also requires all cross gender strip searches to be documented. Female inmates in the facility are afforded the same programming and out of cell activities as male inmates. The auditor observed female inmates attending programs. There were no cases of cross gender pat-downs of female inmates reported in the last 12 months. This was confirmed when the auditor interviewed staff and inmates. Neither has seen or heard of a male staff member conduct a pat-down or a strip search of a female inmate.

The facility maintains a policy (9A-03, pg. 11) that allows for all inmates an opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia. The auditor observed toilet and shower areas in each living unit. Shower curtains are in place on each shower. In addition, policy 9A-03, pg. 11 requires staff of the opposite gender to announce their presence when entering inmate living areas. Policy requires this announcement be documented in the logbook. The inmates interviewed by the auditor reported they are never in full naked view of an opposite gender security staff member. The auditor was also informed by the inmates that staff of the opposite gender announce their presence when entering a living unit. The auditor observed this practice during the facility tour.

Policy 9A-03, pg. 11 restricts staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining genital status. The auditor examined training records, lesson plans and curriculum. All staff have been trained to conduct cross gender pat-down searches and searches of transgender and intersex inmates. The training curriculum included professional and respectful treatment of transgender and intersex inmates. Interviews with staff revealed they would not search a transgender inmate for the sole purpose of determining genital status. Staff interviewed by the auditor informed they have been trained to search and communicate professionally with transgender inmates. The auditor reviewed this in the facility training curriculum and signed training documents.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy 9A-03, pg. 12 mandates inmates with disabilities equal opportunities to participate in all aspects of the facility’s prevention,

detection and response to sexual abuse/harassment. This includes inmates who are deaf or hard of hearing, blind or low vision, and those with intellectual, psychiatric or speech disabilities. The agency provides interpretative services with a language line service through Certified Languages International. The company also requires its interpreters to undergo a medical interpreter credentialing process. Posted PREA material throughout the facility is written in English and Spanish. There were no Hispanic inmates incarcerated on the day of the audit. During the audit only African American and Caucasian inmates were incarcerated. The auditor interviewed an inmate in the medical housing who was disabled with low vision. The auditor confirmed he was fully aware of the facility's PREA efforts.

Policy 9A-03, pg. 12 prohibits the use of inmate interpreters, readers or other type of inmate assistance unless the delay would compromise the inmate's safety or the performance of the first-responder duties. The facility reported no instances where an inmate interpreter or reader was utilized in the past 12 months. Staff and inmate interviews revealed they were not aware of an instance where inmate interpreters were utilized. Staff informed the auditor the jail has a policy prohibiting the use of inmate interpreters.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed policy 9A-03, pg. 13. This policy prohibits the hiring or promotion of anyone who may have inmate contact and prohibits enlisting contractors who may have inmate contact who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The policy also prohibits hiring these persons who have been convicted or attempted 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. Policy 9A-03 also prohibits hiring those who have been civilly or administratively adjudicated to have engaged in these activities.

The auditor reviewed documentation showing employees and contractors are asked questions about prior sexual abuse or sexual harassment as previously listed. The auditor reviewed documentation showing the facility performed criminal record background checks of all employees through the Virginia Criminal Information Network. These background checks were performed prior to hiring all employees. In the last 12 months the facility performed criminal background record checks of 17 contractors. These background checks were performed prior to enlisting services. Policy 9A-03 requires criminal background checks of employees, contractors and volunteers be performed every 5 years.

Human Resource staff stated they perform the criminal background record checks of all employees annually. The auditor was also informed they are conducted by Human Resource staff prior to promotions. Policy 9A-03 informs staff they shall be terminated for material omissions or providing false information about sexual abuse or sexual harassment.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There have been no new facilities or substantial expansions or modifications since August 20, 2013. The facility is currently upgrading its telephone system. Current plans are in place to upgrade the video monitoring capabilities. The facility has also been approved to convert its indoor recreation yard into an inmate living unit. The auditor was informed by the Superintendent he is considering PREA efforts in its design and operation.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility is responsible for conducting administrative investigations only. The Hanover County Sheriff's Office is responsible for conducting criminal investigations within the facility. The auditor reviewed the Hanover County Sheriff's Office policy regarding sexual assault investigations. The protocol follows a uniform evidence protocol. Youthful inmates are not housed in the Pamunkey Regional Jail. Inmate victims of sexual assault are transported to the Bon Secours Richmond Health System for forensic medical examination.

The facility maintains a Memorandum of Understanding with the Bon Secours Richmond Health System. The Memorandum of Understanding requires the Sexual Assault Nurse Examiner to contact the victim advocate to accompany the inmate in the examination. The facility reported no inmates being transported for forensic medical examinations in the past 12 months. The facility has not had a need to send any inmates for a forensic medical examination for this audit period. The Inmate Handbook lists reasons inmates are charged for medical services; forensic medical examinations are not included in the list. Inmates are not charged for forensic medical examinations.

The facility maintains a Memorandum of Understanding with the Hanover Safe Place to provide victim advocates to inmate victims of sexual abuse. This Memorandum of Understanding requires the Hanover Safe Place to provide support through forensic examinations, investigatory interviews, emotional support, crisis intervention, information and referrals as necessary. Inmates interviewed were aware of the services provided by the Hanover Safe Place. The auditor attempted to contact the Director of Community Relations. The director did not respond to the auditor's message. The facility has a Hanover Safe Place pamphlet posted in the living units. The pamphlet includes the address and telephone number for the inmate population.

No state entity or U. S. Department of Justice component is responsible for conducting sexual assault investigations at the Pamunkey Regional Jail.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

corrective actions taken by the facility.

Facility policy 9A-04, pg. 15 requires administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The facility reported 15 allegations of sexual abuse/harassment in the past 12 months. One allegation was reported through the PREA Hotline by a Hispanic speaking female. The allegation was made after hours in English but was “muffled” and difficult to understand. The PREA investigator attempted to decipher the message but was unsuccessful. The investigator reviewed the facility’s inmate roster and determined there were no Hispanic females incarcerated at the time. Since the message could not be deciphered the investigator did not proceed with an investigation. An investigation was conducted for the other 14 allegations. The auditor reviewed documentation which shows investigations are conducted immediately.

All criminal investigations are referred to the Hanover County Sheriff’s Office. The auditor reviewed the facility’s PREA policy on its website. The policy includes the referral of criminal investigations to the Hanover County Sheriff’s Office. The facility maintains a Memorandum of Understanding with the Hanover County Sheriff’s Office for criminal investigations of sexual assault/harassment. The facility reported no incidents that were referred to the sheriff’s office in the last 12 months. After the facility submitted the Pre-Audit Questionnaire to the auditor an incident occurred which required referral. The auditor reviewed documentation showing the incident was referred to the Hanover County Sheriff’s Office.

No state or U. S. Department of Justice component is responsible for conducting criminal investigations.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 9A-05, pg. 16 mandates the agency train all employees on all elements of 115.31 (a) 1-10. The auditor reviewed the agencies training curriculum, videos and PowerPoint presentations. The training provided to employees includes all elements of standard 115.31. The auditor reviewed staff training records and verified all employees were trained. The facility trained 121 staff. The auditor verified through the training curriculum the training was tailored to male and female inmates. The facility requires all staff to review policy and procedures annually. The auditor reviewed the annual signature sheets showing all employees reviewed the facility’s PREA policies. The auditor reviewed training documents showing staff signed they understood the training they received. The auditor also reviewed the facility’s electronic Relias Training taken by all staff. The Relias Training included all elements of 115.31 (a) 1-10. Relias is an online based training in which all employees complete.

The auditor interviewed security and non-security staff. All staff interviewed stated they received PREA training. The staff were able to articulate the elements of 115.31 to the auditor during interviews. Security staff reported they routinely review PREA topics during roll call briefings. Staff also reported to the auditor they are required to take a test after completing the Relias PREA training. They informed the auditor they must receive a 70% on the test. If they do not receive a minimum score of 70% they are required to complete the training again. This will be attempted as many times as it takes until the staff member reaches at least 70% score on the test. A test is taken after each section of the training. The auditor found the Pamunkey Regional Jail staff to be well educated regarding PREA.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Facility policy 9A-05, pg. 17-18 mandates sexual abuse/assault training for volunteers and contractors. The facility trains volunteers and contractors utilizing a handbook. The Programs Officer also conducts a training session with the volunteers and contractors. The auditor verified this training takes place prior to providing services within the facility. Training documents of volunteers and contractors were reviewed by the auditor. The auditor also reviewed the Volunteer/Contractor Handbook. The handbook includes the facility's zero tolerance policy and information how to report sexual abuse and sexual harassment incidents.

The facility trained 32 volunteers and 14 contractors. The auditor reviewed training documents of volunteers and contractors. The Volunteer/Contractor Handbook includes information concerning responsibilities under the facility's sexual abuse and sexual harassment prevention, detection and response policies. The auditor interviewed a volunteer and contractor who provides services in the facility. Both were aware and knowledgeable of the facility's zero tolerance policy and how to report such incidents. Both stated they would immediately inform a security staff member.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 9A-05, pg. 18 includes all elements of standard 115.33 a - f. During the booking process inmates are provided with a PREA handout. The Intake Officer informed the auditor a brief verbal overview is provided to each inmate booked into the facility. The Intake Officer also plays a video to the inmates in intake. The auditor reviewed the facility's Inmate Handbook which each inmate is provided during the booking process. The handbook includes information regarding zero tolerance and how to report incidents of sexual abuse/harassment. During the past 12 months the facility provided this information to 2049 inmates.

Within 30 days of the booking process the facility provides education to inmates concerning their right to be free from sexual abuse/harassment and retaliation for reporting and agency policy and procedures for responding to sexual abuse/harassment. The Programs Officer is responsible for playing the comprehensive educational video in each living unit. The Programs Officer informed the auditor the video is played monthly in each living unit. The Programs Officer ensures all inmates receive the opportunity to watch the video. The auditor reviewed the 16 minute disc created by Just Detention International. The facility maintains a Spanish version of the disc for Hispanic speaking inmates. The disc is also closed captioned for deaf inmates. The agency is not required to educate inmates transferring because it only operates one facility.

The auditor reviewed inmate signatures confirming their participation in PREA education. The auditor also observed key information posted within inmate living units. The facility also maintains posters in various areas in the facility. The auditor interviewed inmates and was informed they have watched the PREA videos. Most informed the auditor they have watched the video multiple times. One inmate informed the officer they have seen the video "like eighteen times." The auditor heard the phrase "I'm sick of seeing that PREA video" multiple times during inmate interviews. The auditor determined the inmate population was well educated in the facility's PREA efforts.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 9A-05, pg. 19 requires sexual assault investigators to be trained to conduct such investigations. The facility has two staff who have completed Investigating Sexual Assaults in Confinement Settings training. These two staff attended the training in May 2013. The training was presented by The Moss Group, Inc. and included interviewing sexual abuse victims, use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action and prosecution. The auditor reviewed the curriculum and PowerPoint presentation from the training.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy 9A-05, pg. 19 – 20 requires medical staff to receive training how to detect and assess signs of sexual abuse/harassment, preserve physical evidence, respond effectively and professionally to sexual assault/harassment victims, and how and whom to report allegations or suspicions of sexual abuse/harassment. The facility trained 9 medical staff and 3 mental health professionals. The facility utilizes training materials developed by the National Commission of Correctional HealthCare. The auditor reviewed the training documents of all 12 staff. Pamunkey Regional Jail medical staff do not conduct forensic medical examinations. In addition to specialized training, medical and mental health staff received the training provided to all employees. The auditor interviewed medical and mental health staff. One informed the auditor they were new to the facility and currently attending training. All medical and mental health staff interviewed were knowledgeable about PREA and their duties and responsibilities of such.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy 9A-06, pg. 20 -21 requires all inmates be assessed for risk of sexual abuse during the booking process. This policy requires the assessment be completed within 72 hours of arrival to the facility. After reviewing booking documents the auditor determined the assessment typically occurs within an hour of arriving at the facility. The auditor reviewed booking documents which consider mental, physical and developmental disabilities, age, physical build, previous incarcerations, nonviolent criminal history, prior sex related offenses, perceptions of gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimizations, and the inmate's perception of vulnerability. Inmate records reviewed by the auditor reveal reassessments are being conducted within 30 days from the inmate's arrival.

Interviews with classification staff confirm inmates are not disciplined for refusing to answer questions asked during the booking process. Classification staff informed the auditor classification documents are maintained in the records office and only accessed by select staff to make determinations regarding the inmates incarceration. At the time of the audit there were no inmates incarcerated at the Pamunkey Regional Jail who have been identified at risk of sexual victimization. The facility did have one inmate who was serving a sentence for sexual predatory crimes committed in the community.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

At the time of the audit there were no inmates identified at high risk of sexual victimization. In the past 12 months the facility had one transgender inmate booked into the facility and determined to be at high risk of sexual victimization. The auditor reviewed documentation in the transgender inmate's file. The transgender inmate was incarcerated in the facility for 168 days. The inmate received notification of placement into segregated housing for the following reason, "Your continued presence in the general population would pose a serious threat to staff, property, other inmates, or the security of the facility." The transgender inmate was released prior to reassessment to review any threats to safety. The inmate was also identified by medical staff as having some mental illness.

The auditor reviewed classification documents to ensure individualized determinations were made to inform housing, bed, work, education, and program assignments. Inmates housed in Administrative Segregation are afforded the opportunity of inmate programming if requested by the inmate. The transgender inmate did not request programming while housed in administrative segregation. The auditor did review documentation where the inmate requested and received hair cuts, library services, and mailed out packages. The transgender inmate was able to shower separately from other inmates as all showers are equipped with shower curtains. The facility does not place gay, lesbian, transgender, or intersex inmates in dedicated units based solely on identification or status. Facility policy 9A-06, pg. 21 -22 prohibits housing in this manner.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility 9A-06, pg. 22 prohibits placing inmates at high risk of sexual victimization in involuntary protective custody housing unless “other alternatives are not available.” This policy allows for programming, privileges, education and work opportunities to the extent possible. Inmates in segregated housing must make a request to receive these opportunities. In the last 12 months the facility has placed no inmate in segregated housing involuntarily. After placing an inmate in involuntary segregated housing, policy 9A-06 requires the facility to make a review every 30 days to determine if a continued need to separate exists. A review was conducted on an ICC/High Risk Review Sheet every 7 days by the facility for a transgender inmate placed (not involuntarily) in segregated housing. The ICC/High Risk Review Sheet documents the basis for the facility’s concern for the inmate’s safety and a note’s section to document why no alternatives exist. The auditor reviewed segregated housing records.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 9A-06, pg. 23 – 24 allows for inmates to report sexual abuse/harassment, retaliation and staff neglect or violation of responsibilities that may contribute to incidents of sexual abuse/harassment. Inmates may report verbally and in writing. The inmate population can utilize Request Forms, Grievance Forms, Verbal Reporting, Sexual Abuse Hotline, and by Third Party. The auditor viewed this information in the Inmate Handbook and PREA Handout. Both include the sexual abuse hotline number. Policy allows inmates to make reports anonymously. This information is posted in each inmate living unit.

The facility has a Memorandum of Understanding with the Meherrin River Regional Jail to maintain a sexual abuse/harassment reporting hotline. The auditor confirmed the Memorandum of Understanding and sent an email to the Lieutenant with the Meherrin River Regional Jail responsible for answering the hotline. The Lieutenant reported there were 8 hotline calls in the last 12 months. Two of the phone calls were not related to sexual abuse/harassment. The Lieutenant immediately notifies his contact at the Pamunkey Regional Jail. Only one inmate that reported sexual abuse through the hotline did so anonymously. The Pamunkey Regional Jail does not detain inmates solely for civil immigration purposes. Staff are required by policy 9A-06, pg. 23 to accept reports verbally, in writing, anonymously, and from third parties. The policy requires staff to immediately put verbal reports into written form.

The auditor interviewed security and non-security staff. All reported they would document verbal reports when receiving them from an inmate. Staff interviewed were aware they could privately report sexual abuse/harassment. Staff stated they can privately report sexual abuse/harassment to their supervisor, any other facility supervisor, or by utilizing the hotline. All staff were aware of inmate reporting mechanisms.

All inmates interviewed by the auditor were aware of their means to report sexual abuse/harassment. The inmates stated they could call the hotline, notify a staff member, write a request or grievance or have a family member make a report for them. The inmates were aware they could make an anonymous report of sexual abuse/harassment. Of the inmates interviewed by the auditor, none felt they could not tell a staff member. All trusted that staff would ensure the incident would be investigated and handled appropriately. One inmate told the auditor, “all the staff here are great.” When the auditor asked inmates if they had to pay for a telephone call to the hotline all inmates replied, “no.”

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility has administrative procedures (policy 9A-06, pg. 24-25) that address inmate grievances related to sexual abuse. The policy does not place a time limit when an inmate can submit a grievance related to sexual abuse. Inmates are not required to use any informal grievance processes when submitting a grievance regarding sexual abuse. Policy 9A-06 includes all elements of standard 115.52. There were no inmates in the last 12 months who filed a grievance alleging sexual abuse. The inmate population was aware they could file a grievance regarding sexual abuse/harassment.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility maintains a Memorandum of Understanding with the Hanover Safe Place to provide confidential support services for inmate victims of sexual abuse. The facility provides an address and telephone number of the Hanover Safe Place to the inmate population on a handout posted in each living unit. The address and toll free telephone number to the Hanover Safe Place is also listed in the Inmate Handbook. The facility reported no inmate has utilized confidential support services from the Hanover Safe Place. The auditor was unable to confirm this because a telephone call to the Hanover Safe Place was not returned to the auditor. The auditor observed the Hanover Safe Place brochure posted in each living unit. The handout informs inmates telephone calls to the Hanover Safe Place are not monitored or recorded. All communications to and from the Hanover Safe Place are treated as legal mail (confidential correspondence). The auditor reviewed the Memorandum of Understanding between the Pamunkey Regional Jail and the Hanover Safe Place. Inmates interviewed by the auditor knew there was information posted in the living units.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

corrective actions taken by the facility.

Third party reporting of sexual abuse and sexual harassment is published on the facility's website. The public is provided a phone number to report incidents on behalf of an inmate. Inmates are informed of third party reporting means on a pamphlet posted in each living unit. The auditor observed third party reporting posters in various areas of the facility. Inmates were well aware of third party reporting avenues. The third party reporting telephone number is monitored by the Meherrin River Regional Jail. The facility also maintains a Third Party Reporting poster in the reception area.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed policy 9A-07, pg. 27 which requires staff to immediately report knowledge, suspicion or information regarding incidents of sexual abuse or sexual harassment. Staff are required to report retaliation against inmates or staff who report incidents, and any staff neglect or violation of responsibilities that contribute to sexual abuse/harassment incidents or retaliation. Policy 9A-07, pg. 27 prohibits staff from providing information related to sexual abuse to anyone other than to the extent necessary to make treatment, investigatory, and other security and management decisions. The policy also requires medical and mental health professionals to report sexual abuse and inform the inmate of the professional's duty to report and the limitations of confidentiality at the onset of services. The Pamunkey Regional Jail does not house youthful offenders.

A review of investigatory files confirms incidents are being reported to the facility investigator. The auditor reviewed staff Incident Reports and emails confirming phone notifications of allegations made through the PREA hotline. Medical and mental health professionals informed the auditor of their duties to report and were well aware of limitations of confidentiality. The auditor reviewed medical records that included notifications of confidentiality prior to initiations of services to an inmate. Medical and mental health staff informed the auditor that limitations of confidentiality provided to the inmate is both verbal and written. The auditor observed the limitations in writing in inmate medical records.

Interviews with staff reveal they understand they are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment. When asked who staff would provide information to they informed the auditor they only provide information to their supervisor or investigators. Staff interviewed reported they immediately report allegations to their supervisor. A review of investigatory files confirms reports are made immediately.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

In the past 12 months the agency reported 1 inmate was determined at high risk of imminent sexual abuse. The inmate was booked into the facility at 3:08 P.M. and moved to segregation at 11:45 P.M. While in booking the inmate was located in a single cell without contact with other inmates. This was a transgender inmate who was notified his presence would pose a serious threat to staff, property, other inmates or the security of the facility. The auditor reviewed an Incident Report revealing the inmate had begun gender reassignment surgery. He was placed on Administrative Segregation status. Although eight hours past prior to moving the inmate, harm was not present to the inmate due to placement in a single cell in booking.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility has received no allegations that an inmate was sexually abused or sexually harassed while confined at another facility. Facility policy 9A-07, pg. 28 requires the Pamunkey Regional Jail Superintendent to inform the Superintendent or appropriate office of an agency where alleged sexual abuse occurred. Policy requires the notification be made as soon as possible, but no later than 72 hours after receiving the allegation. The Superintendent informed the auditor he would make the notification by telephone and send a verification email to the appropriate person at the facility where the incident occurred. The Superintendent informed the auditor he ensures all allegations received from other agencies are investigated immediately.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility reported no incidents of sexual abuse in the last 12 months. An incident did occur after the facility reported no incidents to the auditor. First responder duties were not performed as the inmate had left the facility when the facility gained knowledge of the incident. The non-security staff member involved was reported to the Hanover County Sheriff’s Office and arrested. During interviews with staff the auditor determined staff were knowledgeable about first responder duties. All staff interviewed informed the auditor they would separate the alleged abuse from the victim. The staff informed the auditor how they preserve and protect evidence of a crime scene and on the victim. Staff stated they inform the victim not to take actions that would destroy physical evidence. They explained those actions include washing, brushing teeth, changing clothes, using the restroom, smoking, drinking and eating. Staff stated they make this request of the victim and ensure the abuser does not take these actions. Staff were able to inform the auditor how they would separate the victim and abuser until responding staff arrived on scene. The auditor asked 9 non-security staff members about first responder duties. All 9 non-security staff members informed the auditor they would immediately inform a security staff member.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed the facility's coordinated plan to respond to incidents of sexual abuse. The plan included coordinated responses for volunteers, contractors, support staff, security staff, Shift Commander, Major of Operations & Support Services (PREA Coordinator), staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with these staff members confirmed they are aware of their duties according to the facility plan.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility is located in Virginia. Virginia is not a collective bargaining state. No governmental entity is responsible for collective bargaining on behalf of the facility. The Pamunkey Regional Jail has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility has a policy 9A-07, pg. 33 – 34 that protects all inmates and staff who report sexual abuse or sexual harassment or cooperate

with sexual abuse/harassment investigations from retaliation by other inmates or staff. The Pamunkey Regional Jail has designated the PREA Compliance Manager as the staff member to monitor retaliation. Facility protection measures include cell and/or housing unit changes, removal of alleged inmates and/or staff from contact with victims, emotional support services, and in certain situations transfer of the inmate to another jurisdiction.

Policy 9A-07 requires monitoring the conduct and treatment of inmates or staff who reported sexual abuse for a minimum of 90 days to detect and address possible retaliation. The staff member responsible for monitoring retaliation stated a review of disciplinary reports, grievances, housing assignments, program changes, incident reports and assignments of staff are conducted when monitoring for retaliation. The monitor also stated periodic status checks are conducted every 7 days. The monitor was knowledgeable regarding protection and monitoring duties of inmates from retaliation. The auditor interviewed one inmate that reported an allegation of sexual harassment. The inmate stated there was no retaliation directed as a result of making the report. No inmate or staff member made a report of retaliation in the last 12 months.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility has not utilized segregated housing to protect an inmate who alleged suffering from sexual abuse. There is a policy (9A-06, pg. 22) in place for housing inmates in protective custody for protection after reporting an allegation. The facility utilizes methods noted in standard 115.43.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed the facility's investigative files. Investigations were conducted promptly on all allegations of sexual abuse/harassment. The facility has 2 investigators who have received special training to conduct sexual assault investigations. The facility conducted 15 investigations in the past 12 months. The investigator had one incident that required a referral to the Hanover County Sheriff's Office. The investigator discovered this while conducting an investigation unrelated to sexual abuse. After discovering the act supported criminal prosecution the investigator stopped interviewing the employee and contacted the Hanover County Sheriff's Office.

The investigator informed the auditor she reviews grievances, incident reports, discipline reports, prior allegations, criminal history, and any other previously reported information after interviewing suspects, victims and witnesses to determine their credibility. When determining credibility of staff the investigator stated she reviews their personnel record. The facility has one certified polygraph examiner who may be utilized at the conclusion of an investigation. The PREA investigator stated if needed to help determine or support her findings the

polygrapher examiner is contacted after she has conducted an investigation. The investigator informed the auditor the victim is never polygraphed. A review of investigatory files confirmed victims were not polygraphed.

Investigation files are securely maintained electronically on the investigator's computer and in a file cabinet in her locked office. When reviewing investigative reports the auditor observed physical and testimonial evidence and investigative facts and findings. The auditor did not observe written credibility assessments consistently included within investigative reports. However, the auditor determined that credibility assessments were conducted by the investigator. The auditor made this determination after interviewing the investigator and records staff. The investigator was informed that credibility assessments must be consistently included in written investigative reports. The investigator informed the auditor she maintains investigative files for at least 5 years after the inmate/staff leaves the facility. The auditor was also informed an investigation continues even if the abuser or victim leaves the facility.

The auditor was informed the agency has a "great relationship" with the Hanover County Sheriff's Office and receives information concerning the progress of their investigation. There is currently one on going criminal investigation being conducted by the Hanover County Sheriff's Office. No State entity or U. S. Department of Justice component is responsible for conducting investigations.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy 9A-08, pg. 33 places no standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse or sexual harassment. An interview with the facility investigator revealed she is aware of the preponderance requirement.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed documentation showing inmates who alleged sexual abuse/harassment were informed of the investigatory findings. The reports to inmates were completed by the facility investigator in the form of a facility memorandum. All memorandums observed in investigation files reported an unfounded result to the inmate. The facility investigator informed the auditor she reports findings of unfounded, substantiated and unsubstantiated to the inmate on a memorandum. The investigator also reported to the auditor that she personally delivers the memorandum to each inmate and informs him/her of the results verbally.

The facility had no founded allegation made by an inmate that a staff member sexually assaulted him/her at the time of the audit. Facility policy 9A-08, pg. 33-34 requires the facility to inform an alleging inmate whenever a staff member is no longer working in the inmate's unit, no longer employed by the facility, has been indicted on a charge related to the sexual abuse, and whenever the staff member has been

convicted on a charge related to the sexual abuse. These requirements are not enforced if an allegation is unfounded.

Policy 9A-08, pg. 33-34 requires the facility to inform an alleging inmate whenever the inmate abuser has been indicted on a charge related to the sexual abuse or convicted on the charge related to the sexual abuse. The facility policy requires all notifications to inmate victims must be documented. The facility has not had to make such notifications to inmate victims regarding staff or inmate abusers.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed facility policy 9A-09, pg. 34 which makes termination the presumptive discipline sanction for staff who engage in sexual abuse. The policy informs staff they are subject to discipline sanctions up to and including termination for violating sexual abuse/harassment policies. The policy bases employee discipline on the nature and circumstances of the act committed, discipline history, and sanctions imposed to other staff for committing comparable offenses with similar histories. Policy 9A-09 also requires the Hanover Sheriff Office be notified when a termination for sexual assault/harassment is conducted and/or when a staff member resigns to evade termination, unless the act was not criminal in nature. The Superintendent informed the auditor he notifies relevant licensing bodies such as the Virginia Department of Criminal Justice Services, Board of Nursing, Department of Education, etc. of terminated (or resignations) employees due to sexual abuse/harassment allegations. One staff member was found to have violated sexual abuse/harassment policies in the last 12 months. The staff member was reported to the Hanover County Sheriff's Office. This is a recent violation and currently under investigation.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy 9A-09, pg. 37- 38 requires the facility to report volunteers and contractors who engage in sexual abuse to the Hanover County Sheriff's Office. The facility prohibits contact with inmates when a volunteer or contractor engages in sexual abuse. Policy 9A-09 requires appropriate remedial measures and consideration to prohibit further contact with inmates in the case of any other violation of facility sexual abuse or sexual harassment policies. The facility has not had a need to take corrective action against a volunteer or contractor.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Inmates at the Pamunkey Regional Jail are subject to disciplinary action following an administrative or criminal finding the inmate engaged in inmate-on-inmate sexual abuse. In the past 12 months there were no inmates disciplined for engaging in sexual abuse. The auditor interviewed mental health staff. Mental health staff informed the auditor they attempt to address and correct underlying reasons for sexual abuse. The auditor was informed they meet with victims and abusers to determine and address underlying reasons. The mental health professional interviewed by the auditor is employed by the local Community Services Board and works full time in the jail. The mental health professional was new to the facility and currently attending employee orientation.

Facility policy 9A-09, pg. 38 mandates discipline for inmates who engage in sexual conduct with staff only if the staff member did not consent to the sexual contact. This policy also prohibits disciplining an inmate who files a report of sexual abuse/harassment made in good faith, based upon a reasonable belief the alleged sexual abuse/harassment occurred. This prohibition applies even if sufficient evidence is not determined. The auditor determined there were no inmates disciplined for reporting sexual abuse/harassment in the last 12 months.

The Pamunkey Regional Jail prohibits sexual activity between inmates. The Inmate Handbook includes sanctions for violation of three sex related offenses including, Sexual Assault, Sexual Misconduct, and Sexual Advances.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Inmates at the Pamunkey Regional Jail are offered a follow-up meeting with a mental health professional within 14 days after reporting being victimized, either in the community or in a confinement facility. The auditor confirmed this by interviewing medical and mental health staff and inmates. The auditor interviewed two inmates that reported prior victimization suffered in the community. Both inmates reported they were offered a follow-up meeting with a mental health professional. When asked how long it took before they met with mental health both informed the auditor it was within two weeks of booking. The auditor reviewed the medical records which verified the meetings with mental health within 14 days of booking. There were no inmates incarcerated at the facility that reported prior victimization in a confinement facility.

The auditor asked the Director of Nursing to show the auditor those inmates that have reported prior victimization. The facility medical records have been maintained electronically through CorEMR for several months. Since the records are now maintained electronically the medical staff are able to run reports easily. The auditor utilized this several month period to verify 14 day follow-ups. Of those who reported prior victimization, thirty percent opted for a follow-up with a mental health professional. All thirty percent were seen by mental health within 14 days. The facility had one inmate incarcerated who perpetrated sexual abuse in the community. The inmate was offered and declined a 14 day follow-up with mental health staff.

Only mental and medical health staff has access to electronic information related to sexual victimization or abusiveness that occurred in an institutional setting as it is maintained in the CorEMR system. Only medical and mental health staff has usernames and passwords to access

the CorEMR medical record. The Director of Nursing informed the auditor information is shared with select staff to inform security and management decisions. The auditor observed informed consent forms maintained by the facility. There has been no need for medical or mental health staff to report information about prior sexual victimization that did not occurring an institutional setting. Both medical and mental health staff informed the auditor they obtain consent from all inmates booked into the facility, even if they have not been victimized.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility policy 9A-10, pg. 37 mandates victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The auditor interviewed medical staff and was informed their first priority is to treat any emergency medical needs of a victim. The facility maintains 24 hour medical staff.

The auditor also interviewed security staff regarding first responder duties. Security staff informed the auditor they would immediately separate the victim from the abuser. They explained they would request the victim not to take actions that would destroy evidence. All security staff interviewed by the auditor stated they would ensure the victim was sent to medical.

The Health Services Staff informed the auditor they ensure female inmates are offered the morning after pill. They stated all inmates are offered sexually transmitted disease prophylaxis. Medical and mental health services offered at the facility are consistent with the community level of care.

Interviews with medical and mental health professionals, security staff, and inmates confirmed treatment services related to sexual abuse are offered at no cost to inmate victims. The Inmate Handbook lists services in which an inmate can be charged for; sexual abuse treatment services is not listed as a chargeable service.

There were no inmates that suffered sexual abuse needing emergency medical treatment, crisis intervention services, emergency contraception, or sexually transmitted infection prophylaxis for this audit period.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility currently has one mental health professional from the Community Services Board in training who will be a full time employee. The facility contracts mental health services with a Psychiatrist who reports to the facility one day every other week. There is also a Crisis Clinician who works Monday, Wednesday, and Friday. The auditor reviewed medical records that denote mental health evaluations are

occurring at the facility. The auditor observed mental health professionals counseling inmates during the facility tour. There were no inmates who had been victimized in a confinement facility. Inmates in need of treatment services are referred to the Psychiatrist by medical and mental health professionals.

The mental health professional interviewed by the auditor informed she performs follow up services, treatment plans and makes referrals for continued care when an inmate is released, if needed. She also informed the auditor that mental health services are consistent with a community level of care. In many cases inmates qualify for mental health services in the facility that would otherwise be denied in the community.

The Director of Nursing informed the auditor that female victims of sexual abuse are offered pregnancy tests. Female victims receive all lawful pregnancy-related medical services, including the morning after pill. The Director of Nursing stated if sexually transmitted infection testing is not offered at the hospital during forensic examination it will be offered at the jail. No victim is required to pay for treatment services resulting from sexual abuse, even if the victim is uncooperative with the investigation. Inmates were aware these services are offered at no cost.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed the only sexual abuse incident review needed to be performed by the facility. This review was the result of an incident that occurred on October 19, 2015. The incident review was conducted on October 28, 2015. The incident review team consisted of the Superintendent, Deputy Superintendent, PREA Coordinator, Captain of Operations and Support Services, PREA Compliance Manager, Sexual Assault Investigator, Director of Nursing and a Security Lieutenant.

The review summary included a section that considered whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex, gang affiliation, or unknown reasons. The team considered if a policy or practice needed change to better prevent, detect or respond to incidents or allegations of sexual abuse. The area of the institution where the incident occurred was examined for physical barriers that may be enabling sexual abuse.

Current facility staffing levels were assessed for adequacy. The team documented an assessment of monitoring technology to determine a need to supplement staff supervision. Training documents of all staff and inmates involved were reviewed to determine they have received PREA training. Furthermore, the team reviewed the time personnel notifications were made and reviewed reports and statements for completeness and accuracy.

The team prepared a report of all determinations and recommendations and submitted it to the Superintendent. The report includes a section to document reasons for not implementing recommendations for improvements. All team members signed the report.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility does collect sexual abuse/harassment allegation data for every allegation. The auditor compared the facility’s aggregated data with the U. S. Department of Justice’s, Survey of Sexual Violence. The data collected by the facility includes definitions and is appropriate to answer all questions on the Survey of Sexual Violence. The Auditor reviewed the data collected for 2013, 2014 and to date in 2015. The data is compiled for a one year (calendar) period after December. The facility sexual assault investigator securely maintains all documentation used to collect and aggregate the facility’s sexual abuse data.

The Pamunkey Regional Jail Authority does not operate another facility. The Superintendent has not received a request to provide the Pamunkey Regional Jail sexual abuse data to the Department of Justice.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed the facility’s data collection review report. The report was approved by the Superintendent prior to publishing on the facility website. The report includes a comparison of yearly aggregated data. It includes a section that identifies problem areas and corrective measures enacted to address them. The report addresses PREA efforts in specific areas and the facility as a whole. The facility documented “great strides” in its efforts from the previous year as there was a decrease in allegations. The auditor did inform the PREA Compliance Manager to ensure she addresses the increase in allegations for the 2015 year data on the next report. It was recommended to determine and address the increase.

The facility did not redact any information from the report before publishing it on the website.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

All documentation utilized for data collection are maintained in a locked file cabinet in the PREA Compliance Manager’s office. She also maintains electronic copies on her computer. The office is not a shared office and is locked. The facility does have a website in which the data is published annually. The auditor reviewed data on the facility website and did not observe any personal identifiers included. The

PREA Compliance Manager informed the auditor she maintains collected data for a minimum of 10 years.

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.

Paul Perry



Auditor Signature

11/19/15

Date