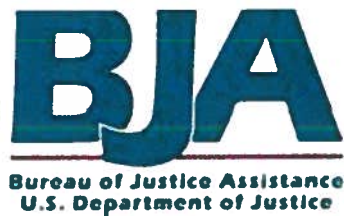
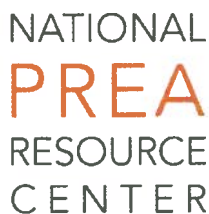


ADULT PRISONS & JAILS



<b>Auditor Information</b>			
<b>Auditor name:</b>	Paul Perry		
<b>Address:</b>	PO Box 1186, Bowling Green, VA 22427		
<b>Email:</b>	perry@pcrj.org		
<b>Telephone number:</b>	540-760-6201		
<b>Date of facility visit:</b>	May 19-20, 2015		
<b>Facility Information</b>			
<b>Facility name:</b>	Meherrin River Regional Jail (Satellite)		
<b>Facility physical address:</b>	600 Prison Rd., Boydton, VA 23917		
<b>Facility mailing address:</b>	<i>(if different from above) PO Box 338, Boydton, VA 23917</i>		
<b>Facility telephone number:</b>	434-738-9260		
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail - Regional	
<b>Name of facility's Chief Executive Officer:</b>	Crystal Willett		
<b>Number of staff assigned to the facility in the last 12 months:</b>	35		
<b>Designed facility capacity:</b>	68		
<b>Current population of facility:</b>	60		
<b>Facility security levels/inmate custody levels:</b>	Minimum/Medium/Maximum		
<b>Age range of the population:</b>	18-64		
<b>Name of PREA Compliance Manager:</b>	David Lett	<b>Title:</b>	Operations Sergeant
<b>Email address:</b>	dlett@mrrj.org	<b>Telephone number:</b>	434-738-9260
<b>Agency Information</b>			
<b>Name of agency:</b>	Meherrin River Regional Jail		
<b>Governing authority or parent agency:</b>	<i>(if applicable) Meherrin River Regional Jail Authority</i>		
<b>Physical address:</b>	9000 Boydton Plank Rd., Alberta, VA 23821		
<b>Mailing address:</b>	<i>(if different from above) PO BOX 10, Alberta, VA 23821</i>		
<b>Telephone number:</b>	434-949-6700		
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	Crystal Willett	<b>Title:</b>	Superintendent
<b>Email address:</b>	cwillett@mrrj.org	<b>Telephone number:</b>	434-949-6700
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	Leonard Grant	<b>Title:</b>	Captain of Security
<b>Email address:</b>	lgrant@mrrj.org	<b>Telephone number:</b>	434-949-6700

## AUDIT FINDINGS

### NARRATIVE

The pre-audit began with a review of the Pre-Audit Questionnaire. The auditor received a paper copy of the questionnaire and the attachments. The facility also sent the auditor an electronic copy on a compact disc. The Pre-Audit Questionnaire was 27 pages and included 71 attachments. The main facility was audited by this auditor in February 2015. The satellite facility's PREA policy and procedures were nearly identical to the main facilities with the exception of minor changes such as, notating different phone numbers and sheriff's department. This allowed the auditor to spend more time touring and speaking to staff and inmates.

Prior to the on-site portion of the audit the auditor reviewed the Meherrin River Regional Jail's website for data collection, review and reporting requirements. The auditor also spoke to the Director of Community Relations of The James House who provides emotional support services to the MRRJ inmate victims of sexual assault and sexual harassment. No inmate at the Meherrin River Regional Jail Satellite facility has utilized The James House to date. The director confirmed a Memorandum of Understanding to provide emotional support services to the facility. The auditor also contacted the Pamunkey Regional Jail who provides an avenue for inmates to report allegations of sexual abuse and sexual harassment. The Operations and Support Services Division Commander forwards all allegations to the Meherrin River Regional Jail.

The site visit for PREA audit of the Meherrin River Regional Jail was conducted on May 19-20, 2015. The audit began with a tour of the facility. The auditor was accompanied by the Deputy Superintendent, Captain and the PREA Compliance Manager. During the tour the auditor visited the following areas:

- Male and Female Work Release Units
- Male Minimum Security Housing Units
- Male Medium Security Housing Units
- Male Maximum Security Housing Units
- Segregation Housing Unit
- Main Control Room
- Secondary Control Rooms
- Kitchen
- Warehouse
- Supply
- Maintenance
- Visitation
- Administrative Areas
- Outdoor Recreation Yard
- Indoor Gymnasium
- Training Room
- Armory
- Medical
- Intake

**Note: The female work release unit is the only female living unit in the facility.**

While on the tour the auditor questioned staff and inmates, viewed private restroom and shower areas in inmate housing, booking and medical areas, observed for blind spots and verified camera placement throughout the facility. PREA information and posters were observed in the booking and medical area,

visitation area and inmate living units. The auditor reviewed logbooks and examined the overall supervision of the inmate population.

During the tour the auditor observed staff walking throughout inmate living units and talking to the inmate population. All blind spots noticed by the auditor were areas requiring staff to open a door with a key to allow inmate access. Areas such as these were restrooms, kitchen dry storage, freezers and refrigerators, etc. No more than one inmate is provided access to these areas at any time. Other areas such as the laundry room are operated with only one inmate, eliminating the possibility of an inmate-on-inmate sexual assault. Some blind spot areas deny inmate access.

After completing the tour the auditor reviewed supporting documentation provided by the Meherrin River Regional Jail. The documentation review included completed medical, booking, investigative, central records, discipline and human resource records. The auditor utilized this review to verify compliance with prevention and response planning, training and education, screening for risk of sexual victimization and abusiveness, reporting, official response following an inmate report, investigative, discipline, medical and mental care and data collection and review standards.

The auditor spent a significant amount of time interviewing random staff, specialized staff and random inmates. These interviews included 11 random staff, 11 specialized staff and 12 random inmates. Inmates and staff were randomly chosen by the auditor; to include inmates from each living unit and staff from different shifts. There were no inmates who reported abuse or sexual victimization upon booking. There were also no inmates whom the facility identified at risk of sexual victimization. The facility currently housed no gay, lesbian, bisexual, transgender, intersex, youthful, disabled or limited English proficient inmates. Contributing to the lack there of is the facility's ability to transfer inmates to the main facility in Alberta, Virginia and the relative small capacity of the facility.

All inmates interviewed stated they felt safe at the facility and portrayed to the auditor that sexual assault and sexual harassment incidents would not be tolerated at the Meherrin River Regional Jail. Inmates felt comfortable to report sexual abuse if the need arose. The inmate population believed they could verbally inform staff and believed any incident would be handled appropriately. Inmates were found to be well educated regarding the Prison Rape Elimination Act. The culture of the facility appeared to be aligned with training staff, educating inmates, and preventing, detecting and appropriately responding to allegations of sexual abuse and sexual harassment.

All staff encountered by the auditor was friendly and receptive to the auditor. Staff was found to be well educated in their duties of prevention, detection, and response to allegations of sexual abuse. In addition to mandatory PREA training, Shift Commanders cover a variety of PREA related topics during shift briefings on a routine basis. Coupled with the physical plant, MRRJ staff has a proactive approach to complying with the Prison Rape Elimination Act standards.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Meherrin River Regional Jail Authority operates two facilities. The satellite facility is located at 600 Prison Road, Boydton, VA 23917. The main facility is located thirty four miles away at 9000 Boydton Plank Road, Alberta, Virginia 23821. The focus of this audit was conducted at the satellite facility. The Meherrin River Regional Jail (MRRJ) satellite facility is located 16 miles west of South Hill in southern Virginia. The warehouse design facility encompasses 40,000 square feet, under one roof, on a 16 acre parcel. The MRRJ is a 68-bed co-ed adult, minimum, medium and maximum security facility with indirect supervision of inmates.

The MRRJ serves the counties of Brunswick, Dinwiddie and Mecklenburg and also serves as a holding facility for the Virginia Department of Corrections and United States Marshal Service. Each participating jurisdiction maintains three members which total a nine member authority board known as the Meherrin River Regional Jail Authority. The MRRJ satellite facility received its first inmate in February 2013. The facility is currently staffed with 33 security and 2 non-security staff members.

The original intent of the Meherrin River Regional Jail satellite facility was to serve as a pre-trial and work release facility. The jail currently maintains one male and one female work release unit. Females are seldom housed at the facility as they are generally transported to the main facility. The jail also houses pre-trial, pre-sentenced and sentenced inmates from the three jurisdictions.

Separate from the two work release units the jail also maintains 7 additional inmate living units. There are 3 male minimum custody, 2 male medium custody, 1 male maximum custody and 1 male segregation unit – totaling 9 inmate living units. Living units vary from open dormitory, single cell, double cell, and quad cell designs. With the exception of the open dormitory living units all other cells are “wet cells” (includes toilet and sink in the cell). All showers have curtains and are located adjacent to the dayrooms. All segregation cells have showers and toilets inside the cells. All inmate living units are adjacent to one hallway within the facility.

Medium and Maximum security units are monitored by correctional staff from a secondary control center. Staff assigned to a secondary control center is responsible for conducting twice hourly security rounds within the living units. There is excellent visibility from the control center throughout the living units. Coupled with the extensive video monitoring system, the design of the facility allows staff clear visibility throughout all inmate housing units.

The average inmate length of stay at the time of the audit was 53 days. At the time of the audit the jail housed 60 inmates – 59 males and 1 female. The female was released within one hour of the entrance tour and was booked the evening prior to the audit. There were 33 African American males, 26 Caucasian males, 1 African American female and no inmates of a different ethnic group housed in the facility. There were 2 male inmates serving disciplinary sentences in segregation housing at the time of the audit.

Food service operations are contracted through CBM Managed Services who currently employs 5 persons in the jail. All feeding takes place within the inmate living units. Three inmates work in the kitchen with CBM employees. The kitchen maintains a separate restroom for staff and inmates. No inmate is granted access to storage, freezer, or refrigerated areas without staff unlocking a door for the inmate. Only one inmate is allowed access to these areas at a time unless under constant staff supervision. Three cameras monitor food service activities in the kitchen.

The facility employs one LPN who works Monday through Friday. Comprehensive medical and mental health services are contracted with Armor Correctional Health Services, Inc. who operates at the main facility. The facility LPN can request transfer of inmates to the main facility in the event medical or

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

mental health services are needed beyond her scheduling or scope of services. Armor Correctional

Health Services Physician and Psychologist either report to the facility or the facility transfers the inmate to the main facility for use of services. The psychologist also utilizes the video visitation system to meet with inmates requiring mental health services. Inmates requiring psychotropic medications are transferred to the main facility.

Commissary services are provided by the Keefe Group who employs one staff to operate the jail's commissary. Inmates can place a commissary order through the inmate phone system. The commissary employee fills the orders at the main facility and reports to the satellite facility weekly to disperse inmate orders. The facility's supply, maintenance and information technology functions operate in the same manner. All are provided from staffing at the main facility and report to the satellite facility weekly or more often as needed.

There are 91 cameras to monitor activities conducted throughout the facility. The extensive video monitoring system includes 2 pan, tilt, zoom cameras that monitor the outside perimeter. There are 89 cameras that capture internal activities. The internal cameras monitor inmate living areas, hallways, kitchen, recreation yards, laundry, medical, temporary housing and 2 select cells utilize for suicide watch. If the need arises, the facility has additional space to add 5 cameras. CCTV footage has a 4-6 month retention capability. All cameras are monitored in the facility's control center by trained correctional staff.

A part-time volunteer Chaplain reports to the facility to coordinate religious services and religious counseling to the inmate population. In addition, the facility offers anger management, substance abuse and life skills classes to both male and female inmates. While auditing the main facility in February the auditor was informed the facility was working to establish a General Education Diploma program. After inquiry the facility has selected a staff member to send for training to become a certified GED proctor. They have also secured persons from the community to aid in the GED program and tutoring.

The facility's visitation area includes PREA posters informing the public of third party sexual abuse and sexual harassment reporting. Inmates can visit with family and friends through the jail's visitation hours Monday through Friday from 9:00am to 11:15am, 1:55pm to 3:00pm and 7:30pm to 9:45pm. Inmates in special management housing can visit on Monday, Wednesday and Friday from 7:00am to 8:40am and from 4:00pm to 6:15pm. All inmate visits are conducted through the video visitation system.

The booking area allows for private areas for classification and nursing staff to conduct initial screening and interviews with inmates. All 7 intake cells have toilets and sinks inside the cells. The booking area has showers separate from the cells. Each shower has a curtain that allows staff to see the inmate from the calf down. In the event both male and female inmates are awaiting booking, female cells are separate from male cells.

## SUMMARY OF AUDIT FINDINGS

The auditor met with the Deputy Superintendent, Major Wright and PREA Compliance Manager, Sergeant Lett at the conclusion of the audit. The auditor then drove to the Meherrin River Regional Jail main facility to interview the Superintendent and the PREA Coordinator. The PREA Coordinator has been recently assigned the coordinator duties. The auditor gave him some advice and offered assistance if needed in the future. At the conclusion of the interview the auditor shared general comments to the Superintendent regarding the facility and the auditor's observations.

The auditor found the zero tolerance culture has been instilled in the facility staff and inmates. Staff and inmates explained the numerous trainings, videos and information available within the facility. All inmates interviewed were well versed in the Prison Rape Elimination Act and explained to the auditor they are "sick of hearing about PREA." Staff explained they not only receive the required PREA training but also discuss PREA in shift briefings on a routine basis.

The auditor found the facility's policy, procedures and practices to be adequate for compliance with the Prison Rape Elimination Act. Random staff selected for interviews knew their duties in prevention, detection and response to PREA. Specialized staff was knowledgeable in their specific duties in responding to allegations of sexual assault and sexual harassment.

Facility staff was not only approachable but also receptive toward the auditor. The auditor found a high level of staff has been employed with the agency for numerous years. Most staff explained they were "from the old jail." The satellite facility was extremely quiet and exceptionally clean. The auditor was informed "inmates do not act out because they risk being sent to the main facility." Management staff has a proactive approach in their operational procedures and practices for compliance with the PREA standards.

The reason for the knowledgeable staff and inmates, reporting comfortableness of the inmate population and overall non-tolerance toward sexual abuse and sexual harassment was evident after speaking with management staff. It was apparent to the auditor the PREA culture resonating through the facility begins at the Superintendent level, disseminates through management staff and downward to the line-level staff.

The auditor determined the facility exceeded the inmate education standard. The inmates chosen to participate in random interviews were very knowledgeable about the Prison Rape Elimination act and were able to retain and articulate information provided during inmate education sessions.

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-02 (pg.6) mandates a zero tolerance to all forms of sexual abuse and harassment. The policy includes the agency's prevention, detection and responsive approach to sexual abuse/harassment. Policy 9A-02 includes definitions for voyeurism, sexual harassment and sexual abuse. The facility policy also includes sanctions for staff, inmates, volunteers and contractors who are found to participate in these activities. The facility organizational chart clearly identifies an agency wide PREA Coordinator and a PREA Compliance Manager for each of its facilities. Both persons feel they have sufficient time and efforts to accomplish the facility's PREA compliance. Pre and on-site interactions with each demonstrated such time and efforts. Each facility Compliance Manager reports to the PREA Coordinator. Staff and inmate interviews demonstrated a zero tolerance culture within the agency. Several inmates stated to the auditor "I am sick of PREA." When asked specific questions during inmate interviews the auditor was told, "...that stuff will not be tolerated at this place."

### **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 Meherrin River Regional Jail has not contracted with other entities for the purpose of confinement of its inmates.

### 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 jail's staffing plan analysis was performed on May 8, 2014 by the Superintendent and the PREA Coordinator. The report of the staffing plan review indicates the plan is sufficient in complying with the Meherrin River Regional Jail's practices and PREA standards. The review accounted for the jail's extensive video monitoring system along with all other elements of 115.13 (a) 1-11. The auditor reviewed the facility's staffing plan. The facility had no deviations from the staffing plan in the last 12 months. There are currently 33 sworn and 2 civilian positions authorized at the facility. The total current staffing level is 35.

Policy 9A-02 (pg. 7) requires supervisors to conduct unannounced rounds to identify and deter staff sexual abuse and harassment. The auditor observed unannounced supervisory rounds documented in logbooks and verified that all shifts were covered. During interviews, staff and inmates assured the auditor supervisory staff conducts both announced and unannounced rounds. Policy 9A-02 (pg. 7) also prohibits staff from alerting others of supervisory rounds. Supervisory interviews revealed staff would be disciplined if caught alerting other staff of supervisory rounds.

All staff interviewed by the auditor was fully aware of the jail's policy of prohibiting alerting other staff of unannounced supervisory 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 agency does not house youthful inmates. The Meherrin River Regional Jail has a Memorandum of Understanding with the Western Tidewater Regional Jail to house any youthful inmate received by the MRRJ. To date the MRRJ has not booked a youthful inmate.



### **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.**

Policy 9A-02 I., 1. (pg. 13) prohibits staff from conducting cross gender strip or visual body searches unless exigent circumstances exist or are performed by medical staff. The policy also prohibits cross gender pat-down searches of female inmates, absent exigent circumstances. The facility does not restrict female inmate access to programming or other out of cell opportunities in an effort to comply with this standard. All shifts have both male and female staff. Female staff informed the auditor they do not pat-down search male inmates. Staff would complete an incident report in the event an opposite gender strip search is conducted. There have been no cross-gender strip searches or visual body cavity searches by non-medical staff the past 12 months.

Each living unit includes shower areas adjacent to the dayrooms. Each shower has a shower curtain that allows security staff to see from below the knees and down of the inmate in the shower. Inmates can use toilet areas without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Segregation cells maintain toilets and showers in each cell. Policy 9A-02 I., 4. requires staff of the opposite gender to announce their presence when entering inmate living areas. This was documented and verified during interviews with staff and inmates. Inmate interviews verified inmates can shower, toilet and change clothes without a staff member of the opposite gender viewing them. The auditor observed these areas.

Documents were reviewed that showed all staff has been trained to conduct pat-down searches of transgender and intersex inmates in a professional manner. Lesson plans, training attendance rosters and the training Power Point presentation was reviewed and is sufficient. Policy 9A-02 I., 5-6. prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Intake staff stated they would ask the inmate his/her gender and if it could still not be determined they would call the medical department. Documents were reviewed that showed all staff has been trained. Interviews with staff revealed staff was knowledgeable about conducting pat-down searches of opposite gender, transgender and intersex inmates. Staff stated they treat all inmates with respect and utilize the backs of their hands when searching the groin area of all inmates. The facility prohibits cross gender pat-down searches.

### **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.**

The facility had no inmates in the last 12 months who were deaf or hard of hearing, blind or low vision, or who had intellectual, psychiatric, or speech disabilities. The facility also had no inmates who were limited English proficient. The facility has available a language line in the event a non-English speaking inmate is booked into the facility. All PREA material is also available in English and Spanish. These inmates are transferred to the main facility in Alberta, Virginia.

### **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.**

Policy 9A-02 K., 1-6. (pg. 14-15) prohibits the facility from hiring or promoting staff, and from enlisting the services of any contractor who may have contact with inmates that has engaged in sexual abuse/harassment in confinement settings, has been convicted of or attempted sexual activity by force or coercion without consent, and/or has been civilly or administratively adjudicated to have engaged in sexual activity. Criminal background record checks of personnel and contractors are required by policy 9A-02 K., 2. (pg. 15). Facility policy requires criminal background record checks of all current employees and contractors every five years (9A-02 K., 4., pg. 15). The facility opened in February 2013 so therefore has not conducted a five year criminal record check. The facility has conducted initial criminal record checks on employees and contractors through the Virginia Criminal Information Network and National Crime Information Center.

Policy also outlines material omissions of sexual abuse/harassment as grounds for termination (9A-02 K., 6. pg. 15). A review of personnel files reveals the facility is considering sexual abuse/harassment on personnel and contractors before hiring or enlisting services. Each person is asked questions related to elements of this standard prior to being interviewed or contracted by the facility on a Sexual Misconduct Information Release Form. The facility also documents attempts to contact prior institutional employers in each employee's personnel file. The MRRJ imposes a continuing affirmative duty to disclose prior misconduct through policy 9A-02 K. 6. (pg. 15).

### **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.**

The facility has not had modifications or expansions since opening in February 2013. The facility has not installed or updated video monitoring technologies.

## 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 has a Cooperative Agreement with the Virginia Commonwealth University's Medical College of Virginia Hospital to conduct SANE examinations for both its facilities. The Mecklenburg County Sheriff's Office is responsible for attending SANE forensic evidence collection at the MCV hospital. The MRRJ does not conduct criminal investigations. Youthful offenders are not housed at the facility. The facility has an agreement with the Pamunkey Regional Jail to provide a hotline number to the inmate population at no charge to the inmate. This number is posted in each housing unit, booking and medical area. When asked about the hotline number inmates were able to articulate understanding and stated they "push option 8" when prompted.

Forensic medical examinations are conducted with no charge to the inmate victim. The facility had one allegation in which the inmate was sent to the MCV hospital for forensic medical examination. SANE staff determined not to conduct the forensic exam. The Mecklenburg County Sheriff's Office did not prosecute because the allegation was determined to be a false allegation by the Sheriff's Office investigator. Inmate accounting records were reviewed and no costs were charged to the inmate.

The auditor reviewed a Memorandum of Understanding between the facility and The James House. The James House agrees to provide victim advocate services to MRRJ victims. The James House also agrees to provide emotional support to the victim during forensic medical exams. The Director of Community Relations confirmed the MOU with the auditor via phone. To date, The James House has not had to provide a representative for a forensic examination. No inmate has utilized the hotline at the satellite facility.

No state entity or U. S. Department of Justice component is responsible for conducting sexual assault investigations at the Meherrin River 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)

The facility has a policy (9A-03 B.,1-2., pg. 16-17) that requires all allegations of sexual abuse or harassment of a criminal nature to be referred to the Mecklenburg County Sheriff's Department for investigation. The auditor reviewed this policy on the facility website. The referral for investigation is made by the facility investigator. The satellite facility utilizes the trained investigator at the main facility for administrative investigations. The sheriff's office investigator is also trained to conduct investigations in confinement settings. The auditor reviewed the training documents of each and the training curriculum of the "Prison Rape & Sex Assault Investigations Inside Correctional Facilities" provided by Training Force USA.

The facility referred one allegation of sexual abuse. The facility has an MOU with the Mecklenburg County Sheriff's Office to investigate criminal complaints of sexual abuse. The facility investigator assists in criminal investigations as required and maintains all case records associated with claims of sexual abuse and sexual harassment. The auditor reviewed documents of the one allegation that was referred to the Mecklenburg County Sheriff's Office. No criminal or disciplinary charges were placed against either inmate. The allegation was determined unfounded as the victim admitted to the sheriff's office investigator he made false allegations. Investigative responsibilities are published on the website included in policy 9A-08 A. (pg. 29-30).

No state entity or the 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-04 A., 2., 1-10 (pg. 17-18) covers all elements of the standard. The auditor reviewed agency training curriculum, PowerPoint presentations and training records. Training records show all staff was trained in all elements included in 115.31(a) 1-10. Lesson plans and training curriculum reveal training is tailored to both male and female inmates. The auditor reviewed training records denoting staff understood the training they received. All staff was required to pass a test at the conclusion of training. All staff interviewed clearly expressed their understanding of the PREA standards and their responsibilities of such. Security and non-security staff were interviewed regarding first responder duties and all interviewed were knowledgeable in such. Other interviews with specialized staff confirmed staff was knowledgeable in their duties of prevention, detection and response to sexual assault and sexual harassment.

### 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.**

Policy 9A-04 B., 1. (pg. 18) requires all volunteers and contractors with inmate contact to receive training in the facility's sexual harassment and sexual abuse prevention, detection and response policies. The auditor reviewed training rosters and signatures of volunteers and contractors who received PREA training. The facility provides the training through a PowerPoint presentation. Each volunteer and contractor also receives a handbook which includes the PREA policy information. The auditor reviewed the facility's zero tolerance policy, reporting mechanisms, documenting allegations, appropriate response as a volunteer or contractor and disciplinary policies within the handbook. Training documents were reviewed which shows all volunteers and contractors did receive this training. The facility currently has 56 trained volunteers and contractors.

### 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-04 C.,1 (pg. 18) requires inmates to receive information explaining the facility's zero-tolerance policy and information how to report incidents or suspicions of sexual abuse or harassment. The policy requires inmates receive a comprehensive training within thirty days. The facility's comprehensive inmate education is conducted on video format. Inmates are provided PREA information upon booking and in most cases watch the comprehensive video the same day. The facility also blocks all channels on the living unit televisions and plays the PREA video several times monthly. The auditor reviewed inmate signatures notating they received the education. The facility provides each inmate a PREA Handout upon intake that includes reporting requirements and the facility's zero tolerance policy. The Classification Officer individually discusses PREA with each inmate booked into the facility. The auditor watched the PREA education video.

Inmates that are deaf, visually impaired or otherwise disabled who the facility cannot accommodate in PREA education efforts are transferred to the main facility. The facility had no such inmates in the past 12 months. Inmates that are limited English proficient are provided the PREA education by use of Language Line Services. Inmates with limited reading skills are read the PREA information by staff. The auditor reviewed documentation that showed all inmates have been educated as required by this standard. Inmates sign a roster after watching the video each time in the living units. All inmates interviewed by the auditor were knowledgeable on the agency's zero tolerance policy, how to report sexual abuse or harassment, their right to be free from sexual abuse/harassment and retaliation. Inmates knew the facility's policies for responding to sexual abuse and sexual harassment. All felt safe at the facility and explained confidence in reporting abuse to a staff person. Inmates also knew the various avenues available for reporting sexual abuse or sexual harassment.

The facility makes key information readily available to the inmate population in each living unit with posters informing inmates how to report allegations. The facility has posted information addressing; zero tolerance, suspicious behaviors, reporting, prevention, sexual misconduct, false claims, retaliation, treatment options, emotional support services, protection, victim information and additional information. All inmates interviewed were knowledgeable and able to articulate the information posted to the auditor. The public is informed how to report allegations through a poster in the visitation area and on the facility website. The information posted in the living units and the visitation area is bilingual. Hotline numbers and addresses are included in the PREA Handout and the information posted in the living units.

### 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.**

The agency employs one staff to administratively investigate allegations of sexual abuse. The investigator received training titled "Prison Rape & Sex Assault Investigations Inside Correctional Facilities." The course curriculum was created and taught by Training Force USA. The auditor reviewed the training curriculum and attendance certificate of the investigator. The investigator was interviewed and was knowledgeable in all aspects of the investigative standard requirements. The investigator also has a great working relationship with the Mecklenburg County Sheriff's Office investigator and remains informed during criminal investigations.

### **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.**

Policy 9A-04 E., 1. (pg. 19-20) covers all required elements of the standard ensuring training of the medical and mental health staff. Medical and mental health services are contracted through Armor Correctional Health Services, Inc. Specialized medical and mental health training is conducted by Armor Correctional Health Services, Inc. The auditor reviewed the training curriculum created by Armor Correctional Health Services, Inc. In addition to detecting and assessing signs of sexual abuse/harassment, preserving physical evidence, responding to victims and reporting incidents, the curriculum includes standard PREA training provided to all staff.

Neither facility nor Armor staff conducts forensic medical examinations. The auditor verified all medical and mental health staff received special medical training through training documents and interviews. Medical and mental health staff understands their responsibilities and are able to articulate them to the auditor.

### **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.**

Policy 9A-05 A. (pg. 20-21) covers all elements of the standard. The facility considers all elements of 115.41 (d) as observed on an objective "Classification PREA Questionnaire." The screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence and sexual abuse. The facility does not assess the inmate's risk of victimization and abusiveness upon transfer to the other facility. The auditor feels the facility is in compliance with this requirement because all inmate medical records are electronically accessible by medical staff at both facilities and the inmate central record is electronically accessible by authorized staff at both facilities. The records are reviewed at the arriving facility upon transfer.

The intake process is conducted within 72 hours of arrival to the facility and in most cases within 24 hours. The Classification Officer meets with each inmate and completes the PREA Questionnaire during the booking process. Inmates stated the Classification Officer also talks about PREA with them during the booking process. The Classification Officer also tours the facility and speaks to inmates on an individual level on a routine basis. The auditor reviewed classification records which contained the Classification PREA Questionnaire. In most cases the Classification PREA Questionnaire was completed within hours of the inmate entering booking. The Classification Officer conducts a reassessment of every inmate's risk level within 30 days. The auditor reviewed thirty day assessments in inmate records. Disciplinary records revealed no inmate had been disciplined for not answering screening questions. The auditor also verified through interviews with screening staff and inmates. Information contained in inmate files is only accessible to staff with a need to know.

### 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.**

Policy 9A-05 B., 1-7 (pg.21-22) covers all elements of the standard to ensure the safety of the inmates for housing and programming. The Classification Officer makes individualized determinations and utilizes an objective classification instrument for housing assignments. Inmates request to attend programs in the facility. The Classification Officer reviews each inmate prior to placement in a program. The facility has had no transgender inmates booked into the facility. Due to the small size of inmate population the Classification Officer spends a significant amount of time touring and speaking to the inmate population. With the low number of inmates housed in the facility he is able to understand the needs of each inmate.

When asked how the facility would consider housing and programming assignments for a transgender inmate the Classification Officer revealed he would consider a transgender inmate as he does all inmates, on a case by case basis. He also stated he would reassess him/her several times each year. The Classification Officer relayed he would place emphasis on the transgender inmate's own thoughts about his/her safety.

Showers in the inmate living units allow for all inmates, including transgender and intersex inmates to shower separately from other inmates. The MRRJ utilizes an objective classification system and does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units based on their status as such. There were no self-reported gay, lesbian, bisexual, transgender or intersex inmates currently identified in the facility.

### 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.**

The jail does have a policy (9A-05 C., 1-3, pg. 22) that prohibits placing inmates at high risk of sexual victimization in involuntary segregation unless all alternatives have been explored and no viable option exists. There were no inmates identified to be at high risk of sexual victimization in the past 12 months. The auditor confirmed this by reviewing classification records, and interviews with classification and medical staff.

Inmates requiring protective custody in segregated housing are transferred to the main facility in Alberta, Virginia. The segregation housing at the satellite facility is mainly for disciplinary purposes. Inmates in segregated housing can request programming. The facility had no inmate placed in protective custody at high risk of sexual victimization in the past 12 months. Facility policy requires seven day reviews be conducted in the event an inmate at high risk of sexual victimization is placed in involuntary segregation.

### 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 A. 1-12 covers all elements of the standard allowing inmates multiple internal ways of reporting an incident. Policy allows inmates opportunities to report through Request Forms, Grievance Forms, Verbal Reporting, Sexual Abuse Hotline, and Third-Party Reporting. All inmates interviewed were fully aware of reporting avenues and felt comfortable to report incidents.

The Pamunkey Regional Jail answers allegations of sexual abuse/harassment through the provided hotline number. Both agencies have signed a Memorandum of Understanding for the service. The auditor verified the report can be made anonymously by speaking to the Pamunkey Regional Jail Captain who answers the hotline calls. During interviews with inmates the auditor was informed inmates understand they do not have to provide their name when reporting sexual abuse or sexual harassment. The Pamunkey Regional Jail Captain stated he immediately informs the Meherrin River Regional Jail investigator when he receives an allegation through the hotline. The Pamunkey Regional Jail staff member has not received an allegation from the MRRJ satellite facility inmates to date. Neither facility records or monitors hotline phone calls. Inmates at the MRRJ are informed of this on PREA information posted in living units, booking and medical area.

The Classification Officer provides sexual assault and sexual harassment information to each inmate upon intake. Inmates informed the auditor the Classification Officer also discusses PREA information during the booking process. Posted PREA information includes phone numbers and address to the external advocacy agency (The James House). The auditor reviewed the posted information and verified it included information on how to contact The James House for emotional support services.

Staff informed the auditor during interviews they accept reports verbally, written, anonymously and from third parties. The facility had one incident that was verbally reported to a staff member. The allegation was more than 12 months prior to the audit. The auditor reviewed the staff member's Incident Report. The staff immediately informed the appropriate person and promptly documented and submitted an Incident Report. MRRJ staff can privately report sexual abuse and sexual harassment "to their supervisor or any other facility Supervisor or by using the Sexual Abuse Hotline" (9A-06, A.8,pg.23).

The MRRJ does not detain inmates solely for civil immigration purposes.

### 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 Meherrin River Regional Jail does have administrative procedures in place to address inmate grievances regarding sexual abuse. Policy 9A-06 B., 1-13 (pg. 24-25) addresses administrative procedures in response to grievances concerning sexual abuse. All elements of 115.52 are covered in the policy. Inmates stated in interviews they knew they could report sexual abuse and harassment incidents on grievance forms. To date the facility has had no grievances filed alleging sexual abuse or sexual 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.**

Policy 9A-06 C (pg.25) allows for inmate access to outside victim advocates for emotional support services related to sexual abuse. The MRRJ maintains a Memorandum of Understanding with The James House who provides a 24-hour hotline for inmate access. This service is provided at no charge to the inmate population. Inmates are provided the 24-hour hotline telephone number and the address to The James House in the PREA Handout issued upon intake and posted in the living units. Inmate interviews revealed inmates are aware the agency address and telephone number is posted for free calls to the center. The PREA Handout informs the inmates that calls made to the hotline are not monitored or recorded.

### **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 instructions are included in the facility's website and posted in the visitation area for the public. Third party reporting of sexual abuse or sexual harassment can be made to the Mecklenburg County Sheriff's Office. The public is provided the Mecklenburg Sheriff's Office telephone number in the policy posted on the facility's website. The PREA Handout posted in the living units informs inmates how to make third party reports. The PREA information posted throughout the facility provides information to the inmate on how third party reports can be made. Inmate interviews indicated the inmates are aware third parties can file a grievance or allegations of sexual abuse and sexual harassment for them.

### **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.**

Policy 9A-07 A, 1 (pg. 25-26) requires staff to report any knowledge, suspicion, or information received of an incident or sexual abuse or sexual harassment that occurred in a facility, even if it was not part of the agency. The policy requires staff to report retaliation against inmates or staff who reported an incident and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy 9A-07 A, 1-6 (Pg. 25-26) covers all elements of standard 115.61.

The facility had one allegation of inmate-on-inmate sexual abuse reported by an inmate. The investigative report was reviewed and the auditor determined sexual abuse and sexual harassment reporting policies are being followed by staff. The investigative report included an Incident Report from the staff member who received the verbal report from the inmate. The report also documented the investigator was immediately informed of the allegation.

The facility does not house youthful offenders and has not housed an inmate classified as a vulnerable adult under a state or local statute. There were no incidents of sexual abuse or sexual harassment reported in the last 12 months. The one allegation was reported in February 2014.

### **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.**

The facility identified no inmates with the potential for substantial risk of imminent sexual abuse in the past 12 months. If protection measures cannot be made at the satellite facility the jail can transfer inmates at risk of imminent sexual abuse to the main facility in Alberta, Virginia. In the event at risk inmates are placed in segregation for protection they can request programming. Facility policy allows for programming to take place in the segregation housing. The at-risk inmate would participate in the program by himself. Facility policy requires an assessment be conducted every seven days for all inmates housed in segregation. The Classification Officer meets with each inmate in segregation as part of the review. Interviews with staff reveal understanding in inmate protection duties.

### **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 allegation that an inmate was sexually abused while confined at another facility. The facility has also not received notification from another facility that an inmate reported sexual abuse to another facility that occurred at the MRRJ. Upon notification the Superintendent notifies the other Superintendent of the other facility through email. Facility policy requires the Superintendent to make the notification within 72 hours. An interview with the Superintendent revealed the Superintendent is well aware of the requirement and the importance of notification.

### **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.**

Nineteen staff (including 2 non-security personnel) was interviewed concerning first responder duties. All clearly understood requirements of a first responder; separation, preserve evidence, secure crime scene, not allow inmates to destroy physical evidence and report to supervisor. Non-security and security staff indicated they would keep the abuser and victim separate, immediately inform a security staff (or supervisor) and request the victim not to shower, use the restroom, brush their teeth, not to smoke or do anything else that could potentially destroy evidence. Several supervisors were also interviewed. Supervisors were able to articulate their duties in responding to allegations of sexual abuse. Included in their response was immediate medical attention for the victim and preservation of the crime scene. Supervisory staff informed the auditor they would remove a staff member from the post if an allegation is made against a staff member. In all cases of sexual abuse or sexual assault supervisory staff immediately contacts the facility investigator.

### 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 institutional plan (9A-12) for coordinated sexual abuse response. The plan includes coordinated response actions for security and non-security first responders, volunteers, contractors, support staff, security staff, Shift Commander, PREA Coordinator, medical and mental health practitioners, sexual assault investigators and facility leadership. The auditor interviewed staff in the previously listed positions and determined they are knowledgeable in their responsibilities included in the 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.**

No outside agency is responsible for collective bargaining at the Meherrin River Regional Jail. The MRRJ is located in the State of Virginia. Virginia is not a collective bargaining state. Agency policy 9A-07 F., 1-2 (pg. 27-28) allows for disciplining staff for any involvement in sexual abuse or sexual harassment of an inmate. Employees can be removed from inmate contact if they are the subject of a sexual abuse investigation at the MRRJ. There have been no substantiated or unsubstantiated allegations of staff sexual abuse in the past 12 months.

### **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.**

Policy 9A-07 G., 1-6 (pg.28) addresses protection of staff and inmates against retaliation for reporting and/or cooperating in a sexual abuse/harassment investigation. The Classification Officer has been designated to monitor retaliation. The Classification Officer informed the auditor he considers housing changes, transfers to the main facility, recommends staff reassignments to the Shift Commander and program assignment changes. He also makes recommendations for emotional support services. During the interview the Classification Officer stated he monitors for a minimum of 90 days and takes immediate action when needed. The monitoring process includes reviewing grievances, disciplinary infractions, inmate request forms, incident reports, housing and program changes and staff and inmate statements. Weekly meetings with the victim are initiated by the monitor and continue for an indefinite amount of time as needed. The facility has the ability to transfer staff and inmates to the main facility as a protection measure.

### **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.**

There were no inmates placed in segregated housing who suffered sexual abuse in the last 12 months. Agency policy prohibits placing inmates who have suffered sexual abuse in involuntary segregated housing unless no viable alternatives exist (9A-05 C.). The facility had one allegation of inmate-on-inmate sexual abuse reported on February 25, 2014. During the investigation the inmate admitted to the Mecklenburg County Sheriff's Office investigator that he fabricated the incident. The inmate was transported to the main facility in Alberta, Virginia and no disciplinary or criminal charges were placed on the inmate. Agency policy (9A-05), procedure and practices are sufficient for the requirements of 115.68 in the event post allegation protective custody is utilized by the facility.

### **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 agency has 1 trained investigator who conducts all administrative investigations for both the main and satellite facilities. Policy 9A-08 A. 1-14 (pg. 29-30) includes all elements of the standard. There was one allegation of inmate-on-inmate sexual abuse referred to the Mecklenburg County Sheriff's Office on February 25, 2014 for criminal investigation. Once the allegation was made the inmate was immediately transported to the Medical College of Virginia hospital for a forensic examination. After speaking to the inmate the Sexual Assault Nurse Examiner determined not to conduct the forensic exam. The allegation was determined to be unfounded as the inmate admitted fabricating the allegation. No criminal or disciplinary charges were placed on the inmate.

The agency investigator retains all investigation reports in a safe and secure area in the administrative offices. An interview with the sexual assault investigator revealed he is aware of the requirements of 115.71. The investigator has been trained to conduct sexual assault investigations in confinement settings through Training Force USA. The Mecklenburg County Sheriff's Office investigator also attended this training. A review of the one investigative report determined the facility investigator worked closely with the Mecklenburg County Sheriff's Office investigator and remained informed during the process.

The auditor reviewed the investigative report and interviewed the sexual assault investigator. The investigator is knowledgeable on investigative report requirements; physical and testimonial evidence, credibility assessments and facts and findings. The auditor also reviewed the Mecklenburg County Sheriff's Office sexual assault investigation policy.

Policy 9A-08 mandates investigative reports are maintained for at least five years after the abuser has been released. The investigator stated he continues with an investigation even if the abuser or victim is released. No state entity or Department of Justice component conducts investigations at the Meherrin River Regional Jail.

### **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.**

The agency does not impose a standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse and harassment are substantiated per PREA Policy 9A-08 B. (pg. 30). The facility investigator was aware of the standard of preponderance of the evidence.

### 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.**

MRRJ policy 9A-08 C., 1 (pg. 30) requires all inmate victims of inmate-on-inmate sexual assault or sexual harassment to be informed of the investigative outcome. The policy requires informing the inmate of substantiated, unsubstantiated, or unfounded investigative determinations. The auditor reviewed the investigative file of the one allegation. The investigative file reveals the inmate was informed of the determination verbally. The facility has since created a form to issue to the inmate at the conclusion of investigations. The written form also includes notification to the inmate victim of the status of the inmate abuser as either indicted on a charge related to the sexual abuse or convicted on a charge related to the sexual abuse.

Policy 9A-08 C., 2 (pg. 30) requires the victim of a staff-on-inmate sexual abuse be informed of the status of the staff member when the staff is either no longer posted in the inmate's housing unit, no longer employed by the agency, the staff has been indicted on charges related to the sexual abuse, or the staff member has been convicted on a sexual abuse related charge. The jail informs the inmate on a form titled, "Allegation of Sexual Abuse – Report to Inmate." Policy 9A-08 C., 5 (pg. 31) mandates the jail's obligation to report shall terminate upon the inmates release from custody.

### 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.**

Policy 9A-09 A., 1-4 (pg. 31) subjects staff to disciplinary sanctions up to and including termination for violating sexual abuse and sexual harassment policies. Termination is the agency's presumptive disciplinary sanction. 9A-09 A., 3 (pg. 31) mandates commensurate disciplinary sanctions for the act committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories. The facility reports all terminations and resignations for violating the jail's sexual abuse or sexual harassment policies to the Mecklenburg County Sheriff's Office, unless the act was not criminal in nature. There have been no staff terminations or disciplines for violating the jail's sexual abuse or harassment policy. There were no sexual abuse allegations made against a staff member in the past 12 months.

### **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.**

Policy 9A-09 B, 1-2 (pg. 31) requires the agency to report contractors or volunteers to the Mecklenburg County Sheriff's Office for violating facility sexual abuse or sexual harassment policies, unless the act was not criminal. The policy also stipulates reporting contractors and volunteers who engage in sexual abuse to relevant licensing bodies. Interviews with contractors and volunteers confirmed they are aware of the jail's policy and receive the information in their handbook prior to gaining clearance to enter the facility. The auditor reviewed signed receipts of contractor and volunteer handbooks that contained the information. All volunteers and contractors were issued the handbook and signed stating they understand. Curriculum for volunteer/contractor training conducted by the Training Sergeant also includes this information to the volunteer/contractor. In the last 12 months there have been no volunteers or contractors who have violated the facility sexual assault or sexual harassment policies. The facility currently has 56 trained volunteers and contractors authorized to operate within the facility.

### **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.**

Disciplinary sanctions are stated in the inmate handbook. Through interviews with randomly selected inmates the auditor determined the inmate population is aware of disciplinary sanctions for engaging in sexual abuse and/or sexual harassment. Policy 9A-09 C., 1-3 (pg. 32) includes all elements (a-g) of 115.78. The disciplinary process considers the inmate's mental disabilities in determining what type of sanction to impose. Policy 9A-09 C., 3 (pg. 32) states the facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. All sexual activity is prohibited between inmates. The policy allows for disciplining of inmates for participating in such activity unless the act is determined not to be coerced.

During interviews with mental health staff the auditor discovered they attempt to determine underlying causes of participating in sexual abuse and offer counseling, treatment and follow up services to victims and abusers. Mental health staff offer continued care before the inmate is released.

Although the facility has had no administrative or criminal findings of inmate-on-inmate sexual abuse, the facility prohibits discipline action against an inmate for making an allegation of sexual abuse in good faith based upon a reasonable belief the alleged occurred, even if evidence does not substantiate the allegation. Facility discipline records were reviewed and showed the one inmate that made an allegation of sexual abuse was not disciplined. The disciplinary hearings officer was interviewed and found to be knowledgeable in the disciplinary requirements.



### **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.**

The auditor reviewed medical records of two inmates that perpetrated sexual abuse in the community. Both records showed follow up meetings with mental health professionals were offered within 14 days. There was no inmate that perpetrated sexual abuse in an institutional setting currently housed in the facility. The facility also had no inmate that had been victimized in an institutional setting. Medical and classification documentation reviewed by the auditor have not identified any inmates that had been victimized in a community setting. The auditor interviewed the medical staff responsible for conducting initial screenings. She was fully aware of the requirement to offer follow up meetings for victims and perpetrators whether in a community or confinement setting. She also maintains records of follow up meetings in the inmate's medical record.

Meetings with mental health staff are conducted by a psychologist or psychiatrist through a contract with Armor Correctional Health Services, Inc. No Armor staff work at the satellite facility. The MRRJ either transfers the inmate to the main facility or conducts the follow up service through live video services if the situation dictates. The psychologist or psychiatrist also has the ability to meet with the inmate at the satellite facility if needed. There were no inmates housed at the facility who reported prior victimization for the auditor to interview.

Medical records are retained electronically through CorEMR software. Only medical and mental health staff has user identification and passwords to review inmate medical records. The medical staff interviewed stated sexual victimization and abusiveness information is only shared with each other to discuss treatment plan options. Limited information concerning the abuse will be provided to key staff in instances to make management decisions. Medical staff was aware to obtain informed consent prior to reporting information concerning prior sexual victimization occurring in a non-institutional setting. There were no informed consent forms for the auditor to review.

### **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.**

The MRRJ maintains a Licensed Practical Nurse on-site Monday through Friday during business hours. When the LPN is on vacation or sick a nurse is provided at the facility by Armor Correctional Health Services, Inc. In the event emergency medical services are needed while no nurse is on site the Shift Commander contacts 911. Mental health staff is "on call" 24 hours each day. Inmates requiring comprehensive services are transferred to the main facility in Alberta, Virginia.

The auditor interviewed security first responders. All were knowledgeable in their duties to protect the inmate from the abuser, securing the crime scene and preserving physical evidence. Supervisors informed the auditor they contact medical staff immediately following a sexual abuse incident. The jail also maintains a Memorandum of Understanding with the Virginia Commonwealth University's Medical College of Virginia hospital. The Medical College of Virginia hospital provides emergency medical and mental health services for the MRRJ. Policy prohibits inmates from having to pay for services related to sexual abuse. The auditor reviewed facility policy and medical protocols and observed the requirement of medical staff to offer timely access to emergency contraception and sexually transmitted infections prophylaxis. Medical staff at the facility informed the auditor they do not charge inmates fees for services related to sexual abuse treatment. Random inmates selected for interviews with the auditor revealed they understand they did not have to pay for sexual abuse related services. The facility has had no inmates requiring emergency medical or health services related to sexual abuse in the last 12 months. One allegation required an inmate to be transported to the Medical College of Virginia where SANE staff and the Mecklenburg County Sheriff's investigator determined the allegation was fabricated. The inmate was not charged a fee for the transportation or services.

### **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.**

Policy (9A-10) requires the facility to offer medical and mental health evaluations and treatment to victims of sexual abuse occurring in institutional settings. The facility had no inmate reporting victimization in an institutional setting. Staff interviewed by the auditor is aware of the requirement to offer medical and mental health evaluations to victims. Medical staff stated they also offer treatment services to victims of sexual abuse. A review of 2 medical records of community perpetrators showed the facility does offer medical and mental health evaluations. Facility medical protocols were reviewed by the auditor and found to be consistent with community level care. Facility policy 9A-10 C., 7 (pg. 34) mandates female inmate victims are offered pregnancy tests. The auditor reviewed training documents of Armor Correctional Health Services staff and observed certificates for attending specific training for the "morning after pill." The facility has had no female inmate report sexual victimization.

Medical protocols require treatment, follow up services, and continued care referrals of sexual abuse victims. Protocols also require medical staff to offer sexually transmitted disease testing to victims. All services related from sexual abuse are provided to the inmate at no cost, even if the victim does not name the abuser or does not cooperate with the investigator. Policy 9A-10 C., 1-13 (pg. 33-34) covers all elements of 115.83 (a-g). Standard 115.83 (h) does not apply to the MRRJ because it is not a prison. There were no inmates housed at the MRRJ who suffered sexual abuse for the auditor to interview. There were also no inmates housed who perpetrated sexual abuse in a confinement facility for the auditor to interview.

### **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.**

Policy 9A-11 requires Sexual Abuse Incident Reviews be conducted at the conclusion of every sexual abuse investigation, unless the allegation is determined to be unfounded. The facility maintains a form to be completed by the review team. The form specifies the completion to be conducted within 30 days following the conclusion of the investigation. Specific members of the team are listed on the form as Deputy Superintendent, PREA Coordinator, Shift Supervisor, Investigator and Medical Personnel. The form requires the review team to consider a need to change policy or practice, motivations to include, race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex, gang affiliation, other group dynamic, perceived status, and unknown motivations, an assessment of physical scene, adequacy of staffing levels, assessment of monitoring technology, determinations by team, recommendations for improvement, recommendations for implemented, and reasons for not implementing. The facility had no incidents requiring the sexual assault incident review in the last 12 months. Although it was not required, the review team did conduct a sexual abuse incident review after the unfounded incident in February 2014. The team utilized this incident to practice the review process.

### 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 auditor reviewed data collected by the facility. The facility utilizes a standardized set of definitions as listed in facility policy 9A-01. The facility aggregates the data annually and is appropriate to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Data maintained on the facility's website includes definitions, general data, and allegations of inmate-on-inmate sexual violence, inmate-on-inmate abusive sexual contacts, staff sexual misconduct and staff sexual harassment. Each category of allegations includes the results of the investigation.

Information utilized to aggregate the data is maintained by the facility investigator in coordination with the PREA Coordinator. The data is securely retained in the investigator's office and forwarded to the PREA Coordinator and Superintendent and reviewed at least annually. The Department of Justice has not requested the facility to provide sexual assault data in the previous 12 months. The facility reported one incident of inmate-on-inmate sexual violence during 2014. The incident was unfounded.

### 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 website which includes a report of aggregated data for both the main and satellite facilities. The report was completed on March 17, 2015 and includes a comparison chart of both facilities reported sexual assault/harassment data. Sexual assault/harassment data for 2013 and 2014 was included in the report. No problem areas were identified by the facility as each incident occurred in different locations. The facility recommended no corrective actions for either facility or the agency as a whole as all incidents were unfounded. The report was signed by the Superintendent and the Deputy Superintendent and included the facility's progress in addressing sexual assault and sexual harassment. There was no material to redact from the published report.

**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 sexual assault/harassment data is securely maintained by the facility investigator in his office. The facility has published its sexual assault and sexual harassment data for each of its facilities on the agency website for public viewing. The auditor reviewed the published data and found no personal identifiers included. The facility investigator and the PREA Compliance Manager stated the data is maintained for a minimum of 10 years after it has been collected.


**AUDITOR CERTIFICATION**

I certify that:

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



Auditor Signature



Date