

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

Interim Final

Date of Report 12-16-2019

Auditor Information

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Email: gwinston1993@gmail.com

Company Name: Gregory P. Winston

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City, State, Zip: Salem, Virginia 24153

Telephone: 540-520-0160

Date of Facility Visit: August 5th – August 7th,
2019

Agency Information

Name of Agency:

Western Tidewater Regional Jail

Governing Authority or Parent Agency (If Applicable):

Western Tidewater Regional Jail Authority

Physical Address: 2402 Godwin Blvd, Suffolk, VA
23434

City, State, Zip: 2402 Godwin Blvd, Suffolk, VA
23434

Mailing Address: 2402 Godwin Blvd, Suffolk, VA
23434

City, State, Zip: 2402 Godwin Blvd, Suffolk, VA
23434

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.wtrj.org/prison-rape-elimination-act

Agency Chief Executive Officer

Name: William C. Smith

Email: smithw@wtrj.org

Telephone: (757) 942-0525

Agency-Wide PREA Coordinator

Name: Stevie Ezzell

Email: ezzells@wtrj.org

Telephone: (757) 942-0587

PREA Coordinator Reports to: Deputy Superintendent Bower	Number of Compliance Managers who report to the PREA Coordinator 0
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Facility Information

Name of Facility: Same as Above/Agency

Physical Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

Mailing Address (if different from above): Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Prison Jail

Facility Website with PREA Information: Click or tap here to enter text.

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA
 NCCHC
 CALEA
 Other (please name or describe: Click or tap here to enter text.)
 N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Virginia Board of Corrections MSJL, PREA

Warden/Jail Administrator/Sheriff/Director

Name: William C. Smith

Email: smithw@wtrj.org **Telephone:** (757) 942-0525

Facility PREA Compliance Manager

Name: Stevie Ezzell

Email: ezzells@wtrj.org **Telephone:** (757) 942-0587

Facility Health Service Administrator N/A

Name: Nurse Doris Jacobs	
Email: jacobsd@wtrj.org	Telephone: (757) 942-0572

Facility Characteristics

Designated Facility Capacity:	552	
Current Population of Facility:	756	
Average daily population for the past 12 months:	714	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	16-70	
Average length of stay or time under supervision:	47 days	
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum and Restrictive Housing	
Number of inmates admitted to facility during the past 12 months:	4,414	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1,948	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1,662	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	5 <input type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	167
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	53
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	97
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	37
Number of single cell housing units:	21
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	16
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	50

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department

apply (N/A if no external entities are responsible for administrative investigations)

- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Audit Findings

Audit Narrative

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

On May 22nd, 2019, the Western Tidewater Regional Jail contracted with Gregory Winston, a Department of Justice PREA Auditor to conduct a PREA audit of the Western Tidewater Regional Jail. The PREA audit was conducted in accordance with the contract by Gregory Winston and Lori Fadorick, also a Department of Justice PREA Auditor.

On May 22nd, I spoke with Superintendent Smith, the Jail's Executive Officer, and let him know that upon execution of the contract documents I would be sending a document request which would include a request for the pre-audit questionnaire. After execution of the contract documents, an introductory phone call was scheduled for June 13th, 2019.

On June 13th, 2019, the auditor conducted an introductory telephone call with PREA Coordinator, Lieutenant Stevie Ezzell. Earlier in the day, I emailed Lieutenant Ezzell a number of documents, which included, the PREA Audit notices in both English and Spanish, which is the prevalent non-English language spoken in their area. The audit notices contained the Auditor's contact information, where to submit confidential information regarding sexual abuse and harassment, as well as the limits of confidentiality of the auditors in accordance with the law. I also sent him the contract documents, the PREA Audit Process Map, the PREA Audit Checklist of Documentation, The fillable PREA Compliance Tool, The PREA Standards for Prisons and Jails, the fillable version of the most recent iteration of the Pre-Audit Questionnaire, a document outlining my expectation for identifying prisoners and staff who, if available, should be available for targeted interviews. Finally, I included an introductory letter that outlined our agenda for the on-site portion of the audit. During the telephone call, we discussed the documents that will be required for review and outlined the agenda for the on-site audit. The auditor answered questions regarding the documents that needed to be provided along with the PAQ.

The Auditor requested for the PREA Coordinator to identify and, if possible, make the following available for targeted staff and prisoner interviews during the on-site portion of the audit:

PRISONERS:

- Youthful inmates/detainees confined in adult prisons, jails, and lockups
- Youthful inmates held in segregated housing to provide sight and sound separation
- Inmates with a physical or cognitive disability
- Inmates who are Limited English Proficient
- Transgender and intersex inmates
 - Lesbian, gay, and bisexual inmates
- Inmates placed in segregated housing for their own protection from sexual victimization

- Inmates who reported sexual abuse that occurred in the facility
- Inmates who reported prior sexual victimization during risk screening

STAFF:

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds
- Line staff who supervise youthful inmates, if any
- Education and program staff who work with youthful inmates, if any
- Medical and mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
- Volunteers and contractors who have contact with inmates
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff
- Superintendent or designee
- PREA Coordinator

The Auditor requested that all documents be provided electronically, if at all possible, and that the PAQ and associated documents be provided on a removable storage device, that the device be password protected and sent as soon as possible via certified mail.

On the afternoon of June 13th, 2019, the Auditor received an email verifying that audit notices were posted in the following areas of the jail:

1. All inmate housing areas
2. All inmate classrooms
3. Kitchen
4. Laundry
5. Front Lobby (public and visitation area)
6. Intake/Booking
7. Watch Commander's Office
8. Medical Section
9. Employee Weight Room
10. Employee Muster Room

On June 18th, 2019, the Auditor received a removable storage device from Lt. Ezzell. The device contained electronic files for each PREA Standard, as well as a facility schematic, the history of the jail, the facility mission statement, results of outside audits, daily population reports, as well as the requested PAQ.

During the Pre-Audit phase, the Auditor did not identify any current pending litigation or federal consent decrees related to sexual misconduct.

Onsite Audit Phase:

On August 5th, the auditors arrived at the WTRJ and conducted an entrance conference with the Superintendent and the PREA Coordinator. The auditors were given a secure office space in the administrative area of the jail. The population on the morning of the first day of the audit was 747. The

auditors briefed the PREA Coordinator on the audit methodology, the proposed audit schedule and provided him with a list of documents that would be reviewed during the audit. In addition, the auditors informed the PREA Coordinator that there may be additional documents requested depending on any findings during the on-site portion of the audit.

The PREA Coordinator provided the auditors with a roster of all prisoners currently housed in the facility by housing unit, as well as staff rosters by shift for three days as well as a log for all PREA investigations conducted during the audit period.

The auditors were accompanied on the site-review by the PREA Coordinator. The site-review began in the public lobby area. PREA audit notices were present in the public lobby area as well as PREA informational poster in both English and Spanish. The notices contained information about the WTRJ zero-tolerance policy regarding sexual abuse as well as a third party reporting telephone number and a method for reporting sexual abuse to jail officials. Upon admission to the secure area of the facility, the auditors were required to read, accept and sign an acknowledgement that the agency has a zero-tolerance policy regarding the sexual abuse or harassment of prisoner and that any violation of that policy would be investigated and referred for prosecution in accordance with law. The security officer told the auditors that any visitor to the facility without a previous formal background investigation (such as lawyers) were required to sign the notice prior to any contact with prisoners.

The site review of the secure area of the jail began in the attorney visitation area. The area is under CCTV surveillance 24 hours a day and is within sight and sound of security staff. Attorney and professional visitation is through security glazing and over the phone.

Adjacent to the professional visitation areas is the central control center, which is staffed 24 hours per day 7 days per week. The control center monitors all facility operations and has 197 CCTV cameras. The area is manned by both female and male correctional officers. During the site review, the auditors often chose specific security cameras to review to ensure potential blind spots were covered by CCTV as well as common bathrooms and prisoner shower areas. There were broad coverage areas by the CCTV, but the auditors did not observe any general population CCTV that would intentionally show a prisoner in a state of undress or in the shower or using the toilet. The auditors also observed the CCTV camera coverage in prisoner protective cells. In those cells, the CCTV cameras were not pointed toward the toilet areas of the cell. The common cell area was observable by CCTV in those cells and it was possible to see a prisoner in a state of undress in the course of routine security rounds/checks.

The staff roll call room is also used as a prisoner classroom. The area is open and bright with large windows in the common corridor and is covered by CCTV. There were PREA audit notices posted in the room; however, there were no PREA informational posters in the space. I recommended that PREA information posters be prominent in all common area and staff common areas. I reasoned that PREA also ensures that staff are encouraged to report instances of sexual abuse or harassment and informational posters reinforce the WTRJ's commitment to sexual safety and also it is important to provide and publicize direct and third party reporting options to both prisoners and staff.

The WTRJ's Laundry facility is situated off of a main facility corridor. The Laundry room and corridor are both monitored by CCTV. The Auditors observed that the door to the laundry is opened to the corridor and the corridor receives a great deal of staff traffic. Male inmate workers staff the laundry and at other times female inmate workers staff the laundry room. Male inmates and female inmates are never present at the same time. The laundry room is open and without blind spots. There is a prisoner bathroom in the laundry, which was unlocked during the sight review. The auditors recommended that the bathroom remained locked and only opened by staff upon request. In addition, the auditors suggested that PREA informational posters be placed inside the laundry as well.

The WTRJ booking and intake area is staffed 24 hours per day and seven days per week. They receive prisoners direct upon arrest as well as transfers from other facility. It has a combination of group holding

cells that are utilized for prisoners who may be coming to and from court who have been screened and classified and preparing to move to permanent housing. The intake area also has individual cells for holding newly jailed prisoners as well as a booking and fingerprinting area, a common telephone area, individual booking counters, prisoner property and search area as well as a prisoner classification office. The area is broadly covered by CCTV. The auditors were able to observe a prisoner booking during the on-site portion of the audit, yet did not observe a prisoner classification. PREA information posters were posted in the intake area. The posters told the prisoners about the facility's no tolerance policy regarding sexual abuse and harassment. The posters were in both English and Spanish. There are additional posters at the inmate telephones that included the telephone number of the YWCA third party reporting hotline number. In addition, upon admission, regardless of whether they are committed from another facility or upon arrest, each prisoner is provided a PREA orientation where they are informed of their right to be free from sexual abuse or harassment as well as their right to be free from retaliation for reporting such abuse as well as the ways to report such conduct. The auditors observed the booking officer explain the form to the newly booked prisoner. The auditors asked the booking officer how they would orient a prisoner with a disability. The officer explained that the form is readily available in Spanish, he also explained how to use a telephone based interpretive service, and that other disabilities are handled on a case by case basis, depending on the type of disability. He did explain to the auditors that if he did not have the available resources to orient the prisoner, he would notify the PREA Coordinator for assistance. The auditors viewed the property and strip search area. The area is separate and adjacent from the booking area and private. There is no window into the search area. There is a sign on the door to indicate the room's occupancy. Informal interview with the booking sergeant verified that all searches are done by members of the same sex unless there are exigent circumstances; however, he had never witnessed or heard of such a search being conducted. The auditors also reviewed the single cells that were located in the booking area. The cells all had toilet facilities, but had modesty shielding in the form of CMU partitions between the toilet and the cell window. In addition, there is a CCTV monitor at the booking counter where staff could readily view the few cells that had CCTV cameras. The auditors viewed the cameras and verified that they did not face the toilet areas of the cells. The auditors reviewed the classification office in the booking area. The office was adjacent to holding cells, but it provided a private area for PREA screenings to occur. The auditors were not able to observe a PREA screening, but the classification officer provided a description of the process. The classification officer explained that prisoners were given administered the PREA risk assessment. They described that they evaluated the risk assessment before housing them with other prisoners in the booking area. The auditors also observed the medical office in the booking area. The exam areas are private, but are readily observed by security staff who are adjacent to the office. Exams are conducted prior to moving the prisoner to the jail population. Informal interview with the on-duty nurse with 1.5 years of experience revealed that she remembered receiving the PREA training on an annual basis. In addition, the auditor asked if she would ever perform a physical exam on a prisoner for the sole purpose of determining their gender status. She replied that she would not. She said she would just ask first.

The Kitchen was a very open space with no observable blind spots. There are a large number of CCTV cameras that covers storage areas as well. The coolers and dry storage areas were locked. According to informal interviews with prisoner workers, they are not permitted into storage area unless escorted by staff. The staff are civilian contract workers. Informal interview with two kitchen contractors revealed that they recall being provided with PREA training before they started working with prisoners. In addition, both contractors that the auditors spoke with indicated when asked that the presumptive result of any sexual abuse of prisoner would result in their termination and criminal prosecution. The prisoner bathroom was unlocked and informal discussions with the prisoners indicated that it was normally unlocked. I recommended to the PREA Coordinator that the bathroom be locked unless in use by a prisoner. There were no PREA informational posters in the kitchen, and it was recommended that PREA informational posters be posted in all common prisoner areas. The kitchen receiving area is accessible to the staff and no prisoners are permitted in the area. Prisoners are not fed in the kitchen area. Food trays are delivered to the prisoner housing units for meal service.

The maintenance areas are located in the secure areas of the jail, are covered by CCTV, but are staff only areas.

The medical clinic is staffed with a security officer anytime a prisoner is present in this area. There are prisoner treatment rooms in the clinic. The security staff is present in the clinic area during any inmate exams or treatment. According to informal discussions with staff and the PREA Coordinator, any cross-gender examinations are conducted with two medical staff members and a security staff member in the immediate proximity. CCTV is present in the general clinic areas, but not in the treatment rooms. Informal interviews with the on duty medical staff confirmed that they do not conduct any forensic examinations on site at the jail. In addition, the two nurses with whom the auditors spoke said they would not perform a physical exam on a prisoner for the sole purpose of determining their genital status. In addition, the two staff member told the auditors during their informal discussions that no body cavity or other intrusive searches are conducted on site. There is a remote medical clinic that is located in the prisoner booking area that is staffed daily during the day shift. Prisoners are pat searched by a staff member of the same sex upon admission and release from the medical clinic. There is a prisoner bathroom in the clinic. There are no additional area in the clinic that would provide an opportunity for cross-gender viewing, absent medical exigency.

The auditors reviewed all prisoner housing units, labeled sections A, B, C, D, E, and F as well as the booking area. PREA informational posters were posted in the housing units. In addition, PREA audit notices were posted in all occupied prisoner housing units. The audit notices matched those sent by the auditors for posting and were in both English and Spanish. The audit notices were posted adjacent to the common entry corridor and at eye level. PREA informational posters were gender specific with pictures of either male or female prisoners. The posters included how to make a report of sexual abuse and harassment along with a reporting hotline number. However, the posters did not include an address as required by the standard. Posters were also posted in common areas of the housing units and adjacent to a common entryway at eye level. There were additional PREA informational posters adjacent to the inmate telephone areas. The posters were very straightforward and easy to read. The posters encouraged any prisoner to report sexual abuse or harassment to any staff member or call the sexual abuse hotline. The auditors tested the hotline number in several prisoner housing units and it was received. During our review of the restrictive housing units, the informational posters were posted near the entrance doors and in common areas. The auditors verified that each of the prisoners in restrictive housing received an inmate handbook, which contained the PREA hotline numbers and information about the facility's zero-tolerance policy; however, my concern was that the mobile "roll around" phone that the prisoners were permitted to use while confined to their cells didn't have the same informational poster that general population inmates had access to. Therefore, the auditors recommended that they find a safe way to attach the PREA reporting information to the mobile phone stand.

All of the celled housing units were configured similarly with respect to the location of showers and common toilets. The restrictive housing units were configured the same as the general population housing units, except that the prisoners had additional housing restrictions. Upon review of the housing units and placement of CCTV, there were no observed blind spots in the units. The units were all podular observation design with a central control room with large tinted glazing and the ability to locally view CCTV of their housing units. The auditors viewed the CCTV feeds and observed that the cameras did not allow viewing of prisoners in a state of undress or performing bodily functions or showering. The showers in the housing units were all individual and had modesty curtains which were designed to cover from head to knees. The common toilets also had modesty curtains that prevented prisoners and staff making security rounds from seeing the prisoner's genitalia, but still allowed for them to observe the areas for security reasons. The jail design was constant throughout the facility. Common toilet and shower areas were viewable from outside the housing units through large security glazing. Despite the open views, the modesty screening preventing staff from seeing prisoners in a state of undress. In addition, each cell in the celled housing units had combi toilets and sanitary bubblers in the cells. Prisoners could be viewed in a state of undress or performing bodily functions in their cells, but only incident to normal security rounds or exigent circumstances.

The auditors reviewed dormitory housing throughout the jail. The dorms are of a podular observation style of supervision. Dorms that have glazing facing any main traffic corridors have covering over the windows facing the corridors. The auditor observed that all of the dorms were single storied units. Prisoners were not permitted to use partitions around their bunks to seclude them from casual observation by security staff. Common toilets and showers were not in the main, but in an alcove adjacent to the main prisoner dayroom. However, these areas were conveniently monitored by staff. The toilets and showers had modesty curtains as in celled housing units. The showers were individual cell and not gang showers. There were no observable blind spots and a reviews of CCTV coverage showed that they were not focused on prisoner toilets and showers and grooming stations in the bathroom area. Prisoners have an area where they may change clothes without being casually observed by other prisoners and security staff. Audit notices were present in the dorms as well as informational posters. PREA information posters with hotline numbers were located at eye level adjacent to inmate telephones.

The auditors reviewed 7 recreational areas throughout the facility. The recreation spaces were large open areas without blind spots. There are large glazing panels in each area and they are covered by CCTV. In addition, recreation is supervised by security staff.

The auditors reviewed two prisoner housing area that were designed to hold youthful offenders. Only one unit was occupied at the time and the auditors entered the occupied housing unit with one female youthful offender. The male security escort announced that a male was entering the unit. When asked during the review, the female youthful offender said that male staff members always report their presence in the housing unit. The housing unit is configured the same as other general population housing units. It has open dayroom space sufficient to conduct large muscle exercise. The cells have toilets and grooming stations. The shower and common dayroom toilets are protected from common view by modesty curtains. The glazing to the housing unit opens into a common corridor, but at no time are adult prisoners permitted to walk by the housing units without staff escorts, and the auditors observed escorted movement during the review. The housing units for youthful offenders are remotely situated from other adult general population housing as to prevent communication by sight or sound. The youthful offender during our information interaction told the auditor that she remains in her dayroom during most daylight hours without restriction, has access to facility services and is not placed in restrictive housing status because of her youthful offender status.

During the site review of prisoner housing areas, the auditors had informal discussions with a number of prisoners. A majority of the prisoner with whom the auditors spoke recall the initial PREA screening upon classification and recall the PREA Coordinator performing the comprehensive training and providing them with a booklet. In addition, the majority of prisoners knew that they could make a complaint using the prisoner kiosk and several said they would just tell a CO.

There are two prisoner classrooms as well as a chapel available for congregate prisoner programming. These classrooms are multi-purpose and are open without blind spots. All classrooms have CCTV and large glazing which open into main corridors. PREA audit notices were posted in the classrooms and chapel, but the auditors suggested to post additional informational materials. One of the common classrooms had a variety of informational brochures, including information on responding to sexual violence, available to prisoners. The auditors were not able to observe any prisoner programming during the review; however, the PREA Coordinator explained the process. Males and females do not program together and neither do youthful offenders program with adult prisoners. Volunteer or contract staff who have been trained in the PREA hold programs and these programs are often offered with cross gender instructors. Prisoners are pat searched to and from the programs by security staff of the same sex.

The main jail corridors are observed by CCTV and offices and toilets located off of the main jail corridors kept locked and are designated for staff only. The auditors observed escorted prisoner movement and found toilets and offices to be locked.

During the site review, the auditors spoke informally with staff of a variety of disciplines. Staff with whom the auditors spoke confirmed that they had received PREA training and those who had been employed for several years recalled receiving annual refresher training.

Prisoner Interviews:

The auditors began conducting prisoner interviews on day two of the on-site portion of the audit. Based upon the prisoner population on day one of the audit (747), the PREA Auditor Handbook required that the auditors interview a minimum of 30 prisoners, 15 random and 15 targeted. All interviews with prisoners occurred in private offices away from the prisoner housing units for privacy. All prisoner interviewees volunteered to be interviewed. The following chart details the inmate interviews conducted:

Category of Inmates	Interviews Conducted
Random Inmates (Total)	29
Targeted Inmates (Total)	11
Total Inmates Interviewed	40
Breakdown of Targeted Inmate Interviews	
• Youthful Inmates	1
• Inmates With Physical Disability	0
• Inmates Who Are Blind, Deaf, Hard of Hearing	0
• Inmates Who Are LEP	1
• Inmates With a Cognitive Disability	1
• Inmates Who Identify as Lesbian, Gay or Bisexual	4
• Inmates Who Identify as Transgender or Intersex	0
• Inmates in Segregated Housing for High Risk of Sexual Victimization	0
• Inmates Who Reported Sexual Abuse	0
• Inmates Who Reported Sexual Victimization During Risk Screening	4
Total Number of Targeted Inmate Interviews	11

On the morning of day two of the on-site portion of the audit, the PREA Coordinator provided the auditors a list of prisoner arranged by housing unit as well as a list of prisoners who were identified as on of the targeted populations. One prisoner was identified as a youthful offender, one with a cognitive disability, 5 who were Limited English Proficient, 0 as transgendered or intersex, 8 as Lesbian, Gay, or Bisexual, 0 who reported sexual abuse and 7 who reported previous victimization. All of the targeted prisoners were invited to meet with the auditors, 11 volunteered to be interviewed. In order to select random inmates, the auditors used a computerized random number generator and entered the total number of beds in each housing unit. A number was selected from each housing unit and the prisoner whose bed number matched the random number was selected for an interview. Two numbers were selected for each female housing unit. If a randomly selected prisoner refused to be interviewed, and additional number would be generated in an attempt to get a cross section from the entire general population. If a targeted inmate was randomly selected a second number was generated for random interviews.

Staff Interviews:

The Auditors conducted targeted staff interviews with agency leadership as well as specialized and random staff members. The following leadership personnel were interviewed and not included in the total number of random and specialized staff listed in the table:

Agency Head – Superintendent
 PREA Coordinator – Lieutenant

Category of Staff	Interviews Conducted
Random Staff (Total)	14
Targeted Staff (Total)	26
Total Staff Interviewed	40
Breakdown of Targeted Staff Interviews	
• Supervisors	2
• Medical and Mental Health Staff	3
• Non-Medical Staff involved with cross-gender searches	1
• Human Resources Director	1
• SANE contract personnel	1
• Volunteer Personnel	2
• Investigator	1
• Staff who perform screening for risk of victimization	2
• Staff who supervise prisoners in restrictive housing	1
• Member of Incident Review Team	1
• Staff who Monitor Retaliation	1
• First Responders (non-Security)	1
• Booking Staff	2
• Maintenance Staff	1
• Food Service Staff (contract)	3
• Agency Contract Administrator	1
• Staff Responsible for supervising youthful offenders	1
• Training Coordinator	1
Total Number of Targeted Staff Interviews	26

The PREA Coordinator provided the Auditors with a roster of individual staff members who filled specialized roles at the jail in accordance with the request during the pre-audit phase. During the on-site audit phase of the audit, those personnel were selected for voluntary targeted interviews. In order to select staff for targeted interviews, the PREA Coordinator provided the auditors with staff rosters for the on-duty personnel. Each staff member was assigned a number and using a computerized random number generator, the auditors randomly generated a number and the on duty staff member's name that corresponded with the number was chosen for an interview. No staff members refused to be chosen for an interview. Interviews were conducted in two private conference rooms in the non-secure area of the jail.

On-Site Document Review:

On day three of the on-site portion of the audit, the auditors conducted a document review of employee, prisoner and investigative files, and spot check of documents that were previously provided to the auditors along with the PAQ.

Record Type	Files Reviewed
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Investigative	10
Prisoner	30
Staff (Personnel)	15
Staff (Training)	15
Training Rosters	Entire Year for all staff
Total Files	70 (plus training rosters)

Employee Files: The Auditors randomly selected 15 employee files by using an employee roster and randomly selecting a number using a computerized random number generator. The files were separated into two types, personnel and training.

Prisoner Files: The auditors selected 30 prisoner classification files without regard or notice of housing type, housing location, conviction status or time of incarceration. Prisoner files were kept in a central location inside locked cabinets and behind a locked door. There are a limited number of staff including classification staff, records personnel, and jail administration that have access to the records. In addition, all medical records are maintained electronically, and paper files are maintained in the medical office where only medical personnel and jail administration have access.

Training Rosters: The auditors reviewed the annual PREA training rosters maintained by the PREA Coordinator and cross referenced the staff files with the training rosters to ensure training was verified.

Investigative Files: The auditors reviewed every investigative file for the 10 allegations of PREA related misconduct during the previous 12 months.

Allegations as Reported:

	Sexual Abuse		Sexual Harassment	
	Prisoner on Prisoner	Staff on Prisoner	Prisoner on Prisoner	Staff on Prisoner
Hotline			1	2
Reports to Staff	2	1	2	
Third Party Report	1	1		
Total:				

The Auditor reviewed all investigative files, which included interview notes, medical as well as mental health records and findings. None of the investigations resulted in finding of criminal activity and all were determined to be unfounded.

Exit Interview:

On the evening of the third day of the on-site portion of the audit. The Auditors conducted an exit interview with the PREA Coordinator as well as the Superintendent and Assistant Superintendent. The auditors highlighted the success of the audit and outlined a plan to move forward with corrective action in areas that were found in non-compliance.

Post On-site Phase:

The Interim report has been completed and the auditors continue to collaborate with the WTRJ for finalize the compliance efforts and complete the corrective action period successfully.

Facility Characteristics

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

The Western Tidewater Regional Jail is a regional adult correctional facility located at 2402 Godwin Boulevard, Suffolk, Virginia 23434. The facility opened in July of 1992 with a rated capacity of 552 prisoners. The facility currently had a bed capacity of 1070. The facility's chief executive is Superintendent Chris Smith who reports to a regional jail board which provides oversight. The WTRJ contracts with the YWCA to provide 3rd party reporting and advocacy and support services for victims of sexual assault. In addition, the WTRJ has a MOU with the Sentara Obici Hospital for the provision of SANE services if required. The auditors have verified the agreements with both the Hospital and the YWCA.

The WTRJ holds pre-trial and sentenced prisoners from the City of Suffolk, City of Franklin and the County of Isle of Wight. In addition, the WTRJ is contracted to hold prisoners from the United States Marshal Service and the United States Bureau of Prisons. The jail is certified to hold both male and female prisoners as well as youthful offenders. In the Commonwealth of Virginia, youthful offenders are referred to as juveniles and may be confined to adult jails if they are pre-trial detainees or sentenced delinquents, who by order of the court, pose a significant danger to others, or have been previously adjudicated as an adult and have been rearrested for an additional offense.

The average daily population of the facility for the last 12 months was 756 prisoners. The WTRJ has a total of 36 housing units, including 16 dormitories, 2 restrictive housing units, 2 housing units for youthful offenders, as well as 2 housing units designated for mental health treatment and cognitive disabilities. The WTRJ employs a direct podular observation style of prisoner supervision, with multiple centralized control rooms. The WTRJ holds Maximum, Medium, and Minimum security prisoners as well as community corrections prisoners. The jail has a recording CCTV system with nearly 200 recording cameras. Facility wide, all showers are single unit with modesty curtains and common toilet areas also have modesty curtains. Private areas are provided in open dormitories to allow prisoners to change clothes or perform bodily functions out of the common view of staff and other prisoners. The lighting around the facility was adequate and there were no obvious blind spots or hidden areas. The jail has both inside and fresh air recreation areas for prisoners and other multipurpose areas for use as classrooms and other programming for prisoners. Prisoners receive their meals in their assigned housing units or their cells and there is no common dining area for congregation of prisoners.

There are inmate work programs available to prisoners, and they are supervised by staff during all internal and external work programs. All prisoner movement is controlled by staff and observed by CCTV.

The WTRJ employs 167 staff members and enlists the assistance of 105 volunteers and contractors. All staff, contractor and volunteers undergo a criminal records check and background investigation and orientation which includes PREA training prior to assuming any duties requiring contact with prisoners.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 37
List of Standards Met: 115.11, 115.12, 115.13, 115.14, 115.15, 115.18, 115.22, 115.31, 115.32, 115.34, 115.35, , 115.43, 115.52, 15.51, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.403

Standards Not Met

Number of Standards Not Met: 6
List of Standards Not Met: 115.17, 115.33, 115.41, 115.42, 115.53, 115.401

ALL CORRECTIVE ACTIONS HAVE BEEN COMPLETED AND THE AGENCY HAS MET ALL STANDARDS.

Summary of corrective action (if any) and final determination is included in the discussion of the individual standard.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy `5.15, Page 4**
- **Agency Organizational Chart**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**

115.11 (a) The WTRJ policy is written in accordance with the standard. The policy details a agency-wide zero tolerance policy for sexual abuse and harassment. The policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The policy contains a specific section regarding documentation and review, which outlines the facility's strategy for preventing and improving response to sexual abuse.

115.11 (b) According to interviews with the PREA Coordinator and the Agency Administrator employees a PREA Coordinator who has sufficient time an authority to perform their functions of developing and overseeing the agency's compliance with the PREA standards. Both the facility Administrator and PREA Coordinator told the Auditor that the PREA Coordinator reports directly to the Superintendent or Deputy Superintendent. The facility organizational chart indicates that the PREA Coordinator reports to the Director of Jail Operations, but this position is currently vacant. Policy `5.15 page 4 stipulates that the PREA Coordinator shall report to an upper level position, and this is consistent with their practice.

115.11 (c) The agency operates on one facility, thus there is no PREA Compliance Manager.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ

Interviews with the following:

- PREA Coordinator
- Agency Administrator (Superintendent)

115.12 (a)(b) Based upon targeted interviews with both the PREA Coordinator and the Agency Administrator, the WTRJ does not contract with any other entities for the purpose of housing their prisoners.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing

and, where applicable, video monitoring, to protect inmates against sexual abuse?

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ with ADP since last PREA Audit**
- **WTRJ Policy 5.15, Page 4, 8, 24-26**
- **Review of most recent staffing plan**
- **Review of past 2 staffing plan reviews**

- **Review of facility logs documenting unannounced supervisory rounds both during the pre-audit document review and during on-site document review**
- **On-site video review of supervisory rounds of housing areas (there is no audio of video footage to ensure that supervisory rounds were unannounced)**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Random Staff**
- **Supervisors Responsible for Conducting Unannounced Rounds**

Observation of the following:

- **Observation of unannounced rounds by supervisors as well as auditors during the site review**
- **Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review**

115.13 (a) (b) The jail's staffing plan have not required revision since the last PREA Audit. The average daily population since the last PREA Audit is 714 and has been consistently at that number for the last several years. The auditor reviewed the facility's current staffing plan as well as the two most recent staffing plan reviews. In those reviews, they have documented that the PREA Coordinator has considered all of the elements from standard 115.13 (a) (1-15) as part of the review. In addition, each review was approved by the Superintendent in writing. During the interview with the Superintendent, the auditor verified that the Superintendent reviews and approves the annual staffing plan. In addition, the Superintendent does consider the use of CCTV and told the auditor that there was a significant CCTV upgrade three years ago. The Superintendent told the auditor during the targeted interview that if there were an instance where the facility did not comply with their staffing plan, the PREA Coordinator would report that instance to him and it would be reviewed. However, according to the PREA Coordinator, the Superintendent, and the PAQ indicated that there were in instances where they were out of compliance with the staffing plan. During the on-site portion of the audit and review of the on-duty personnel, the auditor found them to be following the staffing plan.

115.13 (c) Annually, the jail reviews the staffing plan to ensure that adjustments are made if needed. The auditor reviewed the most recent staffing plan and the most recent annual review. During the targeted interviews with both the Superintendent and PREA Coordinator, they both indicated that there had not been any instances where the staffing plan was violated in the past year; however, both told the auditor that they would use overtime funds to provide additional staff as required. The auditor reviewed the most recent annual review, as well as two previous annual reviews, and the jail's reviews were in compliance with the elements of 115.13(a). In addition, during the on-site review, the auditor reviewed the deployment of CCTV monitoring. There were 197 cameras in place and no recommendations for additional monitoring cameras were made. The jail also has a guard tour system in place which documents when officers make security rounds. While this was not installed as a result of any specific incident or as a result of an annual review, it will improve the jail's ability to prevent and detect incidents of sexual abuse.

115.13 (d) According to the PAQ submitted by WTRJ, the jail has a policy that requires supervisors conduct announced rounds of staff, the jail documents the rounds, cover each shift, and prohibits staff from alerting other staff of those rounds. During the pre-audit phase, the jail provided the auditor a

sample of log books with record of unannounced rounds. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditors reviewed logbooks that verified that unannounced rounds were recorded on the officer's duty posts. The auditor reviewed policy 5.14, page 4 and verified the requirement for unannounced rounds and the prohibition of staff alerting other staff of the rounds. In addition, the site review timing was unannounced to the staff, and the auditors observed supervisors who were accompanying the auditors documented our rounds in the duty post log. In addition, we were allowed to view examples of supervisor's making rounds on the recorded CCTV system. We could not verify that the rounds were unannounced because there was no audio on the recordings. However, during targeted reviews with targeted staff, they told auditors that they were required to conduct, and document, unannounced rounds; and all of the supervisors told the auditors that they make those rounds and that staff was not allowed to alert others. When I asked one supervisor how he prevented staff from alerting others about his rounds, he told me that that they spent so much time out in the jail, that the staff was used to seeing them. During the site review, the auditor informally spoke with staff and asked about unannounced rounds. All of the staff informally interviewed told the auditors that supervisors came on the duty post frequently during their shifts and reviewed their logs and they really never knew when they were going to show up.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 5**
- **Review of population report on the day of the audit as well as population reports from the previous 12 months**
- **Review of logs documenting the movement of youthful offenders to fresh air recreation areas**

Interviews with the following:

- **PREA Coordinator**
- **Staff responsible for supervising youthful offenders**
- **Youthful Offender**

Observation of the following:

- **Site Review of the housing locations for both male and female youthful offenders to confirm site and sound isolation from adult prisoners and to assure access to sufficient area for daily large muscle recreation**
- **Observation of the escorted movement of adult prisoners past youthful offender housing units**

115.14 (a)(b) According to the submitted PAQ, and according to Policy 5.15, page 5, the WTRJ prohibits placing youthful offenders in any housing unit that allows any sight or sound or physical contact with adult inmates through any shared dayroom, commons, shower or sleeping quarters. The WTRJ has used two housing areas during the past two months to house youthful offenders and does not place youthful offenders in the same housing units as adults. Interviews with two officers who supervise youthful offenders verify that the staff do not house adults with youthful offenders and that youthful offenders do not have site or sound contact with adults at anytime, even during time when they attend fresh air recreation. The population report from the first day of the audit revealed that the youthful offender present during the on-site

portion of the audit was assigned to a housing unit to herself. Targeted interview with the youthful offender verified that she is housed by herself in a housing unit without adults and that the staff of the opposite gender announce their presence when entering. During the site review, the auditors reviewed the housing for both male and female youthful offenders. Both units were located in an isolated corridor using remote podular observation style of supervision. Corridor windows were covered whenever adult prisoners were moved past the housing unit. Both housing units were multiple occupancy and had large dayroom areas. There was ample separation of sight and sound between the youthful offenders and the adult prisoners, even when there was a need to escort adult by the youthful offender housing units. Furthermore, even when adult prisoners were escorted past the housing units, they were always escorted personally by the staff. The auditors observed escorts during the on-site portion of the audit and verified this practice.

115.14 (c) During this audit period, there have been no instances where youthful offenders were denied large muscle exercise, lawful education services, or other programs or work opportunities. Policy 5.15, page 5 prohibits restricting large muscle exercises, lawful education services or other programs. In addition, during the past 12 months, there have been no instances where youthful offenders have been placed in restrictive housing in order to separate them from adult prisoners. During targeted interviews with staff who supervise youthful offenders, they confirm that no youthful offenders have been restricted from access to large muscle recreation, education or programs. Currently, there is one youthful offender housed at the facility, who has no education requirements in accordance with Commonwealth of Virginia law. She did indicate during her targeted interview that she would like to take GED classes, but told the auditors that she had not asked about enrolling in that class before her interview. The only lawful education requirements for prisoners in Virginia are those under the age of 21 who have a valid Individualized Education Plan (IEP), spend more than 10 days in jail. According to jail staff, this prisoner doesn't have one. During the on-site portion of the audit, the auditors reviewed logs documenting the movement the youthful offender being moved to fresh air recreation. The youthful offender was permitted during normal general population times to utilize the dayroom spaces for large muscle exercise on a daily basis at her convenience. This was verified during targeted interviews with staff and the youthful offender.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 6-7, Policy 5.10 Pages 3-5**
- **Review of facility logs documenting cross-gender strip/body cavity searches (no instances by any staff including medical)**
- **Training Powerpoint regarding proper techniques for searching opposite gender prisoners as well as transgender or intersex prisoners**
- **Training records with signed acknowledgements by trained staff**

Interviews with the following:

- **PREA Coordinator**
- **Random Staff**
- **Medical Staff**
- **Random Inmates**

Observation of the following:

- **Observation of prisoner housing area with individual showers with modesty curtains**
- **Observation of CCTV coverage of housing areas and individual protective cells**
- **Observation of staff announcing the presence of opposite gender staff during site review**

115.15 (a) In accordance with standard, WTRJ policy 5.15 pages 6-7 and policy 5.10 pages 3-5 prohibits any cross-gender visual body cavity searches or cross-gender strip searches except in the case of exigent circumstances. According to the PAQ, there were no instances of cross-gender strip searches or cross-gender body cavity searches by WTRJ personnel during the past 12 months. During the on-site document review and targeted interviews with medical staff as well as random staff and the PREA Coordinator and review of the logs maintained by the PREA Coordinator, there was no evidence of any cross-gender strip searches or body cavity searches performed by non-medical nor medical staff.

115.15 (b) According to WTRJ policy 5.15 pages 6-7 and policy 5.10 pages 3-5, the WTRJ prohibits the pat down search of female prisoners by male staff members absent exigent circumstances and any such search shall be documented. According to the PAQ, there were no instances where female prisoners were denied access to programs or other out of cell opportunities. Random staff interviews, informal staff communications as well as targeted interviews with 10 random and targeted female

prisoners as well as one female youthful offender revealed that no female prisoners were restricted from programs in order to comply with this standard. During follow up questions with female prisoners regarding this standard, they all indicated that there were always female staff to search and move them around the facility. During the on-site portion of the audit, the logs maintained by the PREA Coordinator verified that during the audit period, there were no instances where female prisoners were pat searched by male staff. In addition, there were not recorded instances of male prisoners being searched by female staff members absent exigent circumstances.

115.15 (c) According to WTRJ policy 5.15 pages 6-7 and policy 5.10 pages 3-5, the WTRJ prohibits the pat down search of female prisoners by male staff members absent exigent circumstances and any such search shall be documented. According to the PAQ, random staff interviews and interview with the PREA Coordinator, and on-site review of the log maintained by the PREA Coordinator, there were not instances of cross-gender strip searches or cross-gender body cavity searches during this audit period.

115.15 (d) According to WTRJ Policy 5.15 page 6, prisoners are permitted to shower, perform bodily functions without staff of the opposite gender viewing their breasts, buttocks, or genitalia except during exigent circumstances. In addition, WTRJ policy 5.15 page 6 requires that all staff of the opposite gender announce their presence before entering a prisoner housing unit. The WTRJ does not maintain logs regarding entering housing units in the case of exigency where prisoners of the opposite sex may be present. During the on-site portion of the audit while interviewing random staff members, all of the 34 out of 34 of the random staff members responded that they always announce their presence before entering a housing unit occupied by member of the opposite gender. During random interviews with male prisoners, 2 out of 27 told the auditor that some female staff made the announcement, 1 prisoner said that females didn't make the announcement, and 1 prisoner said he wasn't sure. Of 11 female prisoners interviewed randomly, all but 1 said that male officers make an announcement before entering their housing area. 1 female prisoner said that males did not make an announcement. The auditors, during the site review, documented that each housing unit had individual shower stalls with modesty curtains and bathrooms were located in individual cells where available. In dorm housing areas, the toilet areas also had modesty curtains or other modesty shielding. The auditors also reviewed a sample of CCTV placements in housing area and verified that there was not CCTV coverage of the interior of general population cells where prisoners would be using the toilet or changing clothes. A review of CCTV coverage in individual protective cell revealed that the cameras were pointed away from toilet areas.

115.15 (e) According to the WTRJ Policy 5.15 page 6, prisoners are not searched or physically examined for the sole purpose of determining their genital status. According to targeted interviews with medical staff and review of logs during the on-site portion of the audit, no prisoner has been examined for the purpose of determining gender status. During random interviews of 14 staff, none of the staff told the auditors that they would search or physically examine a prisoner for the sole purpose of determining gender. The WTRJ had no transgender or intersex inmates during the past 12 months or during the on-site portion of the audit, therefore none were interviewed.

115.15 (f) During the pre-audit portion of the audit, the auditors reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. WTRJ Policy 5.15 page 9 requires for all security staff. In addition, the auditors reviewed the training log for sworn staff who received this training. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. According to the training roster provided during the pre-audit phase, 53 employees were hired, and 53 employees were provided training. The PREA Coordinator also provided a sample of 4 training verification files, which the auditor could match to the training

roster provided. During the on-site document review of employee files, the auditors verified the documents in the employee files provided during the pre-audit phase. During the random staff interviews, all 14 employees interviewed recalled being provided training on how to perform cross-gender pat down searches as well as how to search transgendered or intersex inmates. However, none could recall every having to perform such a search.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 9-10**
- **Review of PREA training curriculum with section on effective communications**
- **Training Rosters**
- **Employee training rosters for the past 12 months**
- **Written Agreement with commercial interpreter service as well as utilization documentation**
- **Interpretive Service Poster and Quick Use Guide**
- **PREA Information Posters in English and Spanish**
- **PREA Training Video in English and Spanish and with subtitles**
- **Comprehensive PREA Training Booklet in English and Spanish**
- **Inmate Handbook in English and Spanish**
- **PREA Orientation Form in English and Spanish**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Random Staff**
- **Targeted Classification Staff**
- **Intake Staff**
- **Prisoners who have limited English proficiency and cognitive disabilities**

Observation of the following:

- **Observation of Interpretive Service access posters in classification as well as booking area**
- **Observation of the use of the Interpretive Service during a targeted interview with a LEP prisoner**

115.16 (a) (b) According to WTRJ policy 5.15 pages 9-10, and the PAQ, the jail provides prisoners who are disabled an opportunity to participate in their efforts to prevent, detect, and respond to sexual abuse. The WTRJ provides prisoners with inmate handbooks and comprehensive training booklets in English and Spanish. Spanish is the prevalent non-English language in the area. In addition, upon admission, prisoners are provided a PREA Orientation Form in either English or Spanish. Auditors observed PREA informational posters throughout the facility in both English and Spanish. During both formal and informal interviews with staff responsible for intake and classification, when asked how they ensured that inmates with LEP or disabilities were provided access to the PREA program benefits, each staff member indicated that they have options on a case by case basis. Staff mentioned reading material to those with low vision, or were illiterate. Staff suggested using their telephone based interpretive service. The targeted classification staff person told the auditor that they also have access to a sign language expert from the court system if necessary. The auditor asked the targeted intake staff how they would respond to the needs of an individual with a cognitive disorder or severe mental illness. The staff member told the auditor that it would depend on the level of impairment and the specific communication needs of the prisoner. During the on-site portion of the audit, the Auditor was able to speak with on prisoner who had been identified as having a cognitive disability and also had a severe mental illness. During the targeted interview, the prisoner was not oriented to time or place and didn't recall being booked into the jail. The Auditor also interviewed a prisoner that was Spanish speaking and an interpreter service was used for translation of the interview. The prisoner told the interpreter that he vaguely recalled the intake process and was given some Spanish booklet to read but said that he had not read it. He did say that were Spanish language notices on the walls of this housing unit and next to the phone, but didn't pay much attention to them. No other inmates with disabilities or with limited English proficient would volunteer to speak with the auditors. It should be noted that the auditors did not

come into contact with any prisoners who did not speak English during the site review. In addition, the Auditors did conduct a review of a housing unit that was designated for prisoners with mental illness and during informal discussions with several of those prisoners, three of them recalled being given information regarding the PREA and the agency's zero-tolerance policy during admission and said they could report incidents of sexual abuse over the phone or through the inmate kiosk system. Two more were not willing to speak with the Auditors about the PREA.

115.16 (c) According to the submitted PAQ, the agency used an interpretive service 53 times during the last 12 months. During the on-site portion of the audit, the Auditors spot-checked the log that documented usage of the interpretive service. Not all of the utilization was for PREA related purposes and there were a variety of languages used. According to Policy 5.15, page 10, the WTRJ prohibits the use of inmate interpreters in first responder duties or investigations of allegations of sexual abuse. According to the targeted interview with the PREA Coordinator, there were no instances of the use of an inmate interpreter even in exigent circumstances. During random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of prisoner sexual abuse. Five staff members did not know about the availability of the telephone interpretive services, but said that if they had a LEP inmate who wanted to make an allegation, they would notify their supervisor immediately.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 6-7**
- **Review of recently promoted employee files from the past 12 months**
- **Reviews of randomly selected employee files**
- **Review of contractors approved within the last 12 months**
- **Review of randomly selected volunteer files**

Interviews with the following:

- **PREA Coordinator**
- **Human Resources Director**

115.17 (a) (b) (c) According to WTRJ Policy 5.15, page 6, the jail does not hire persons who have violated the provisions of this standard. During the on-site portion of the audit, the Auditors reviewed 10 employee files that were hired in the last 12 months. All of the employees' files contained background checks and pre-employment questionnaires where employees were asked the questions regarding past conduct and their answers were verified by a background investigation. The auditors also reviewed two files of employees who were promoted in the last 12 months. Each employee was asked questions regarding their past conduct and they responded that they had not engaged in any sexually abusive contact outlined in the standard. Prior to promotion or hire, each person had a criminal history query and it was documented in

their personnel file. A targeted interview with the Human Resources Director verified that criminal history checks are run on all applicants and potential supervisors. She also verified her signature on the files that the Auditors reviewed on-site. According to WTRJ Policy `5.15 page 7, the WTRJ considers any incident of sexual harassment when deciding to promote or enlist the services of contractors or volunteer. During the interview with the HR Director and the PREA Coordinator they confirmed that they consider incidents of sexual harassment; however, there had been no incidents. Review of newly hired and promoted employee files confirmed their compliance with the policy. WTRJ policy `5.15 page 6-7 requires that all employees are subjected to a background investigation that included a criminal background check and that the jail solicit information from any prior institutional employment regarding investigations or allegations of sexual abuse or harassment. The document review on-site and the interview with the HR Director confirmed that they have complied with this policy and not employee with such a history has been hired during the audit period.

115.17 (d) WTRJ Policy 5.15 page 6 requires that all potential contract employees undergo a background investigation and criminal records check prior to enlisting their services. However, the auditors reviewed 3 files of contractors hired during the past 12 months and could find no evidence that criminal records checks were completed and not inquiry into previous conduct related to this standard were conducted. This resulted in a finding of non-compliance with this standard.

115.17 (e) (f) WTRJ Policy 5.15 page 7 requires that each employee undergo a criminal background investigation every 5 years. During this audit period, the 5 year threshold had not been met. However, interviews with the HR Director and the PREA Coordinator confirmed that each employee hired during this audit period was subjected to a criminal records check. In addition Policy 5.15 page 7 includes an affirmative requirement that employees have a duty to report any conduct in violation of the PREA (Specifically Standard 115.17 (a). A review of newly hired employees verified that they had been subjected to a criminal records check and were subjected to a questionnaire regarding previous conduct. However, a review of 3 newly hired contractors showed no affirmative evidence of a criminal records check prior to enlisting their services or were they questioned about previous conduct listed in 115.17(a). Thus, they are not in compliance with this standard.

115.17 (g) (h) WTRJ Policy 5.15 page 7 requires that the agency will cooperate with other agencies by providing any information regarding allegations of sexual abuse of former employees upon request of other institutional employers. In addition, Policy `5.15 page 7 stipulates that material omissions regarding previous conduct in violation of this standard are a cause for termination. According to targeted interviews with the PREA Coordinator and the HR Director, there have been no instances of known failure to report previous conduct in violation of this standard and thus no terminations or employee discipline. According to the targeted interview with the HR Director, they cooperate and provide information to other institutions related to previous employee's conduct. The HR Director was able to show an example of a documented occasion where she had received an information release from another agency and provided employment records.

Corrective Action:

The WTRJ shall develop a form for any prospective contract employee to complete a questionnaire regarding previous conduct related to this standard. In addition, the form should have a spot for the signature of jail personnel documenting a criminal records check. The WTRJ shall provide the auditor an example of the form and a completed form for any prospective contractors if available.

Corrective Action Summary and Determination of Compliance: The WTRJ has developed an objective written instrument whereby any prospective contract employee is required to affirm that they have or have not participated in conduct prohibited by the standard. In addition, the form contains a place for jail personnel to document that they performed a criminal records check. The WTRJ provided the auditor a copy of the form as well as an example of a form that was used during the screening of a prospective contract employee.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ

Interviews with the following:

- PREA Coordinator

115.18 (a) (b) According to the WTRJ PAQ and targeted interview with the PREA Coordinator, the WTRJ has not made any substantial expansion to the facility since their last PREA audit.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, pages 17-22**
- **Review of MOU with the local police department**
- **Review of MOU with the local forensic specialists**
- **Review of MOU with local YWCA**
- **Review of incident report logs**
- **Review of reports from the YWCA from third party reports**
- **Review of all investigations during the last 12 months**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Forensic Personnel who provide SANE/SAFE services to WTRJ Prisoners**
- **YMCA Personnel who provide support services to victims of sexual abuse**

115.21 (a) (b) (f) According to the WTRJ Policy 5.15 pages 17-19, as well as a written MOU with the Suffolk Police Department any criminal investigation shall be conducted by the Suffolk Police Department. In the MOU, the Suffolk Police department has agreed to conduct sexual abuse investigations in accordance with PREA standards. The Suffolk Police department has agreed to follow the nationally accepted protocol for Sexual Assault Medical Forensic Exams published by the USDOJ. According to interviews with random staff, all random staff members identified the PREA Coordinator as the person who conducts sexual assault investigations. The WTRJ provided a signed copy of the MOU to the auditors during the pre-audit phase. This relationship was confirmed during targeted interviews with superintendent as well as the PREA Coordinator.

115.21 (c) According to WTRJ Policy 5.15 pages 17-19, the agency offers sexual abuse victims access to forensic medical exams off-site at the Sentara Obici Hospital and at no cost to the prisoner, including prophylactic testing/treatment for suspected STIs, and pregnancy testing as applicable. The Auditors reviewed a written MOU with the forensic services provider for the Suffolk Police Department. The agreement stipulates that examinations shall be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the American Nurses Association as well as the standards of the International Association of Forensic Nurses. Services are available 24 hours per day and 7 days per week. The presence of the agreement was verified with the forensic services provider. In addition, there have been no instances of alleged sexual abuse which required the use of forensic services in the past 12 months. Review of the PREA investigative files for the past 12 months verified that no such instances have occurred.

115.21 (d) (e) (h) According to WTRJ Policy 5.15 pages 17-19, the WTRJ will make a victim advocate from a rape crisis center available to an abused prisoner. The auditor reviewed a MOU with the local YWCA who as agreed to provide victim advocacy in accordance with the standard. The auditors verified the agreement

by contacting the contracting agency and verifying the agreement is still in place. In addition, the agency verified that their advocates were screened for appropriateness and criminal history and trained in general sexual abuse and forensic examination support and advocacy. According to the YWCA and the WTRJ, no instances of sexual abuse that have required services have occurred in the past 12 months. Review of the PREA investigative files for the past 12 months verified that no such instances have occurred. Targeted interview with the PREA Coordinator also confirmed that the MOU was in place, but no advocacy services had been utilized during the audit period.

115.21 (g) WTRJ Policy 5.15 page 19-21 does not distinguish between any agencies investigating instances of sexual abuse, and according to the PREA Coordinator, all investigations are required to be conducted in accordance with their written policy. There are no documents to review where investigation were conducted by state agencies or Department of Justice officials. There have been no instances of sexual abuse allegations involving United States prisoners.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 19-22**
- **Review of logs of PREA investigations for the last 12 months**
- **Review all investigative files for allegations of sexual abuse or harassment for the past 12 months**
- **Review of information from the WTRJ website**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Investigative Staff**
- **Random Prisoners**

115.22 (a) According to WTRJ Policy 5.15 page 19 stipulates that all allegations of sexual abuse or harassment are investigated. During the past 12 months, there have been 10 allegations of sexual abuse or harassment. All 10 allegations were investigated administratively, and none were referred for criminal prosecution. All 10 investigations were completed. Targeted interview with the superintendent verified that all allegations of sexual abuse or harassment were investigated, and he went on to describe the process for investigations. According to the Superintendent, once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserved evidence. The on-duty supervisor would brief the facility investigator and PREA Coordinator and depending on the situation initiate a call to the Suffolk PD to begin a criminal investigation. Essentially, all reports of sexual abuse or harassment are evaluated by the first responders and facility investigator or PREA Coordinator, who is also a qualified investigator and a determination is made whether to initiate a criminal investigation. If there is no exigency and no evidence that a crime has occurred, the agency initiates an administrative investigation. The incident is investigated and if during the investigation, it is determined that there is evidence to support a crime was committed, the investigation is turned over to the local police department. If there is no evidence that a crime was

committed, then the investigation is completed as an administrative investigation. The auditors reviewed all 10 investigative files from the previous 12 months. The files contained the complaint, the source of the complaint, interviews, evidence collected and reviewed, findings and notice to the complaining prisoner as required by the standard. In each of the 10 investigations, the allegations were unfounded.

115.22 (b) (c) (d) (e) According to WTRJ Policy 5.15 page 21 requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution. The auditors reviewed the WTRJ website and the agency policy is posted and publicly available as well as the PREA policy. There is also a specific document that stipulates that all criminal investigations are conducted by the Suffolk PD and that any allegations that are found to be criminal in nature are referred to the Suffolk Commonwealth's Attorney Officer for prosecution. The document on the website also stipulates that the WTRJ is responsible for all administrative investigations and provides contact information for the PREA Coordinator and a method for anonymous reporting of sexual abuse or harassment that goes to the PREA Coordinator. During an interview with the agency investigator, he verified that investigations that revealed criminal behavior would be immediately referred to the Suffolk PD and that those investigations would be referred to the Commonwealth Attorney for prosecution. There are no state agencies or Department of Justice component that have a responsibility to conduct criminal or administrative investigations. The auditors reviewed investigative files and logs for the past 12 months during the on-site document review and there were no investigations referred for criminal prosecution in the past 12 months.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 8-11**
- **WTRJ Policy 13.1 Pages 1-4**
- **WTRJ PREA Training Curriculum**
- **Training Rosters for Civilian and Sworn Staff 2019**
- **Training Acknowledgements for Civilian and Sworn Staff**

Interviews with the following:

- **PREA Coordinator**
- **Random Staff**
- **Training Coordinator**

115.31 (a) (b) (d) (c) According to WTRJ Policy 5.15 pages 8-12 and Policy 13.1 pages 1-4, all employees, contractors, volunteers and civilian staff member who have contact with prisoners receive training. According to the policy, mental health and medical personnel receive specialized training. In order to confirm that compliance with this standard, the auditors reviewed the written training curriculum and during the pre-audit period, reviewed a sampling of training documentation with attendance rosters and employee acknowledgements, as well as logs of training attendance. In addition, during the on-site portion of the audit, the auditors verified the training of staff by making spot checks of 10 officer training files to match the training rosters with the files for verification of training attendance. Furthermore, the auditors reviewed the entire training logs for all employee who had received training for the current year. During the random staff interviews, all 14 random employees as well as the 26 targeted staff recall having annual PREA training. During the random staff interviews, the auditors asked the employees if they recalled being trained on each required element of the PREA training. None of the employee interviewed remembered all elements of the training. The auditors reviewed the PREA training curriculum and verified that each of the elements of the standard are included in the standard. There are 10 specific elements of PREA training that are required and there are listed along with the corresponding page of the training curriculum: (1) page 2, (2) page 2, (3) page 1, (4) page 1, (5) page 4, (6) pages 4-6 (7) pages 4-6, (8) 5-7, (9) pages 10-11, (10) page 2. All employees are provided training that it tailored to both male and female prisoners. During interviews with the PREA Coordinator and Training Coordinator, both confirmed that no employee is permitted to have contact with prisoners prior to receiving PREA training during orientation.

115.31 (c) The WTRJ Policy 5.15, page 9 stipulates that all employees will be provided initial PREA training and receive refresher training every two years. Since the last PREA audit, according to the training documents that were reviewed by the auditor indicated that 337 staff members have been trained in the PREA standards and 158 staff members have been trained in the PREA standards in the last 12 months. 100% of all staff and volunteers according to the submitted PAQ. During the on-site portion of the audit during the document review, the auditors verified that the 53 newly hired employee for the past 12 months had received PREA training during orientation by comparing their names with the names on the training logs. In addition, during our document review, the auditors reviewed 15 staff training files, and each file contained a training acknowledgement for PREA training within the last two years.

115.31 (d) According to Policy 5.15, page 9, all employees, volunteers and contractors are required to sign a training acknowledgement form verifying their understanding of the training. Examples of the acknowledgement form were reviewed during the pre-audit phase. During the on-site portion of the audit and document review, the auditor spot checked 15 employee training files and verified that there were signed acknowledgement forms in their files.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 8-11**
- **WTRJ Policy 13.1 Pages 1-4**
- **WTRJ PREA Training Curriculum**
- **Training Rosters for Civilian Staff 2019**
- **Training Acknowledgements for Civilian Staff**

Interviews with the following:

- **PREA Coordinator**
- **Contract Staff**
- **Volunteer Staff**
- **Training Coordinator**

115.32 (a) (b) (c) WTRJ Policy 5.15, page 9 requires that all volunteers and contractors receive training regarding the PREA. This training is required to be completed prior to contact with any prisoners. According to the PAQ, 97 volunteers and contractors have received training in accordance with the policy. That represents 92% of all volunteers and contractors who have received training in the past 12 months. The Auditors reviewed the files of the three new kitchen services contractors who were hired in the past 12 months and verified that they had received the required PREA training. The auditors reviewed the training curriculum that is used for training volunteers and contractors and it is the same as the curriculum that is used for sworn staff members. According to targeted interviews with PREA Coordinator and Training Coordinator, they require that anyone who has any contact with prisoners undergo the same training as sworn staff regarding the PREA despite the fact it is not required by the standard. During the document review, the auditors were able to verify that the contractor who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. During targeted interviews with 5 contract and volunteer staff members, each of the interviewees told the auditors that they recalled having the PREA training and knew of the WTRJ's zero-tolerance policy against sexual abuse and harassment. In addition, all five recalled having to take a test and sign a paper and when asked what would be the consequence if they violated the PREA policy, each one said they would be removed from the facility and risk jail time. The auditors reviewed the files of 3 newly hired contract employees and verified that the signed training acknowledgement form is retained in their files. In addition, during targeted interviews with the PREA Coordinator and Training Coordinator verified that training acknowledgements were retained in the files.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 9-11**
- **WTRJ inmate Handbook**
- **WTRJ Comprehensive Education Booklet**
- **WTRJ Sexual Misconduct Orientation Form**
- **Sampling of Completed Sexual Misconduct Orientation Forms from Prisoner Files with prisoner signatures**
- **Monthly Logs of Completion of all Prisoners provided Comprehensive Education**
- **Sampling of Prisoner files comparing intake date, the date of initial screenings, and the date of comprehensive screening**

Interviews with the following:

- **PREA Coordinator**
- **Random Inmates**
- **Intake Staff**

Observations of the Following:

- **PREA informational Posters throughout the facility in prisoner housing and common areas**
- **Prisoner Intake Process**

115.33 (a) The WTRJ PREA Policy 5.15, Page 9-11 is written in accordance with the policy. The auditors reviewed the intake process during the site review and observed a prisoner being explained the PREA Orientation form. This was completed at the intake counter away from any other prisoners. The prisoner signed the orientation form. In addition, the auditors observed PREA signage with a reporting number and notification of the agency's zero tolerance policy. In both informal discussions with intake staff as well as formal specialized interviews with intake staff, all officers told me that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, they explained to the newly committed inmates that they could report any instances of abuse or harassment to staff and use the prisoner telephone system to report abuse to the listed hotline. As stated before, even newly committed inmates, who were just registering their PIN number into the inmate phone system were able to see the PREA signage and could call the hotline number if they chose to notify a third-party. Interviews with intake staff, both informally and formally, verified that all prisoners, including any transferred from another facility, are given the PREA same orientation. Further probing during the informal and formal staff interviews revealed that inmates who were

LEP would be provided the orientation using a language line and those staff interviewed knew how to use the line and there was a set of instructions also available to staff adjacent to the booking counter with step by step instructions to use the language line. The auditors conducted 35 random prisoner interviews. 31 of the 35 prisoners remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. The majority of the prisoners said that they would just tell the staff and most also referenced the use of a sexual abuse hotline. The 4 prisoners, who responded that they did not remember receiving the initial orientation, stated that they were under the influence of drugs and/or alcohol at the time of commitment. The WTRJ PAQ reported that during the last year 4,414 persons were committed to jail and 4,414 prisoners were given the initial PREA information in accordance with the standard. The auditors reviewed an initial sampling of 20 random prisoner records files. In each case, the file contained the initial prisoner PREA orientation, signed by the prisoner at the time of admission. This verified what the auditors personally observed, what the interviews revealed, what was required by policy and what was reported in the submitted PAQ.

115.33 (b)(c) The WTRJ admitted 4,414 inmates in the last twelve months, 1,662 of those prisoners served 30 days or more and 1,420 received the comprehensive education. The only prisoners that do not receive the comprehensive education, who serve more than 30 days of incarceration, are those prisoners assigned to non-consecutive days, such as weekend confinement or periodic confinement allowed under Virginia Code. However, these prisoners are given the PREA orientation in accordance with 115.33(a). The auditors reviewed the records that are kept by the PREA coordinator. Those monthly records are logs of each prisoner who has been confined in jail for the past two weeks and their signature that they have received the comprehensive PREA education. The auditors reviewed 20 random inmate files to verify the commitment date and compared them to the date recorded on the comprehensive training roster. There were no instances where the prisoners were provided training beyond the time required by the standard. The auditors interviewed 35 random prisoners, and 31 of the prisoners reported that they remembered being informed of the facility's zero tolerance policy and how to report sexual abuse and harassment. 31 of 35 prisoners responded that they received that information upon admission.

115.33 (d)(e) The WTRJ provided the auditors with a copy of the comprehensive PREA education booklet. The booklet is provided in both English and Spanish (the predominate non-English language in the area). The booklet contains the information required by the standard. In addition, Policy 5.15 page 9 indicates that all prisoners who serve at least 30 consecutive days of confinement will be provided with comprehensive PREA education in the form of a written booklet as well as a video that is played on the prisoner televisions on a weekly basis. During a targeted interview with the PREA Coordinator, he told me that in any case where a prisoner was unable to understand the education booklet because they were LEP, he would use the language line. Further, if they are cognitively disabled, or had low vision or were hard of hearing, he would make accommodations in accordance with their disability. However, he has had no instances during this audit period where accommodations beyond the language line were required. The PREA coordinator also documents each educational session and the auditors reviewed those logs for the last year. The prisoners are required to acknowledge their participation in the training session, and this is retained in the log. No LEP inmates agreed to participate in targeted prisoner interviews.

115.33 (f) As part of the PAQ, the WTRJ submitted copies of PREA posters that specifically stated that the agency had a zero tolerance policy for sexual abuse or harassment. During the site review, the auditors personally observed these posters in all inmate housing areas as well as common inmate areas such as classrooms. In addition, during 35 random inmate interviews, the majority of the prisoners told the auditors that they could report sexual abuse or harassment through the telephone system and they knew that posters were at the telephones and they had a hotline number on them. However, the address of the third party agency that can receive reports was not listed on the facility signage.

Corrective Action: List the address of the third-party reporting contact on the PREA signage.

Corrective Action Summary and Determination of Compliance: The WTRJ provided the auditors with revised signage that included not only the number of a hotline for use for third party reporting, but also the address for the agency that receives third party reports. The PREA Coordinator also verified by email that they previous signage had been replaced by the revised versions.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 10**
- **Review Training Curriculum for Specialized Training**
- **Review of Training Certificates for Investigators**
- **Investigative Files for the last 12 months**

Interviews with the following:

- **PREA Coordinator**
- **Investigative Staff**

115.34 (a) (b) (c) (d) WTRJ Policy 5.15, page 10, stipulates that all investigative personnel who conduct investigation for the agency successfully complete specialized training for conduction investigations in a confinements setting. The auditor reviewed the training outlines for the specific courses. The WTRJ has two investigator who attended two separate training courses. Upon review of the training curricula, both courses provided instruction in accordance with the standard and included instruction on techniques for interviewing victims of sexual abuse, the use of Garrity and Miranda Warnings, evidence collection, and the evidence required to substantiate a case for administrative action as well as referring cases for criminal prosecution. The PREA Coordinator provided copies of the certificates of successful completion and the training agendas during the pre-audit portion of the audit. The WTRJ maintains certificates of training for the two investigators who conduct sexual assault investigations for the jail. Both the PREA Coordinator and the Investigator verified that they have been trained and the auditors reviewed the certificates of completion for both investigators. There is no state or federal agency that is charged with investigating sexual abuse or harassment allegations at the WTRJ.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 8-11**
- **WTRJ Policy 13.1, pages 2-4**
- **Review Training logs for all 23 nursing and mental health staff**
-

Interviews with the following:

- **PREA Coordinator**
- **Medical Staff**
- **Mental Health Staff**

115.35 (a) (c) (d) The WTRJ Policy 5.15, pages 9-11 requires that all staff members receive training regarding the PREA in accordance with standard 115.31. Further, the Policy 5.15, pages 10-11 requires that all part- and full-time mental health and medical staff members receive additional and specialized training. The police requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment. The WTRJ employees 23 medical and mental health personnel and all 23 have received the required specialized training. This represents 100% of the employee in this category. During the on-site portion of the audit, the auditors reviewed the training logs maintained by the PREA Coordinator and cross-referenced the roster of mental health and medical personnel and verified that all of the current employees had received the required training. During targeted interviews with the medical and mental health staff all three staff members remember receiving PREA training upon their orientation. In addition, all three remembered having to log into the NIC website and create an account and complete additional training related to healthcare and the PREA.

Targeted interviews with the PREA Coordinator verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented, the employees are required to sign a training acknowledgement and then then complete additional specialized training and provide a certificate of completion. The auditor reviewed three examples of those additional certificates of completion.

115.35 (b) The staff of the WTRJ does not perform forensic medical examinations for victims of sexual assault.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a request? Yes
 No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 14-17**
- **WTRJ inmate Handbook**
- **Inmate Sexual Misconduct Orientation Forms**
- **WTRJ PREA Screening Instrument**
- **Sampling of 30 Random Inmate files**

- **15 Day Reclassification Reviews conducted by Classification and Logs Maintained by PREA Coordinator (during corrective action).**

Interviews with the following:

- **PREA Coordinator**
- **Random Inmates**
- **Intake Staff**
- **Classification Staff**

Observations of the Following:

- **Prisoner Intake Process**

115.41 (a) According to WTRJ Policy 5.15, pages 14-16 all prisoners shall be assessed upon their admission to the facility and reassessed no later than 15 days after admission to the facility. During the site review, the auditors were not able to follow a prisoner through the admission and entire classification process. But during the site review, the auditors observed a prisoner being admitted to the jail during initial booking, and during that process, they were informed of the prisoner's right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with the classification staff verified that upon admission within 72 hours, all prisoners were screened for risk sexual abuse victimization and the potential for predatory behavior. During interviews with random prisoner, several of the prisoners do not remember their initial screening due to their drug and alcohol intoxication and withdrawals. However, the remainder remember being asked PREA related questions during their admission; although none of the prisoners remembered all of the PREA risk assessment questions.

115.41 (b) (c) According to WTRJ Policy 5.15 page 15, prisoner are required to normally take place within 72 hours of admission. According to the PAQ there were 1,948 prisoners admitted to the facility in the past 12 months who had a length of stay longer than 72 hours and according to the PAQ, 1,948 prisoners received a risk screening within 72 hours. That is 100% of all 1,948 prisoners received a risk assessment within 72 hours of admission. The auditors selected 30 random prisoner files and reviewed their booking reports and risk screenings in order to compare the admission date and the date of admission screening. All 30 randomly selected files verified that they had received risk screening within 72 hours of booking. Targeted interview with classification staff verified that they perform risk assessment within 72 hours of booking. Targeted interviews with random prisoners revealed that there were several prisoners that did not recall the initial screening and none of the prisoners interviewed remember all of the risk assessment screening questions. The auditors reviewed the PREA risk assessment instrument and it is objective as required by the standard. The questions are asked and the answers are recorded by the classification staff on the risk assessment form. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.

115.41 (d) According to the PAQ and WTRJ Policy 5.15, page 15, the PREA screening instrument shall include 10 individual elements. Upon review of the screening instrument, the auditors determined that the screening instrument included all of the required elements, with the exception of element (7). The standard requires that the screener make a subjective perception of whether the prisoner is gay, lesbian, bisexual, transgender, intersex or gender nonconforming. Targeted interviews with classification staff reported that they do not record whether how they perceive the prisoner, but only the prisoner's own perception of their vulnerability. They do not meet the requirements of the standard and will need to add and consider this element of the standard.

115.41 (e) According to WTRJ Policy 5.15, Page 15, the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the risk of prisoners being potential abusers. The auditors reviewed the objective screening instrument and verified that the questions are present on the screening instrument and during the prisoner file review, the same completed forms were in the inmate files. During targeted interviews with classification staff, who conduct risk assessments, verified that they ask prisoners if they have a history of violence and ask them to self-report their history of institutional violence. However, the staff also said that they review the prisoner's criminal history, current offenses, as well as institutional history, if they have been in the WTRJ previously.

115.41 (f) (g) WTRJ Policy 5.15, page 15, requires that all prisoners shall be reassessed within 15 days of the initial assessment utilizing any additional and relevant information received since the initial screening. Targeted interviews with the PREA Coordinator, Classification Staff, and a review of the PAQ and inmate classification files during the on-site review have verified that no reassessments are being conducted in accordance with the standard. The WTRJ is not in compliance with this standard and will require corrective action.

115.41 (h) WTRJ Policy 5.15, page 15-16, stipulates that no prisoner shall be disciplined for refusing to answer or disclose information in response to the risk assessment questions. According to targeted interviews with the classification staff as well as the PREA Coordinator, there have been no instances of inmates being disciplined for refusing to answer screening questions.

115.41 (i) Targeted interviews with the PREA Coordinator and the Classification staff verified that only records, classification, and administrative staff have access to PREA risk assessment screening information, unless the prisoner is referred for medical or mental health treatment. The auditors reviewed the storage area for prisoner records. The records are stored in secure and lockable filing cabinets and behind a locked door in the records area.

Corrective Action:

In order to be in compliance with the standard, the WTRJ must develop a reliable method to assure that all prisoners who are screened for risk in accordance with this standard are affirmatively reassessed in a set period no later than thirty days using any additional and relevant information. This reassessment must be reliably documented in accordance with the standard. In addition, there must be documentation of any reassessment that occurs as a result of additional information or involvement in incidents of sexual abuse.

Corrective Action Summary and Determination of Compliance: The WTRJ PREA Coordinator prepares a computerized report every two weeks, which contains a list of all prisoners committed to jail in the previous two weeks. Using that report, the PREA Coordinator meets with each prisoner remaining in custody for two weeks and provides comprehensive education to those prisoners. In order to comply with this standard, the PREA Coordinator provides that same report to their classification personnel, who perform a reassessment of the prisoner's initial PREA screening results, including any relevant additional information. This reassessment is documented in the prisoner's classification file. The evaluation compliance, the auditor reviewed examples of the computer generated report of prisoners in custody as well as a sample of reassessment forms completed by classification.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 16**
- **Review of classification screening decisions for prisoners**

Interviews with the following:

- **PREA Coordinator**
- **Supervisors Responsible for Conducting Unannounced Rounds**

Observation of the following:

- **Site review of prisoner housing units**

115.42 (a) (b) Policy 5.15, page 16 of the WTRJ requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. However, the auditors reviewed the written documents used when making classification decisions, and there was no record of having used the risk assessment information to make such classification decisions. Targeted interviews with the PREA Coordinator and Classification staff revealed that they told the auditors that they considered the results of the PREA screening anecdotally, there was not written record that proved that they use the risk assessment results in accordance with the standard. They do not comply with this standard and corrective action is required.

115.42 (b) (c) (d) (e) (f) WTRJ Policy 5.15, page 16, requires that the agency will consider housing for transgender or intersex inmates on a case by case basis in order to ensure the health and safety of the prisoner and take into consideration any potential management or security problems. The policy requires that placement and programming decisions shall be reassessed twice per year in order to review any threats to safety. The policy requires that a transgender or intersex prisoner's own views about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other prisoners. During the site tour, the auditors reviewed all inmate housing units. All inmate housing units permit prisoners to shower separately from one another, including dormitory housing units. During targeted interviews with the PREA Coordinator and Classification Staff, they both confirmed that they would act in accordance with the standard; however, there have been no transgender or intersex prisoners confined in the jail during this audit period. In addition, no targeted interviews with transgender or intersex were able to be completed by the auditors. Based upon the fact that no transgender or intersex prisoners confined in the past 12 months, the auditors could not review any documents related to sections (b-f) of the standards.

115.42 (g) According to WTRJ Policy 5.15, page 16, the WTRJ shall not place lesbian, gay, bisexual, transgender, or intersex prisoners in dedicated wings solely on the basis of such identification. According to the WTRJ submitted PAQ, the WTRJ is not subject to any legal settlements or decrees or judgements. The auditors conducted informal discussions with prisoners during the site review and no prisoner mentioned being housed according to their sexual preference or identity. The auditors conducted targeted interviews with the PREA Coordinator and asked if there were any dedicated housing units for LGBTI prisoners. The PREA Coordinator told the auditors that prisoners' housing was based upon objective finding and LGBTI prisoners were not placed in dedicated units. Targeted interviews with 4 LGBTI prisoners verified that the

WTRJ does not place prisoners in dedicated housing units and two of the four prisoners interviewed were located in different housing units according to the prisoner rosters.

Corrective Action:

The classification officers must ensure that they document that the results of the PREA risk assessment are considered when making housing, programming, educational, and work assignments. Documentation of such consideration will also ensure compliance with section (b) of the standard, which requires individualized determinations about ensuring safety of each inmate. This can be corrected by adding language to the classification decision form that is used by the classification officers and made part of the prisoner's file.

Corrective Action Summary and Determination of Compliance: The WTRJ has added an additional area to their classification instrument. The classification officer must affirm in this area that the PREA screening was reviewed by the officer and that the results of that screening were considered when making determinations in accordance with this standard. The WTRJ provided auditors with examples of the use of the revised screening instruments.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 16-17**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Supervisors Responsible for Supervising Inmates in Restrictive Housing**

115.43 (a) According to Policy 5.15, Page 16-17, the WTRJ does not place prisoners who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. According to the PAQ, there have not been any instances where prisoners at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. According to targeted interviews with staff who supervise inmates in restrictive housing, he is not aware of a case where a prisoner was placed in restrictive housing as a result of being a high risk for sexual victimization. A targeted interview with the superintendent also verified that no prisoners during the audit period have been placed in restrictive housing involuntarily in order to separate them from potential abusers. The superintendent remarked that he has sufficient space and numbers of housing units to find a suitable place for an otherwise orderly prisoner.

115.43 (b) (c) (d) (e) The WTRJ stipulates in Policy 5.15, Pages 16 and 17 that if prisoners were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges, work and educational programs and any restrictions would be limited. Further, the policy on page 17 stipulates that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if a prisoner is confined involuntarily under these circumstances, the facility shall review the continuing need at least every 30 days.

During the on-site portion of the audit, the auditors reviewed all of the restrictive housing area and had informal discussions with both prisoners and staff. As verified by targeted interviews with the Superintendent and staff supervising prisoners in restrictive housing, the auditors did not identify any prisoners who were involuntarily housed in restrictive solely for protective purposes.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ with ADP since last PREA Audit**
- **WTRJ Policy 5.15, Page 4, 8, 24-26**
- **Review of investigative files which include anonymous 3rd party reporting**
- **Review of inmate handbook (English and Spanish)**
- **Review of prisoner PREA Comprehensive Training Booklet (English and Spanish)**

Interviews with the following:

- **PREA Coordinator**
- **Random Staff**
- **Random Prisoners**

Observation of the following:

- **Observation of informal interactions between staff and prisoners**
- **Observation of prisoners using the inmate kiosk system**
- **Observation of prisoners using the telephone system**
- **Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area**

115.51 (a) The WTRJ Policy 5.15, pages 11-14 require multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other prisoners or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. The auditors reviewed the inmate handbook on page 20, where prisoners are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the prisoner telephone system to make a report to the PREA hotline. The auditors reviewed the Comprehensive PREA Booklet and in the booklet on page 4-5, it informs prisoners that they can make reports of sexual abuse or harassment or retaliation by using Inmate Request Forms, Inmate Grievance Forms, Verbal Reporting to any staff member, contractor, or volunteer or by contacting the Sexual Abuse Hotline using the prisoner telephones. During random staff interviews, all staff mentioned that prisoners could make a PREA report to staff, volunteers or contractors as well as making a report using the inmate request form system on the kiosk. In addition, several staff members mentioned writing an anonymous letter to the PREA Coordinator and most staff members also mentioned the PREA Hotline that could be called from the prisoner telephone. During the site review, the auditors observed posters adjacent to the prisoner telephones and during informal conversations with the prisoners, many told the auditors that they could report instances of sexual abuse to staff or using the hotline on the telephone. In addition, several prisoners also mentioned the use of the prisoner request system on the kiosk.

115.51 (b) According to WTRJ Policy 5.15, page 12 provides a requirement that prisoner have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. During the site review, the auditors observed PREA informational posters adjacent to the prisoner telephones that have a Hotline to the YWCA where report can be taken and referred immediately for investigation by the PREA Coordinator. The auditors reviewed several investigative files where third-party reports from the YWCA resulted in investigations. In addition, auditors tested the telephone number to ensure it was functioning and could be used for reporting. The number worked when called

from 5 prisoner housing units. The number was also tested from a staff telephone line and it also connected. The auditors reviewed the prisoner handbook, and page 20 informed inmates that they may make a 3rd party report of sexual abuse or harassment by calling the YWCA hotline. The Comprehensive PREA Educational Booklet also informs the prisoners on page 4 that they may report incidents of sexual abuse to a third party, including family or friends, and by use of the YWCA Hotline on page 5. During targeted interviews with random prisoners, many of the prisoner knew that they could make reports of sexual abuse to individuals outside of the facility and called it the "Hotline"; however, not every prisoner knew that they could. Two prisoners simply responded that they don't snitch. Targeted interview with the PREA Coordinator verified that there are multiple ways to make PREA complaints by both staff and prisoners. He mentioned the use of the prisoner phone system, anonymous letters, direct letters to the police department or commonwealth's attorney as well as third party reporting by family and friends. During the auditor's review of investigative files, there was an investigation initiated by a family member making a third-party complaint. The WTRJ does not hold prisoner solely for civil immigration purposes.

115.51 (c) WTRJ policy 5.15, pages 11-12 requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented writing by staff and responded to immediately. During targeted interviews with staff, the majority of the random staff interviewed told the auditors that if a prisoner reported an allegation of sexual abuse or harassment, they would immediately intervene by separating the victim and alleged perpetrator. A few of the staff members told the auditors that they would notify their supervisor of such an allegation when they received the report before taking action with the prisoners. However, in every random staff interview, each staff member stated that they would take action without delay and would be accept a verbal complaint and would be required to make a written report of the incident. During random prisoner interviews, the prisoners were asked if they knew that they could make a verbal report of an incident of sexual harassment. The majority of the prisoners stated that they knew that they could just "tell a CO" if something happened, but there were several prisoners that said that they don't tell the police anything.

115.51 (d) According to Policy 5.15, page 12, staff members by report instances of sexual abuse or harassment privately to their supervisor or any facility supervisor or call the YWCA Hotline. Staff members are informed of this provision during PREA training and it is in their policy manual. Targeted staff interviews verified that staff are aware that they can report incidents of sexual abuse or harassment and all staff that were randomly interviewed answered that they would report any such incident to their supervisor. A few staff members also mentioned that they could make a report to the YWCA hotline if for some reason they didn't want to tell a supervisor.

Standard 15.152: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 15.152(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing

the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 14**
- **Prisoner Handbook (English and Spanish)**

Interviews with the following:

- **PREA Coordinator**

15.152 (a) (b) (c) (d) (e) (f) (g) WTRJ Policy 5.15 Pages 13-14 are written in accordance with all of the provisions of the standard. On site document of the grievance log verifies that there have been no grievances filed regarding an allegation of sexual abuse in the past 12 months. There have also been not instances in the past 12 months where a grievance was filed in bad faith and were disciplined by staff. The auditor reviewed the inmate handbook and it contains the general provisions for filing a grievance.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

1. WTRJ Completed PAQ
2. WTRJ Policy 5.15 pages 11-12
3. WTRJ Website and inmate Handbook
4. MOU with local YWCA center
5. Email notifications of third-party reporting from the local YWCA
6. Interviews with the following:
 - a. PREA Coordinator
 - b. Random Inmates
 - c. Random and Targeted Staff
 - d. Mental Health and Medical Staff
7. Observations of the Following:
 - a. PREA informational Posters throughout the facility and public areas

115.53 (a) Along with their completed PAQ, the WTRJ provided examples of several documents that included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. These documents were the inmate handbook, in both English and

Spanish, as well as the inmate comprehensive education booklet, also available in English and Spanish. Finally, they provided copies of a poster that notifies inmates of the availability of a third-party reporting hotline. Additionally, the WTRJ Policy 5.15 pages 11 and 12 require that inmates and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform prisoners of their limits of confidentiality. After review of the documentation provided, I determined that the number to confidential outside services was provided on PREA signage, the inmate handbook as well as the comprehensive PREA education booklet. However, the address to the service provider was not included as required by the standard.

The auditors conducted random interviews with 35 prisoners. The majority of prisoners were aware that there was a hotline they could call where they could make a complaint of abuse or harassment; however only a few also knew that this was a source of outside emotional support services for sexual abuse.

An interview with the PREA Coordinator indicated that during his comprehensive education, he does inform prisoners about the availability of outside support services that are available, and the information is listed in the comprehensive booklet that is provided to the prisoners. However, there is no address available in the booklet, and random interviews with the prisoners demonstrates that the education isn't effective as presented. The comprehensive education booklet and inmate handbook does inform the prisoners that all information will be maintained as confidentially as possible and in accordance with mandatory reporting requirements. During the site review, the auditors observed PREA signage that all included the YMCA hotline numbers, and informal conversations with prisoners indicated that they had received face to face comprehensive training from the PREA Coordinator. They were all aware of the hotline, but only a few reported know that the line was also available for emotional support services. The WTRJ has never kept prisoners solely for immigration purposes, so the provision of the standard related to that is not applicable.

115.53 (b) The inmate handbook, as well as the comprehensive PREA education booklet, explains to the prisoner that outside support services are available to prisoners and requests and reports would be kept as confidential as possible. In addition, the documents tell the prisoners that calls made on the hotline may be monitored and recorded. However, neither document discusses the mandatory reporting requirements or limits of confidentiality or limits of disclosure, as required by the standard. We interviewed 35 random prisoners and none of them reported an understanding of the limits of confidentiality, mandatory reporting or limits of disclosure in accordance with federal, state, or local laws.

115.53 (c) The agency has provided the auditors a copy of a MOU between the local YWCA and the Jail Authority whereby the YWCA agrees to provide outside emotional support services in response to requests of staff or prisoners of the WTRJ.

Corrective Action:

1. Provide awareness training to prisoner population regarding the availability of outside emotional support services. The awareness training should include the address of the support services as well as the limits of confidentiality as well as mandatory reporting requirements. This addition of this information should be made to the inmate handbook as well as the comprehensive PREA education booklet. The awareness training should be in formats that make the information available to all prisoners.

Corrective Action Summary and Determination of Compliance: The WTRJ revised the comprehensive education booklet as well as the information in the inmate handbook. The WTRJ included specific information in the booklet and handbook regarding reporting

requirements and the address of support services. Further, the PREA signage in the housing units was revised to include the address of confidential support services. The WTRJ provided the auditor with samples of the revised materials.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.54 (a) The WTRJ publicly provides a method for the receipt of third party reports of sexual abuse or harassment. The WTRJ website has a document on its PREA page that contains information about investigative agencies and their responsibilities for criminal and administrative investigations and also contains contact information for jail officials should any one wish to report an incident of sexual abuse or harassment on behalf of a prisoner. The auditors viewed the information on the website. The auditors suggested enhancing the information to included phone numbers and addressed of other agencies, such as the commonwealth's attorney's office and the local police department as well as the YWCA sexual assault hotline.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 11**
- **Review of investigative files for the past 12 months**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Random Staff**

115.61 (a) WTRJ Policy 5.15, page 11 requires that any staff member, volunteer or contractor immediately report any instance of sexual abuse or harassment, any retaliation for the report of abuse or harassment any actions that may have contributed to an incident of abuse or harassment. During the site review, several staff members were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All of the staff members responded that they were required to report any such instances. The auditors also informally asked the same question of three kitchen contractors who were supervising prisoners during the site review, and all three responded that they would report any instance of sexual abuse or harassment. During random staff interviews, all of the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were randomly interviewed said that they were obligated to report such allegations or suspicions.

115.61 (b) WTRJ Policy 5.155, page 11, required confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. All of the interviewed staff stated that details related to either prisoner allegations or staff allegations should remain confidential. During site review, the auditors observed all investigative and classification files to be contained in lockable cabinets with limited access.

115.61 (c) (d) (e) The WTRJ Policy 5.15, page 11 requires that all medical and mental health personnel report the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. According to targeted interviews with medical and mental health staff, they inform prisoners of their reporting requirements and limits of confidentiality whenever they would begin treatment associated with sexual abuse related services. All three of the targeted interviews revealed that the practitioners were aware of the laws in Virginia regarding the mandatory reporting requirements for vulnerable adults and victims under the age of 18. They don't currently have a mechanism for documenting their notice to the prisoners. While written notification is not required by the standard, the auditors recommended that they document that notice in the medical notes. During targeted interviews with the PREA Coordinator and the Superintendent, both acknowledged their requirement under the law to report instances of current or previous sexual abuse of

prisoners under the age of 18. There were not such reports in the last 12 months. Targeted interviews with the Superintendent and the PREA Coordinator verified that the agency reports all allegations of sexual abuse or harassment received from a third party are referred for investigation. The auditors reviewed all of the investigative files from the previous 12 months and five of the investigations were initiated as a result of a third-party reference. One was reported by another correctional facility, one was reported by a family member and three were reported by the reporting hotline.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ
- WTRJ Policy 5.15, Page 26

Interviews with the following:

- PREA Coordinator
- Agency Administrator (Superintendent)
- Random Staff

115.62 (a) WTRJ Policy 5.15, page 16 requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. The WTRJ does not keep written records of such protective actions. During the review of investigations from the past 12 months, there were three instances where staff responded to allegations of sexual abuse or harassment and according to their reports, they took immediate action to protect the alleged victim by separating the alleged aggressor from

the alleged victim. Targeted interviews with the Superintendent confirmed that it is the policy of the agency to respond without delay when prisoners are potentially at risk for sexual abuse or any other types of serious risk. During targeted interviews with random staff, all staff who were asked what they would do if they knew of a substantial risk of imminent sexual abuse responded that they would immediately remove the prisoner from the location and notify their supervisor and conduct an investigation.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ
- WTRJ Policy 5.15, Page 13

- **Review of two investigations resulting from notification from another facility**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**

115.63 (a) (b) (c) The WTRJ Policy 5.15, page 13, requires that if the superintendent or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he must make notification within 72 hours. In the past 12 months the WTRJ has not received any allegation from a prisoner that a prisoner was abused in another facility. According to targeted interviews with the Superintendent and PREA Coordinator, if they received such a notice, they would immediately report such an allegation to the facility administrator and document such a notice.

115.63 (d) WTRJ Policy 5.15, page 13, requires that if the superintendent or designee receives notice that a previously incarcerated prisoner makes an allegation of sexual abuse that occurred in the WTRJ, it would be investigated in accordance with the standards. There were two instances of notice by another facility that a prisoner alleged abuse at the WTRJ in the last 12 months. The auditors reviewed the investigative files and determined that the allegations were investigated in accordance with the standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, pages 28-28**
- **Review investigative reports from the past 12 months**

Interviews with the following:

- **Random Staff**

115.64 (a) WTRJ Policy 5.15, pages 26-28 requires that when a prisoner reports and incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser, Preserve and protect and evidence, if the abuse allegedly occurred within a time period that would allow the collection of evidence the first responded advise the victim not take any actions that would destroy any evidence, and take action to prevent the alleged abuser from destroying evidence. During the past 12 months, there were no instances of allegations of sexual abuse that required the first responder to preserve or collect physical evidence. Three instances of sexual abuse were reported, but not were substantiated. The alleged victim made allegations of sexual abuse, but the victim and alleged abuser were not housed together and didn't need to be separated. The supervisory staff members that took the reports of one of the incidents was unavailable to be interviewed during the on-site portion of the audit. The only targeted interview that the auditors could conduct was with a medical provider that responded to an incident of sexual abuse at a facility while previously employed. There were no inmates present during the on-site portion of the audit who had reported sexual abuse.

115.64 (b) WTRJ Policy 5.15, pages 26-28 requires that if the first responder is not a security staff member immediately notify a security staff member. There were no instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. A review of all investigative files from the past 12 months verifies that no non-security staff member acted as a first responder.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ with ADP since last PREA Audit
- WTRJ Policy 5.15, pages 30-32
-

Interviews with the following:

- Agency Administrator (Superintendent)

115.65 (a) WTRJ Policy 5.15, pages 30-32 described the jail's coordinated response to an allegation sexual abuse or harassment. The auditors interviewed the Superintendent who described the jail's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect evidence. The initial investigation begins with the first responders and then the facility investigators. Depending on the nature of the allegation, the investigation will either begin administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided forensic exams and ancillary services along with advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could requires medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ

Interviews with the following:

- PREA Coordinator
- Agency Administrator (Superintendent)

115.66 (a) (b) Interviews with both the Superintendent and the PREA Coordinator verified that there is not a collective bargaining agreement in place.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ
- WTRJ Policy 5.15 pages 13-14

Interviews with the following:

- PREA Coordinator
- Agency Administrator (Superintendent)

115.67 (a) (b) (c) (d) (e) (f) The WTRJ has a written policy, 5.15, pages 13-14, that requires staff and prisoners who report substantiated allegations of sexual abuse or harassment are protected from retaliation for making such reports. In addition, the Superintendent or his designee is charged with monitoring for any instances of retaliation. During targeted interviews with the Superintendent and the PREA Coordinator, they confirmed that the PREA Coordinator, Lieutenant Steve Ezzell, is responsible for monitoring for retaliation. During targeted interviews with the Superintendent and PREA Coordinator, both persons told the auditors that the Superintendent, Colonel Chris Smith and Lieutenant Steve Ezzell, were responsible for monitoring for retaliation against staff members who may report substantiated incidents of sexual abuse or harassment. During targeted interviews, the Superintendent told the auditors that it was ultimately his responsibility to assure that there was no retaliation for reports of abuse by either staff or prisoners. The Superintendent and PREA Coordinator both told the auditors that they had the authority to move prisoner around the facility or to other facilities or take other protective measures to assure prisoners were not retaliated against. In addition, the Superintendent told the auditors that he has the authority to intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment. He told the auditors that he personally monitors all progress of PREA investigations and requires regular briefings by the PREA Coordinator until the investigation is complete. All ten PREA complaints this audit period were unfounded, but the Superintendent and the PREA Coordinator both told the auditors that had any investigations been substantiated, then the prisoners would have been monitored in accordance with the standard. The auditors were not able to view documents that would verify compliance. There were no substantiated or unsubstantiated incidents of sexual abuse or harassment during this audit period.

Standard 115.68: Post-allegation protective custody

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**

- WTRJ Policy 5.15, Page 16-17
- Review of all Investigative Files from the past 12 Months

Interviews with the following:

- PREA Coordinator
- Agency Administrator (Superintendent)

Observation of the following:

- Observation of prisoners in restrictive housing

115.68 (a) According to the WTRJ Policy 5.15, pages 16-17, prisoners are not held in restrictive housing as a result of being a high risk for sexual victimization in accordance with PREA Standard 115.43. There have been no instances in the past 12 months where prisoners have been held in involuntary restrictive housing as a result of sexual victimization or having been identified as being at high risk of victimization. The auditors reviewed all of the WTRJ restrictive housing units and through informal discussions with both supervising officers and prisoners assigned to restrictive housing, no staff or prisoners indicated that they were assigned to restrictive housing as a result of their sexual vulnerability. In addition, during targeted interviews with the Superintendent and the PREA Coordinator, they both verified that there have been no instances of prisoners being placed in restrictive housing as a result of the sexual victimization or vulnerability. There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect an inmate who was alleged to have suffered sexual abuse.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 19-22**
- **Review of all 10 Investigative Files for the past 12 months**
- **Certificates of Completion for Departmental Investigators**
- **Training Curricula for Investigative Training specific to Corrections**

Interviews with the following:

- **PREA Coordinator**
- **Investigative Staff**

115.71 (a) (b) WTRJ Policy 5.15, pages 19-22, requires that the agency conduct administrative investigations of sexual abuse and harassment. The policy stipulates that criminal investigations shall be conducted by the local police department. The auditors have reviewed and verified that there is a MOU with the local police department where they agree to conduct criminal investigations related to the PREA and that they agree to abide by the provisions of standard 115.21. The WTRJ policy stipulates that they will respond

to complaints that are received internally and externally by a third party. The policy requires that investigations are responded to promptly. The auditors reviewed all 10 of the reported incidents that were reported during this audit period and verified that all of the investigations were responded to immediately by staff on duty. According to the document reviews, all incidents were investigated by a specially trained investigator within 24 hours and in 7 out of 10 times, within 12 hours. Targeted interviews with the facility investigators verified that the investigators are available to respond immediately if necessary. The auditor's review of the investigative reports verify that investigators respond to allegations during on and off duty hours. The auditors were provided training curricula and training certificates of designated investigators during the pre-audit phase. The auditors reviewed and verified that the facility investigators had proof of receiving the specialized training required by the standard.

115.71 (c) (d) (e) The auditors reviewed the investigative files of 10 allegations of sexual abuse or harassment. The auditor verified that no allegations required the collection of any physical evidence or DNA evidence. None of the alleged perpetrators had a history of sexual violence or complaints of sexual abuse. In 6 of the 10 investigations, investigators were able to view CCTV recording of the alleged incidents and in all 10 investigations, both victims, alleged perpetrators and witnesses, including staff were interviewed and made a part of the investigative reports. The credibility of the witnesses were evaluated on their merits and not their status as a prisoner or officer or staff member. There were no circumstances where either alleged victims nor abusers or victims were subjected to a polygraph examination.

115.71 (f) The departmental investigator documented his investigations in writing and included descriptions of the allegations, a description the evidence reviewed, as well as his reasonings for his findings. In the review of the investigations, there were no circumstances where the investigator found any witnessed unreliable based upon their statements alone. There were three occasions where the investigator found video evidence that contradicted the alleged victim's statements.

115.71 (g) (h) (i) (j) According to the documents reviewed by the auditors, there have been no criminal investigations or substantiated allegations of sexual abuse or harassment during this audit period. The WTRJ Policy, pages 19-22 requires that all written reports are retained in accordance with this standard. The auditors did not review the reports for compliance with the standards, only to review retention. All investigations during this audit period were completed before the prisoners were released from custody. Targeted interviews with the PREA Coordinator as well as the Superintendent and Investigative Personnel verified that they retain all investigative records in accordance with the standard and written policy. The auditors observed previously completed reports that were completed prior to this audit period and they were retained in a locked cabinet.

115.71 (k) State agencies do not investigate allegations of sexual abuse or harassment in the WTRJ.

115.71 (l) According to targeted interviews with the PREA Coordinator, Investigator and Superintendent verified that whenever an outside agency conducts an investigation of sexual abuse, the departmental investigator serves as a liaison and will keep jail administrators informed of the progress of the investigation. The Superintendent said that the only exception to this practice would be if there was an employee involved, and in such a case, the investigators would communicate directly with him or the deputy superintendent.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 21**
- **Review of Investigative files for the past 12 months**
-

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Investigative Staff**

115.72 (a) WTRJ Policy 5.15, page 21, stipulates that not evidentiary standard greater than a preponderance of the evidence will be used to substantiate an administrative investigation. During the past 12 months, there have been no substantiated cases of sexual abuse or harassment. A Review of all investigative files for the past 12 months verified this information. A targeted interview with both the PREA Coordinator and facility investigator verified that the evidentiary standard for substantiating administrative investigations is not higher than a preponderance of the evidence.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 21-22**
- **MOU with the Suffolk Police Department**
- **Review of Sexual Abuse Investigative Files (3) for the past 12 months**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**

115.73 (a) According to WTRJ Policy 5.15, page 21, all prisoners who make an allegation of sexual abuse is informed as to whether the allegation is substantiated, unsubstantiated or unfounded. During the past 12 months, there have been 3 administrative investigative investigations completed by the agency as a result of sexual abuse allegations for prisoners in custody in the facility. In all 3 cases, the inmates were notified of the results of the investigations. In all 3 cases the allegations were unfounded. The auditors conducted targeted interviews with the PREA Coordinator and the Jail Superintendent. The targeted interviews verified that there have been no external investigations in the past 12 months. They verified that if outside investigations were conducted that the established MOU requires that the PD keep the jail informed of the progress of such an investigation and that they provide a final report of such an investigation to the Superintendent. They confirmed that the final report would be required to contain the elements as required by the standard. The auditors asked the Superintendent if the PD was required to make prosecutorial referrals for all criminal incidents and he told me that they were.

115.73 (b) During the past twelve months, no investigations of sexual abuse were conducted by outside agencies. WTRJ Policy 5.15, page 21, requires that the jail be informed of the progress of and outcome of investigations conducted by outside agencies. The auditors reviewed the MOU with the Suffolk PD which requires that they inform the WTRJ of progress of investigations and that they provide a final report to the WTRJ in accordance with the standards.

115.73 (c) WTRJ Policy 5.15, pages 21-22, is written in accordance with the standard. During the past 12 months, there have been no substantiated or unsubstantiated allegations of sexual abuse against a staff member. The auditors reviewed all of the investigative files for the last 12 months and confirmed that there had been no substantiated or unsubstantiated incidents of sexual abuse or harassment in the past 12

months. No inmates who reported sexual abuse were in custody during the on-site portion of the audit for targeted interviews.

115.73 (d) WTRJ Policy 5.15, pages 21-22 is written in accordance with the standard. The auditors reviewed all investigative files for the previous 12 months and there were no instances where an alleged abuser was either indicted or convicted of a charge related to sexual abuse within the facility. No inmates who reported abuse were in custody during the on-site portion of the audit.

115.73 (e) (f) WTRJ policy 5.15, page 21, is written in accordance with the standard and page 21 requires that notification is documented. The auditors reviewed all investigative files from the last 12 months. Three allegations of sexual abuse were made by prisoners who were in the facility at the time of the allegation. The auditors reviewed the investigative files for the past 12 months and verified that notification was made to the three inmates as required by the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 22-24**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Human Resources Director**

115.76 (a) (b) (c) (d) According to WTRJ Policy 5.15, pages 22-24, staff shall be subject to disciplinary sanctions up to and including termination for violating the jail's sexual abuse and harassment policies. In addition, Policy 5.15 page 22 requires that staff found responsible for sexual abuse of a prisoner shall be terminated from employment. Employees who are found to have violated jail policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories. According to the submitted PAQ, in the past 12 months, there were not staff terminations or disciplinary actions related to the sexual abuse or harassment of prisoners. Discussions with the PREA Coordinator, Superintendent and HR Director verified that there were no terminations or disciplinary actions related to sexual abuse or harassment of prisoners in the past 12 months.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ
- WTRJ Policy 5.15, Page 23

Interviews with the following:

- PREA Coordinator
- Agency Administrator (Superintendent)
- Targeted Interviews with contract staff and a volunteer

115.77 (a) (b) WTRJ 5.15, page 23 stipulates that any contractor or volunteer who engages in unlawful sexual abuse of a prisoner is reported to law enforcement agencies and considers whether to prohibit contact with prisoners in the case of other violations or the sexual abuse or harassment policies. In the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. During formal discussions with the superintendent, he indicated that any contractor or volunteer who was found to have engaged in any type of sexual abuse or harassment would have their security clearance to enter the jail immediately revoked. The Superintendent and the PREA Coordinator both verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months. The auditors asked three kitchen contractors and a prisoner teacher what they thought would happen if they violated the PREA

and sexually abused or harassed a prisoner. All four of the interviewees said that they expected to be prosecuted and removed from the jail.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Pages 23-25**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**

115.78 (a) According to WTRJ policy 5.15 pages, 23-24, prisoners are subject to formal disciplinary action following an administrative finding that they engage in inmate on inmate sexual abuse. According to the submitted FAQ, there have been no instances of inmate on inmate sexual abuse or substantiated allegations of staff on inmate sexual abuse or harassment or criminal findings of guilt for inmate on inmate sexual abuse. The auditors were not able to review any prisoner files related to this standard because there were no instances of inmate on inmate or staff on inmate abuse.

115.78 (b) According to WTRJ policy 5.15, page 23, disciplinary action for prisoners is proportional to the abuse committed as well as the history of sanctions for similar offenses by other prisoners with similar histories. The auditors were not able to review any prisoner files related to this standard because there were no instances of inmate on inmate or staff on inmate abuse.

115.78 (c) WTRJ policy 5.15, page 23, requires that WTRJ staff consider whether a prisoner's mental health contributed to their behavior before determining their disciplinary sanctions. The auditors were not able to review any prisoner files related to this standard because there were no instances of inmate on inmate or staff on inmate abuse.

115.78 (d) The auditors interviewed mental health personnel regarding their initiation of counseling or therapy for individuals who have committed sexual offenses. The auditors also asked if participation in

such counseling or therapy was required in order to participate or access other programs or counseling. The mental health personnel said that any decision to offer counseling or therapy to offenders would be on a case by case basis because of the complexity of the type of treatment that is often required. The mental health personnel, as well as the PREA Coordinator said that there were no requirements for treatment in order to participate in other programs.

115.78 (e) WTRJ policy 5.15, page 23, stipulates that prisoners will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no unsubstantiated or substantiated instances of prisoner on staff sexual abuse or harassment during the audit period.

115.78 (f) WTRJ policy 5.15 page 24, prohibits disciplining prisoners who make allegations in good faith with a reasonable belief that prohibited conduct occurred. There were no instances, in the past 12 months, where prisoners were disciplined for making unsubstantiated or unfounded allegations of sexual abuse or harassment.

115.78 (g) The WTRJ prohibits all prisoner to prisoner sexual activity according to Policy 5.15, page 24. According to page 23 of Policy 5.15, they do not consider non-coercive sexual contact as sexual abuse.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 17**
- **Risk Screening Forms of inmates who reported prior victimization**
- **Follow up mental health referral within 14 days**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Medical and Mental Health Staff**
- **Inmate Who Reported Victimization During Risk Screening**

115.81 (c) WTRJ policy 5.15, page 17 states that if the intake screening indicates that a Jail inmate has experienced prior sexual victimization in an institutional setting or in the community, the inmate will be

offered a follow-up meeting with medical or mental health within 14 days. The WTRJ reported there have been ten instances in the last year where inmates have reported prior victimization. The auditors reviewed the files of all ten inmates and confirmed that all ten inmates were offered a follow-up meeting with medical or mental health within 14 days. This follow-up meeting, in most cases usually occurred sooner, in many instances within several days of arrival at the facility. Interviews with medical and mental health staff confirm that they are notified immediately and offer a follow-up meeting with the inmate within 14 days, but typically sooner. The PREA Coordinator stated he is copied on all notifications and verifies that mental health consult. The auditors interviewed four inmates that had reported previous victimization during the risk screening. All four inmates verified they had been offered a follow-up meeting with mental health staff within 14 days.

115.81 (d) WTRJ policy 5.15, page 17 states that all information related to sexual victimization and abusiveness that occurred in an institutional setting shall be strictly limited to medical, mental health, and any other staff on a need to know basis. Interviews with both medical and mental health staff, as well as the PREA Coordinator confirm that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited access and only used to make housing, bed, work, education, and other program assignments.

115.81 (e) WTRJ policy 5.15, page 17 states that medical and mental health personnel will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. Inmate interviews indicate that mental health staff explained informed consent and the limits of confidentiality.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 17-18**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Medical and Mental Health Staff**
- **Random Security Staff**

115.82 (a) WTRJ policy page 17 states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Interviews with medical and mental health staff, as well as the PREA Coordinator confirm that victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Crisis intervention services are provided by the YMCA, which was confirmed by the PREA Coordinator. Mental Health staff are also available to provide support counseling and treatment. There have been no incidents of sexual assault at the WTRJ in the last 12 months.

115.82 (b) Qualified medical and mental health staff are available 24/7 at WTRJ to respond to incidents of sexual abuse. Interviews with medical and mental health staff confirm there are always medical staff on duty and available to respond to incidents of sexual abuse. They indicate they would be immediately notified by security staff. Interviews with security staff indicate that they would take preliminary steps to protect the victim and immediately notify medical staff.

115.82 (c) WTRJ policy page 17 states that all inmate victims of sexual abuse while in the Jail will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Interviews with medical and mental health staff confirm that victims of sexual abuse would be offered these services. There have been no incidents of sexual assault at the WTRJ in the last 12 months requiring these services.

115.82 (d) WTRJ policy page 18 states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. Interviews with medical and mental health staff, as well as the PREA Coordinator and Superintendent confirm that victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. There have been no incidents of sexual assault at the WTRJ in the last 12 months.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ
- WTRJ Policy 5.15, Page 24-26

Interviews with the following:

- PREA Coordinator
- Agency Administrator (Superintendent)
- Medical and Mental Health Staff

115.83 (a) (b) (c) WTRJ policy 5.15 page 18 states that the Jail will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff, as well as the PREA Coordinator confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. There have been no incidents of sexual assault at the WTRJ in the last 12 months requiring these services.

115.83 (d) (e) (f) WTRJ policy page 19 states that inmate victims of sexual abusive vaginal penetration while in the Jail will be offered pregnancy tests. Inmate victims who become pregnant while in the Jail will receive comprehensive information about all lawful pregnancy-related medical services. Inmate victims of sexual abuse while in the Jail will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical and mental health staff confirm that female inmates who were victims of abusiveness vaginal penetration would be offered pregnancy tests. Inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. There have been no incidents of sexual assault at the WTRJ in the last 12 months requiring these services.

115.83 (g) WTRJ policy page 19 states that all treatment services for sexual abuse will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with medical and mental health staff, as well as the PREA Coordinator confirm that these services would be provided to the inmate at no cost. There have been no incidents of sexual assault at the WTRJ in the last 12 months requiring these services.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Policy 5.15, Page 24-25**

Interviews with the following:

- **PREA Coordinator**
- **Incident Review Team Members**

115.86 (a) (b) (c) WTRJ policy 5.15 page 24 states that a sexual abuse incident review will be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The review team will consist of upper-level management officials, supervisors, investigators, and medical/mental health personnel. The WTRJ has not had any incidents within the last 12 months which required an incident review. Auditors interviewed two members of the incident review team, who confirmed there have been no incidents which required an incident review.

115.86 (d) (e) WTRJ policy 5.15 pages 24-25 states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the Jail where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. Interviews with two members of the incident review team confirm if there was an incident that required a review, all these factors would be considered. An interview with the PREA Coordinator confirms that a report of the findings, including recommendations for improvement, would be completed and submitted to the Superintendent for review and approval. The PREA Coordinator also stated any recommendations would be implemented, or the reasons for not doing so would be documented.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ with ADP since last PREA Audit**
- **WTRJ Policy 5.15, Page 25**
- **WTRJ Website containing sexual abuse data**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**

115.87 (a) (b) (c) (d) (e) (f) The WTRJ policy 5.15, page 25 states that the Jail will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. The auditors reviewed the WTRJ website and found that annual reports containing aggregated sexual abuse data are available from 2014-2018. In addition, the website contains the Survey of Sexual Violence for years 2013-2017. Interviews with the PREA Coordinator and the Agency Administrator confirm the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident

reviews. Interviews with the PREA Coordinator and Agency Head confirm data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested. The PREA Coordinator stated data from the previous year had not been requested.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ with ADP since last PREA Audit**
- **WTRJ Policy 5.15, Page 25**
- **WTRJ Website containing sexual abuse data**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**

115.88 (a) (b) (c) (d) The WTRJ completes an annual report based upon data collected pursuant to 115.87. WTRJ policy 5.15, page 25 indicates that data collected pursuant to 115.87 will be made readily available to the public through the Jail's website, excluding all personal identifiers after final approval by the Superintendent. The WTRJ annual report contains no material that has been redacted. The auditors reviewed the WTRJ website and found that annual reports containing aggregated sexual abuse data are available from 2014-2018. The reports indicate that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The reports contain a comparison between current year's data and previous year's data. The WTRJ did not identify any problem areas, therefore no corrective action was listed. The annual report indicates the agency's efforts to address sexual abuse include continually providing inmate education and staff training. Interviews with the PREA Coordinator and the Agency Administrator confirm these efforts.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- WTRJ Completed PAQ
- WTRJ Policy 5.15, Page 25
- WTRJ Website containing sexual abuse data

Interviews with the following:

- PREA Coordinator
- Agency Administrator (Superintendent)

115.89 (a) (b) (c) (d) The WTRJ policy 5.15, page 25 indicates that data collected pursuant to 115.87 will be made readily available to the public through the Jail's website, excluding all personal identifiers after final approval by the Superintendent. WTRJ policy states the Jail will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The auditors reviewed the WTRJ website and found that annual reports containing aggregated sexual abuse data are available from 2014-2018. Interviews with the PREA Coordinator and the Agency Administrator confirm all sexual abuse data is securely maintained in a locked cabinet in the PREA Coordinator's office.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **Review of Previous WTRJ Final PREA Compliance Report**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**
- **Random and Targeted Inmates**

Observation of the following:

- **Observation of, and access to all areas of the WTRJ during the site review**

115.401 (a) (b) According to the previous PREA Audit Certification report reviewed by the auditors, the last PREA audit of the WTRJ was conducted on September 9-11, 2015.

115.401 (h) The auditors were given unrestricted access to all areas of the WTRJ and were able to observe both inmates and staff in various settings. The auditors were made to feel welcome and able to go to any area when requested.

115.401 (i) The auditors were permitted to review, request and receive copies of all relevant and requested documents, including electronically stored information. All requested documentation was provided in a timely manner.

115.401 (m) (n) The auditors were permitted to conduct private interviews with inmates at the WTRJ, both informally and formally. Auditors were given private interview rooms to interview inmates, which were convenient to inmate housing areas. The WTRJ staff facilitated getting the inmates to the auditors for interviews in a timely and efficient manner. Auditors did not receive any confidential communication from any inmate at the WTRJ, however informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditors.

Corrective Action: The facility did not have an audit in the previous three years prior to the current audit. The corrective action requires that the facility complete an audit and it has been completed.

Corrective Action Summary and Determination of Compliance: The required PREA audit for the WTRJ has been completed.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Relied upon to make Compliance Determination:

- **WTRJ Completed PAQ**
- **WTRJ Website containing previous Final Report**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator (Superintendent)**

115.403 (f) The WTRJ website has a link on its PREA page labeled PREA Certification that contains the report from the previous PREA Certification audit which was completed in October, 2015. The auditors reviewed this information on the website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Gregory P. Winston

10-15-2019

Auditor Signature

Date

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

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