

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

Interim Final

Date of Report October 31, 2017

Auditor Information

Name: Art Beeler	Email: afbjab@aol.com
Company Name: None	
Mailing Address: 3684 Ben Mil Court	City, State, Zip: Franklinton, NC 27525-8393
Telephone: 919-986-9155	Date of Facility Visit: June 27-29, 2017

Agency Information

Name of Agency: Southwest Virginia Jail Authority	Same		
Physical Address: 15205 Joe Derting Drive	City, State, Zip: Abington, Virginia		
Mailing Address: Same	City, State, Zip: Same		
Telephone: 276-739-3520	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Regional Jail	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Regional Jail			
Agency Website with PREA Information: : http:// www.swvrja.org			

Agency Chief Executive Officer

Name: Stephen Clear	Title: Superintendent
Email: sclear@swvrja.com	Telephone: 276-739-3520 x 5000

Agency-Wide PREA Coordinator

Name: David Bowman	Title: Lieutenant
Email: dbowman@swvrja.com	Telephone: 276-739-3520 x 5006
PREA Coordinator Reports to: Superintendent	Number of Compliance Managers who report to the PREA Coordinator 5

Facility Information

Name of Facility: Tazewell Jail

Physical Address: 105 Court Street, Tazewell, Virginia 24651			
Mailing Address (if different than above): Same			
Telephone Number: 276-582-0650			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Regional Jail	<input type="checkbox"/> State	<input type="checkbox"/> Private not for profit
Facility Type:		<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison
Facility Mission: Pre trial detention			
Facility Website with PREA Information: http://www.swvrja.org			
Warden/Superintendent			
Name: J. R. Stanley		Title: Jail Administrator (Major)	
Email: Click or tap here to enter text.		Telephone: 276-582-0650	
Facility PREA Compliance Manager			
Name: Melanie Miller		Title: Corporal	
Email: mmiller@swvrja.org		Telephone: 276-582-0650, x 4000	
Facility Health Service Administrator			
Name: Click or tap here to enter text.		Title: Click or tap here to enter text.	
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Characteristics			
Designated Facility Capacity: 80		Current Population of Facility: 195 on day of audit	
Number of inmates admitted to facility during the past 12 months			3263
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			520
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1507
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18+	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			1
Average length of stay or time under supervision:			5 days
Facility security level/inmate custody levels:			Maximum - Minimum
Number of staff currently employed by the facility who may have contact with inmates:			47
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			4
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0

Physical Plant	
Number of Buildings: 1	Number of Single Cell Housing Units: 3
Number of Multiple Occupancy Cell Housing Units:	6
Number of Open Bay/Dorm Housing Units:	3
Number of Segregation Cells (Administrative and Disciplinary):	4
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
Attached in documentation	
Medical	
Type of Medical Facility: Health Care Unit	Provided on site and Emergency Room
Forensic sexual assault medical exams are conducted at:	Carillon Medical
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	6
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	18

AUDIT FINDINGS

NARRATIVE

This review of the Tazewell Jail followed the process used at other facilities. However, when the jump drive arrived, it did not include the pre-audit questionnaire, which caused some additional work on site. Given the small footprint of the jail, this did not cause significant issues. Other than this blip, the methodology used was what has been followed at other facilities. There are three things an auditor is looking for during the audit; is policy completed which supports the standards; is practice in place to follow the policy as articulated; and the third and most difficult has the facility transitioned to develop a culture which understands the issues of sexual safety and embraces the concepts found by meeting the standards. It is clear the jail authority has spent a lot of time and resources to make PREA a part of the day to day operations of the authority. While it is clear the Tazewell Jail as part of the authority desired to meet the requirements of PREA, it is not clear the staff or contractors have made it a part of their culture. There are three issues which provided pause: one the requirements of the review demonstrated that the compliance manager was not at the time of the review an integral part of the PREA process. Since the review, the administration has taken steps to include the compliance manager as part of the team. Three other institutions of the authority had been through the audit process, and it was hoped that the compliance manager's responsibilities had been clearly developed. The second and perhaps most serious issue was by the second day of the audit it was made clear to the local health services administrator that I had some significant concerns regarding the mental health care provided at the facility, especially for the women confined there. This information was gleaned primarily from the interviews with the women confined at the facility, but no effort was made by the contractor to have me speak to the psychiatrist responsible for mental health oversight. This led to a finding that the jail should request some sort of assurance from the contractor that the mental health services provided by the Contractor was appropriate. This has been accomplished and during the September progress report, the jail administrator had made a finding he was satisfied with the mental health care provided to the population. While this certification from the jail administration meets the requirements of PREA, it is cautioned that close attention be provided, especially to the female population, many whom at the time of the audit indicated they had been sexually abused in the community. Trauma informed treatment is important in having these women cope with their past histories and their sexual safety. The third issue, which was at the discretion of all concerned, but at the close-out, the only person present was the PREA Coordinator.

THE AUDIT PROCESS:

As indicated the audit process included reviewing each standard and making certain policy addressed the standards. In most cases the jail had done a good job in addressing policy to standards. Because I was not able to complete a review of the pre-audit questionnaire, a typo regarding sight and sound separation was not corrected requiring a formal response which has now been made. A review of practice showed much time, primarily by the PREA Coordinator had been expended in making sure staff at the jail was well aware of the PREA requirements. It is also clear that a vast majority of the staff want to make sure they "do good." This was evidenced by virtually every staff member having a first responder worksheet, which was quite good in outlining the process of ensuring reporting and the safety of any alleged victim. It was found the facility, with less than 200 detainees, had eight investigators which were empowered to do the initial investigations of any allegation. Three of the eight investigators were interviewed, and it was clear discrepancies existed in the manner investigators addressed issues. The PREA Coordinator, as the authority has decided to make certain each of the investigators use the same investigatory protocol in addressing any allegations. Some of this has now been accomplished through the development of training scenarios as well as a decision that only the PREA Coordinator would contact outside sources (state police) to investigate possible criminal cases. It is noted there have only been two PREA cases at the jail; however, it is important these issues be addressed so there is consistency in providing salient information on which to make decisions regarding sexual safety. If there is a decision by the authority that all investigators identified continue in their role, it remains a strong suggestion an investigatory template be designed.

There were many positives. It is clear the PREA Coordinator has done a very good job training all staff regarding the essentials of PREA. Staff was ready and willing to discuss what their responsibilities regarding sexual safety was concerned. Those staff completing intake took special care in identification of vulnerable persons. As the jail does not have traditional counseling staff, it was noted the intake staff took their responsibilities very seriously. It was also clear the health services staff were trained and very astute in their responsibilities. But the lack of counseling services in a traditional sense found in some fashion at most jails support the need to make certain mental health services for both men and women are appropriate.

Female staff supervises females and male staff supervises males in their housing areas. There were no issues with supervision or persons of the opposite sex being able to view inmates in undress.

All visiting at the facility is completed via video visitation. Therefore, visitors are not provided PREA information, except by the jail authorities' website. Detainees are provided information primarily using posters in each unit. Virtually every inmate interviewed formally and informally could articulate at least one way to report alleged abuse. The one person who did not was viewed as a recalcitrant. The jail authority web page has a section on PREA, but it is not readily visible when logging onto the web page. Because of this, and the reality of video visitation a strong suggestion that the jail needed to make the information more highlighted to visitors was made. It was suggested that the PREA information be accessible on the first page of the website or there be a link on the first page. The jail authority has indicated they are not inclined to make any changes. It is critical that third parties to include family members and the public be informed on how to formally address issues of sexual safety with the jail, but, at the same time there is no requirement other than the information be made

available. Accordingly, this will remain a strong suggestion to the jail authority. The information on the PREA page to include the annual reports was deemed as very good; but it opined it needs to be more accessible to third-parties.

In the living units, there are inmate telephones and all detainees can confidentially contact the crisis center for which the authority has a contract. As with many jails and prisons across the country, these telephones were close in proximity to each other and confidentially of conversation is certainly not guaranteed. It is strongly recommended that the authority provide some sort of enclosure around the phones to provide sound baffling. The authority indicated they had never had a complaint and did not view this as something which was needed. Because of a concern regarding the ability to converse with the crisis center in a way the inmates may provide information confidentially, it continues to be a strong recommendation some type of sound baffling is provided. After the authority indicating they did not believe they should be required to provide for sound baffling, a second review by photographs of the inmate phones was had. It is not believed such baffling, like a wooden enclosure around the phone would inhibit security or be prohibitively expensive. While for this audit such baffling is not going to be mandated, it is strongly recommended the authority re-review their stance regarding this.

Virginia is a right to work state and there is not a union representing staff at the facility. When asked if those who were questioned in administrative investigations were provided some sort of Garrity warning, it appeared they were not. It was requested that the jail authority ensure they were comfortable in not providing such a warning and more importantly were they confident they could sustain a finding an employee violated policy requiring disciplinary action. In somewhat of a like manner, the jail initially indicated they did not allow offenders to grieve issues regarding PREA. Later, they said they discouraged such use of the grievance system. PLRA and PREA conflict regarding time requirements, and other jurisdictions have indicated they discourage the use of the inmate grievance system. Those jurisdictions which do not encourage grievance do not prohibit it. Additionally, they have discussed the issue with their counsel and would ensure that cases where PREA was used could go forward in a Court action should the inmate so choose, and the Court accept. It is noted that PREA in and itself does not develop a new avenue for Court action; however, if someone was abused by staff or through the negligence of staff, a person under supervision might desire to file an action in a jurisdictional court.

As with many facilities, PREA is a new way of doing business and the jail, with a small footprint and less than 60 staff are working hard to make these standards but more importantly the issues of the standards part of the culture of the facility. In time, it is believed they will become more adept in recognizing that PREA is more than just meeting standards through policy and practice; the issues of sexual safety must be part of the institutional culture. The PREA Coordinator continues to work diligently to ensure the facility recognizes all of the nuances which go along with PREA and sexual safety, which results in security at the facility,

DESCRIPTION OF FACILITY CHARACTERISTICS

This section should describe: type of facility, its mission, population (both inmate/detainee/resident and staff), physical plant, and any other relevant information about the facility itself.

Tazewell jail is part of the Southwest Virginia Regional Jail authority. Virginia leads the nation in developing regional jails and should be commended for this to conserve resources and provide programming for offenders. By having one overall administration and process, the Superintendent can do things other jail administrators cannot. I have been fortunate to audit two regional jails in Virginia and opine the structure and lessons provided should be emulated by others.

Tazewell is the smallest of the jails in the authority and as such has a small staffing complement overseeing the population. This has pluses and minuses. One of pluses is that staff are very cohesive and work well together. One of the minuses is staffing is small and thus the cohesiveness can lead to issues if someone is not monitoring very closely.

Tazewell jail sits in the Court complex for Tazewell County. The jail is made up of generally dorm style pods with a smattering of single cells. It is configured on five floors. The design does not follow any singular architectural style, but does allow for direct supervision of those housed. I was astonished by how the flow of the facility worked and the dedication of the staff who made it work.

There are generally no juveniles housed at the Tazewell jail facility and in the rare cases a Judge so orders, the juvenile is kept totally separate from the rest of the population. In the year leading to the audit only one juvenile had been so held.

Men and women are housed separately, and only female officers supervise the female living units and only male officers supervise the male living units.

There is a fully functioning kitchen facility as well as a fully functioning medical unit. Food service is provided by the authority and medical services by contract.

A very small, but impressive footprint.

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2.

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

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: While it is clear the jail authority and the jail are committed to the principles of PREA and sexual safety, during the time of the review, it was clear the institutional compliance manager did not know her role in the process nor had been trained as to expectations. It is clear the compliance manager only saw herself as the "lady who helps with the PREA files." She was not aware of her role in monitoring retaliation. Since there have only been two cases in the past year; one unfounded and one unsubstantiated, where the alleged victim was released, this did not become evident until the review.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): During an interview with the PREA Compliance Manager, she was open and honest. She did not attempt to hide that she had not been provided responsibilities and expectations. SWVARJA Policy 2.01 states that the PREA Compliance Manager is a supervisory level employee who coordinates the institution's efforts at PREA. It is clear the PREA Coordinator has taken on the majority of this responsibility, but the standard clearly articulates there is a person at the local level who is the compliance manager.

other provisions of the standard are found in compliance as outlined in SWVARJA Policy 2.01, and the authorities organizational chart. It is of note that the PREA Compliance Manager is not listed on the organizational chart.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: The jail authority, facility administrator, PREA Coordinator and PREA Compliance Manager should develop a clear understanding of the PREA Compliance Manager's responsibility and expectations at Tazwell. However, the authority

and the institution decide on how to outline these responsibilities which meets the intent of the standard is fine, but it needs to be completed in a written format. It is recommended that a position description be developed and agreed upon by all parties as to the roles and responsibilities of the PREA Compliance Manager.

Timeline for Deliverables: Compliance with this standard will remain open until a position description is completed and reviewed by the auditor.

Corrective action taken: Since the time of the on-site audit, the authority has created a job description for the compliance manager which clearly delineates the responsibilities of the position. For the purposes of this review, the standard is found in compliance. It is incumbent upon the Superintendent, Jail Administrator and the PREA Coordinator that the compliance manager is given not only the responsibility but authority to manage the program locally.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The standard is not applicable as the jail authority does not contract with other entities for the confinement of offenders. Medical and mental health services are contracted.

Standard 115.13 Supervision and monitoring

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

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

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: The institution has done a very good job in developing and monitoring its staffing plan. The plan is predicated upon an average daily population of 128. The average daily population has been 179 and on the day of the review was 195. A small jail with only approximately 50 staff; 48 custody staff with only one vacancy at the time of the review. The jail consists of open housing units, cells, a holding cell and four restrictive housing cells. Cameras are placed throughout the jail. Like most facilities, cameras are generally reviewed as a reaction to an incident rather than live monitoring. However, it was noted the jail administrator had the cameras on his computer screen.

The dormitory nature of many of the pods makes supervision easy. Privacy in these areas is virtually non-existent as the pods are arranged with many double bunks. The jail has emphasized to all inmates that they are to be covered at all times, changing clothes in the shower area. Additionally, one of the reasons only men work in male pods and only women work in female pods are the housing arrangements.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

Standard Operating Procedure on Facility Modification, The Staffing Plan, the deviations from the staffing plan, a log of unannounced rounds, interviews with shift commanders, and interviews with the inmates. All inmates indicated that when a staff member of the opposite sex went into a living unit, they were announced. Additionally, a lot of work has gone into making sure the cameras do not veer into shower or bathroom areas.

All shift supervisors make unannounced rounds throughout the facility. They differ their approach to rounds and listen to radio traffic to alter their rounds as necessary. With the control operated doors often having to be keyed after radio transmission, and the small footprint of the jail, it is very difficult to make unannounced rounds truly unannounced. In my discussion with the shift commanders, it was clear they had given a great deal of thought to this and that they attempted to make their rounds unannounced. Unannounced rounds are documented in the log.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

There is one recommendation and one suggestion for the supervision of offenders. The recommendation involves the purchase and installation of two mirrors in the food service area, so any blind spots can be visualized by staff.

The suggestion is that the jail administrator requires his shift supervisors and any others he deems to live monitor the cameras for a period of time and prepare a short report if there is any unusual activity, grouping etc.

Timeline for Deliverables: The mirrors have been delivered and put in place making this standard compliant.

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

During the last year, there has been one occasion when a juvenile was placed at the facility for 5 days. This occurrence is extremely rare and generally happens because of judicial directive, as in this case. In the case of this juvenile, she was placed in the holding cell area of the institution (intake area) as it provided separate housing from the adult offenders. There is one answer on the Pre-audit questionnaire which needs clarification. This one section relates to 115.14 (b)1. The questionnaire indicates that in outside living areas there is no sight or sound separation. It is believed that when the female was out of her cell during times of exercise or showering there was not total separation, but there every step was taken to minimize sight and sound separation from other offenders. If this premise is correct, I will find the jail in compliance with the standard. With the very small footprint of the jail, there really is no other location to house any juvenile. While jurists can enter orders for juveniles to be housed at the jail, it appears this is rarely done. If it has not already occurred, I would encourage the jail administrator or superintendent to meet with Commonwealth Attorney regarding this matter and hopefully ask the Court to house any juvenile offender in a different location.

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? X Yes No

Explain the basis for this conclusion: The one occasion where a juvenile was housed in the facility, the facility indicated they had not provided for sight, sound and physical separation between the juvenile and the inmate. In talking to the PREA Coordinator, he believes this information was provided in error. As soon as there is clarifying information, this standard will most probably comply. This notation on the PREA Questionnaire was in error. There is no evidence there was not sight and sound separation. Special care is to be taken if this ever happens in the future, as it probably will in a local jail, that both sight and sound separation is met.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Interview with PREA Coordinator.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: The facility must clarify the information they provided in the pre-audit questionnaire regarding 115.14 (b)1.

Timeline for Deliverables: As soon as the PREA Compliance Manager or PREA Coordinator provide some evidence that the juvenile female offender was not purposely outside her cell put in a situation where there was no attention given to sight and sound supervision. It is believed, and evidence supports attention was given to sight and sound supervision. This standard is closed.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: At the Tazewell facility only men may search (to include pat-search) men and only women may search (to include pat-search) women. Although the standard allows for women to pat-search men, the jail calls for a stricter policy. The two policies on Bathing and Searching both articulate the position of the jail on searches. During my two and a half days at the facility I did not see this stance violated in any fashion. In fact if there ever was an occasion where there was not a female or male staff to conduct a search, they would call upon a "road" deputy from the Sheriff's department to assist.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Observation and interviews with inmates. Not one inmate indicated any issue with cross-gender searching. Most of them chuckled when being asked the question. Additionally, all of the offenders indicated no opposite sex member ever came to their area during times of showering, toileting or changing clothes.

During an interview with one female offender she indicated she had filed a grievance against a staff member because of the manner she was searched in her genital area. The woman offender indicated she was advised to separate her labia and to open her vagina when being visually searched. A search for this supposed grievance did not reveal such a complaint; it did complain that after the visual search, the female offender was provided boxers rather than panties. It took about 14 hours to get her panties. The policy of the institution clearly delineates when searches are to occur and who may conduct, but it does not provide protocols specifically outlining the manner visual searches are to be conducted. It is suggested the jail develop and provide training on such protocols.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

In my review of the standard, review of policy, interviews with staff and inmates, the practice of the facility is very strict in relation to the searching of the opposite sex. They go beyond what is called for in the standards. The suggestion they develop a search protocol does not diminish the good works they have made part of the culture at Tazewell jail.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

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

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: A review of the records at the jail demonstrates they have very few disabled offenders. If they have someone who would meet the definition of disabled as defined by the standard, he or she would probably be transferred to another facility in the jail authority that would be able to provide for the care of the offender. The institution has a language link service. For the last two years the institution reports it has not been used. At some institutions, this would be questioned, but by observation there were very few Hispanics in the population. Also, the facility only uses video visitation, which alleviates the use of TTY phones. As long as the inmate can sign or read lips, the video visitation link suffices to provide services for those who are deaf. If a deaf inmate would arrive (the institution says they have received none) the staff would need to do an assessment of the person's ability and document, it.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Policy and procedure outline the practice of making certain those who are disabled are attended to according to standards to ensure they know about sexual safety and how to report. The one person in the jail in a wheelchair declined to speak to the auditor. One of the persons whom the auditor did speak with had Traumatic Brain Injury. A lot of time was spent with this inmate regarding both his medical issues and the issues of sexual safety. It was clear that time was spent with this offender in ensuring he understood the basics of PREA. It took a lot of time to get to that conclusion as he was very frustrated over how the institution was handling his medical condition, specifically his mental health medications and his housing. Although not a part of the audit, the Health Systems Administrator was contacted, and she took action to ameliorate his concerns. It is clear that in many cases where there are issues, the Health Systems Administrator will be the person to manage the issue(s).

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

There is a suggestion if any offender is deemed seriously mentally ill or developmentally disabled, and they remain at Tazewell, they be seen by someone under the medical umbrella to ensure they know their rights of sexual safety and how to report. This is deemed essential as evidence shows this group of offenders the most victimized. This would have been an action step; however, with no evidence to show a problem, it becomes a suggestion of good correctional practice. There is evidence the institution reads PREA material to offenders who do not read. In this section of the country, there are often offenders who do not read. The actual number of those who do not read could not be ascertained but I was advised there were a "few." When this occurs, it is suggested it be documented that a staff member read the material to the offender.

Timeline for Deliverables:

Standard 115.17 Hiring and promotion decisions

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision Yes No

Explain the basis for this conclusion: The staffing of the Tazewell jail appears to be very stable. The pre-audit questionnaire shows that only 4 people have been hired who have contact with inmates during the past 12 months. At the time of the audit, the security staff only had 1 vacancy. With approximately 50 staff on board, the attrition rate is .08. While the pre-audit questionnaire showed no contractors having contact with offenders, the medical and mental health staff are contractors. In interviews with staff and contractors they all indicated some sense of having to show before hiring that they met PREA standards. Most often this was the standard letter signed that they had not been involved in any sexual safety issues prior to employment. The jail authority uses a format they call the PREA Disclosure Form. Additionally, the Standard Operating Procedure 3.03 documents the steps taken in hiring and promoting persons in relation to PREA and sexual harassment.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A telephone interview was held with the jail authority's Human Resource Manager on Friday, June 30th. In discussing hiring and promotion procedures, she reiterated what the SOP indicated. She discussed that if someone had worked for another facility where people were confined that before they were hired attempts were made to contact the prior facility to ensure that no incident of sexual safety or harassment was noted by the applicant's previous employ. The HRM indicated that before promoting a person, the jail administrator and the Captain would be charged with making certain there were no issues, but she said that in any case of sexual harassment or sexual misconduct, no matter how minor, the person would likely be fired. The Superintendent of the jail authority concurred with his HRM during a phone interview with him. There is no union at Tazewell and Virginia is a Right to Work state which allows such action as long as they are not deemed by a third party of being arbitrary or capricious. Surprise was found when none of the staff or leadership knew about Garrity or Garrity rights of employees when conducting investigations.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: Whether this recommendation is placed under 115.17 or later under the standard for conducting investigations or the standard for staff discipline is immaterial. It is recommended the jail authority review their policies to ensure that employee rights are part of any process of staff discipline. If Garrity warnings exist at the authority, it is recommended that all supervisory staff be trained, especially those who are charged to complete investigations. If Garrity rights do not exist for the authority, a letter from the authority must so state before this standard can be closed. The authority has developed a Garrity warning which is sufficient to meet the legal requirements for the Supreme Court ruling.

Timeline for Deliverables: As soon as it is determined that Garrity procedures do or do not exist at the facility and a legal review to ensure compliance with Garrity. A Garrity warning has been developed and I am advised all those empowered to complete internal investigations will receive appropriate training.

Standard 115.18 Upgrades to facilities and technologies

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

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

There have not been any upgrades to technology at the facility during this audit period. However, all parties interviewed could articulate what steps would be taken should there be an increase in technology. The Superintendent and Jail Administrator both indicated there would have to be a review of staffing if new technology was implemented. Standard Operating Procedure on Facility Modifications, 26.04, outlines the steps which are to be taken if modifications do occur. No administrator ever believes there are enough cameras but a review of the camera locations at the Tazewell jail demonstrating a good pattern of review. If monies were ever made available for camera upgrades the authority might consider reviewing the pan capability of many of the stationary cameras.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision Yes No

Explain the basis for this conclusion: Tazewell Jail has a memorandum of understanding with Carilion Tazewell Community Hospital. This hospital is part of a larger group who employs SANE nurses. The memorandum of understanding outlines that the community hospital is equipped to handle any forensic examination. The Virginia State Police would provide any oversight for a criminal investigation. The SANE nurses for Carilion are typically not part of the Tazewell hospital compliment, but they would make available SANE nurses as needed to conduct the examinations.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A review of the memorandum of understanding and discussion with the PREA Coordinator demonstrates an ability to provide forensic evaluations. The jail has not ever taken any offender to the local hospital but is equipped to do so. MC-03TF and SOP 18.06 describes the policy and standard operating procedures for the jail authority. It was noted that the policy indicated that any forensic evaluation would be conducted by a SANE/SAFE nurse internal or external to the authority. Unless the authority plans at some time to hire internal SANE nurses [which is not recommended], it is suggested that portion of policy be modified to reflect any forensic examination would be conducted by an outside hospital.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: While not a critical part of the report, it is recommended the authority review the policy regarding who would complete a SANE.

Timeline for Deliverables:

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: This is a policy standard. The jail authority's policy on the Prison Rape Elimination Act (2.01) clearly articulates that any allegation of sexual harassment or sexual abuse is to be investigated. Tazewell jail has eight PREA investigators for an inmate population of less than 200 inmates. Each shift has two investigations; a male investigator and a female investigator. During this audit period the jail has had two investigations and no criminal investigation. The Virginia State Police is the agency which conducts any criminal investigation. In talking to investigators, they have different responses regarding when to formally refer cases to the Virginia State Police. The PREA

Coordinator recognizes this and has implemented a policy that any case which is deemed referable is discussed with him or the Jail Administrator before calling the state police.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Review of the policy as well as discussion with three investigators, the Jail Authority's PREA Coordinator and the Superintendent for the authority. While there is no prohibition on this number of institutional PREA investigators, the authority must ensure that all those empowered to conduct PREA investigations receive appropriate training. Because of the number of investigators empowered to conduct investigations and the limited number of investigations which will realistically be conducted at Tazewell, it is recommended an investigatory template be developed to help ensure some consistency.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: Investigatory Template to be developed to help ensure consistency in investigations conducted by Tazewell investigators. Since the time of the review an investigatory checklist has been developed. For the purposes of this review this is found satisfactory and should be constantly reviewed to make sure it is valid and has fidelity. The PREA Coordinator has indicated a decision has been made all referrals to the state police would be made by the Superintendent, Jail Authority or the PREA Coordinator. This change in policy should be made as part of written policy.

Timeline for Deliverables: Scenario training has been provided by the PREA Coordinator. There has been a decision made to have all investigations needing review by the State Police to be forwarded by the PREA Coordinator. In addition, although not a requirement, it has been disclosed all investigators have or are in the process of completing the NIC training on conducting sexual investigations. This standard is closed.

Standard 115.31 Employee training

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision X Yes No

Explain the basis for this conclusion: In discussion with 17 employees formally and others informally demonstrate that all employees, contractors and volunteers have received training and have received it twice during this period of time. The training has been provided by the PREA Coordinator.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Discussions with employees demonstrated they had been trained especially as it relates to reporting and evidence protection. All staff are trained as first responders and receive a "card" which outlines their duties as first responders. The policy on General Training Standards, Sign In Sheets from 2015, 2016, and 2017 demonstrate training has been accomplished and staff acknowledged the training. All staff are able, although many referred to their first responder cards, to articulate the steps to be taken if an offender reported sexual abuse. A review of the training module demonstrates staff is trained regarding the essentials of sexual safety, how to report incidents as well as acknowledging everyone had a right to be free from sexual harassment and abuse and retaliation, be they staff or inmate.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.32 Volunteer and contractor training

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: Tazewell jail has very few contractors and volunteers. A review of the training records demonstrates the contractor (medical) receives essentially the same training as the staff. A discussion with a volunteer who conducts GED classes demonstrates he had been trained as to his responsibilities. A discussion with the Mental Health Coordinator and the Health Services Administrator demonstrate appropriate training.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Beyond the discussions referenced above, review of volunteer sign in sheets was had as well as the PREA Resource Center Power point for Volunteers. Also, review of a power point completed by the authority was reviewed. All of the documents reviewed provide a clear understanding of the Act, the purposes of the act and the issues they might be confronted with from the inmate population. Appropriate training is seen as critical for medical and mental health contractors as the facility does not have any "counselors." By observation it appeared that medical staff provided what would typically be provided by counselors.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.33 Inmate education

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: Inmate education consists primarily of the Just International Video on PREA and sexual safety. The watching of the video is completed in

intake upon an individual's arrival. As a jail, a significant percentage of the inmates are housed in the jail for a very short period. Discussion with the inmates demonstrate they had all seen the video with different levels of understanding, primarily as they admitted they tuned out the video as they had seen it multiple times. Any time an inmate returns to the jail authority and completes intake, even if they only went to Court for the day, they were subject to reviewing the video again. While it appears, they were given the opportunity of asking questions, some inmates said they were and some said they were not. Discussion with the intake officers revealed they asked if anyone had any questions. This does not constitute the level of inmate education found normally at a prison or larger jail, but with the small daily average population and the amount of time an average offender spends in custody, it is judged the required inmate education is provided. I was impressed if an inmate arrived at the facility who could not read, time was taken to read materials regarding sexual safety to them. Offenders knew the basics of PREA and all except one inmate knew of at least one way to report sexual abuse. Each unit had PREA posters designed by the jail which outlined 4 ways each offender could report. The inmates also knew it was a right they not be sexually abused or retaliated against for reporting.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): In addition to the discussion with inmates, review was had regarding the sheet each offender signs indicating they received PREA training. The actual PREA posters were reviewed in the living units and the inmate handbook was reviewed. It is recommended that there be a section added to the PREA training form which says something that the inmate understands they have the right to ask any question regarding PREA. This notification must provide the offender the methodologies(s) for questions to be asked. As the education component at the jail is limited to intake, it is viewed as critical that inmates be informed on how to ask questions which normally would be provided in an inmate orientation session.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: A section be added to the inmate training memorandum that the video has been watched concerning how offenders may appropriately ask questions regarding PREA.

Timeline for Deliverables: As soon as the authority provides an example of an updated form demonstrating that the inmate acknowledges an understanding of an ability to ask questions.

Corrective Action: Since the time of the review, an addition to the form signed by the inmate has been made demonstrating that he/she has a right to ask questions after the video is shown at intake and documents they understand the information regarding PREA. This action closes this standard.

Standard 115.34 Specialized training: Investigations

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

Does Not Meet Standard (requires corrective action)

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision?x Yes No

Explain the basis for this conclusion: All investigators empowered to conduct administrative investigations have received specialized training conducted by the PREA Coordinator. It is clear the jail authority has since 2013 spent a lot of time ensuring that investigatory staff have been trained. In addition to the specialized training conducted by the PREA Coordinator, which uses the curriculum developed for the PREA Resource Center by the Moss Group, many investigations have also attended Sexual Assault Investigation training (along with many others) as conducted by the Moss Group in 2013, and some have received specialized training as conducted by the Central Virginia Community College. All of this, as well as an investigator's cheat sheet, provide significant information to those who are empowered to conduct investigations. The issue at Tazewell is not the training the investigators have received, but the frequency of using the training. Because of the number of investigators as well infrequency of conducting investigations, it is suggested the PREA Compliance Manager develop and conduct tabletop scenarios with investigators, and use the encounters as training episodes. In addition to the training already being conducted at Tazewell jail, it is suggested investigators be provided instructions on how they can access PREA Investigation training as provided by the National Institute of Corrections. Since the review, the authority has decided all investigators shall complete the NIC course.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): When initially discussing the investigatory training received by investigators with three of them during interviews concern was raised regarding consistency of responses, especially in relation to criminal investigations and how to make a determination of when a case needed to be criminally referred. Additionally, concern about the legal standard of preponderance revealed two of the three investigators interviewed was not familiar with the term or the definition of this legal standard. However, reviewing training material provided shows the information was taught (the facility needs to obtain Central Virginia Community College's Lesson Plan). Therefore, the judgment of this auditor is that because the frequency of investigations is very limited and spread over eight investigators and that most of the investigators have never conducted a PREA investigation, it is not a matter of training but a matter of comprehension and muscle memory. Therefore, instead of recommending additional training except to suggest NIC training be made available, it is deemed critical that the PREA Coordinator develop and provide table top scenario training for investigators to be provided in a group or individually to all eight investigators on a recurring basis so that muscle memory of what needs to be completed during a PREA investigation is developed.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to

demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: The development of on-going table top scenario training for the PREA investigators empowered to conduct PREA investigations.

Timeline for Deliverables: As soon as the table top scenarios described, or a suitable alternative is developed to increase the muscle memory of those empowered to complete investigations.

Corrective Action: Table top scenarios have been developed by the PREA Coordinator to be used to provide training opportunities to all assigned investigators. The PREA Compliance Manager should be actively involved. The auditor continues to recommend NIC PREA training for all investigators, but cannot mandate it as the standard does not so require. The authority has decided to have all investigators complete NIC training. This standard is closed.

Standard 115.35 Specialized training: Medical and mental health care

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: It is clear from discussions with staff and review of records that medical and mental health staff have received specialized training regarding PREA and understand the issue which must be addressed. Both medical and mental health services are provided by contractors. The power points developed and used to provide the specialized training to health care staff were reviewed and found adequate to provide information regarding the special place medical and mental health care have in relation to PREA.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A long discussion was had with the Health Systems Administrator regarding PREA and the care to be provided for anyone who requires it. It is clear she has trained her staff as to the issues. As Tazewell jail houses both male and female offenders, there are additional requirements regarding female offenders who indicate they have been sexually abused by penetration, to include specialized STD testing and pregnancy testing.

The HSA was familiar with all of the standards to include STD treatment for both male and female inmates.

What was not so clear was not the training, but the nature of services provided by the mental health staff. I interviewed the mental health coordinator, who does not have professional credentials as a counselor, and came away with the opinion she was doing her job to the best of her ability. She does not need to be professionally trained as a counselor if she has adequate training as a paraprofessional counselor with specialized training in sexual victimization and trauma. Research demonstrates the majority of female offenders have suffered sexual abuse during their lives and many have not received counseling to develop coping mechanisms to deal with on-going trauma. I did not interview the psychiatrist. But in interviews with female offenders in particular, most of them indicated they would not discuss issues of a sensitive personal nature with mental health staff, but particularly with the psychiatrist. When probing, a consensus comment is he was dismissive of their concerns and issues. Knowing the nature of counseling being discussed is more a purview of a clinical psychologist or a licensed professional counselor, and realizing the jail does not employ through the contract either, or employees trained paraprofessional counselors as part of their compliment, the consensus of the female offenders that their issues to include issues of sexual victimization in the community and ongoing trauma were not being addressed may be problematic.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: I was not able to review the actual contract between the jail authority and the medical contractor. As such I do not know the provisions in the contract to allow for a review of services. Most medical contracts have some sort of provision which allows the authority to direct some sort of review of services. I am going to make an assumption this exists, and as such, make a recommendation the authority direct the contractor to conduct a review of the mental health services provided at Tazewell jail. Depending of the findings of this review, a plan of action is to be provided relative to the issues of sexual victimization and on-going trauma.

Timeline for Deliverables: The jail authority indicates they have reviewed the level of mental health services provided to the inmate population and have so indicated in writing they believe the level of care is appropriate. While there is no further action to be taken in this matter, the jail authority should continue to review the level of mental health care provided to the population.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? X Yes No

Explain the basis for this conclusion: The facility does a good job of screening offenders at intake for risk of victimization and abusiveness. The instrument being used provides good information and analysis. The "new" screening form is objective and does a better job of categorizing those assessed for victimization and those assessed as possible predators. The amount of specialized training necessary for officers during intake to complete the form is limited because of the objective nature of the data documented. The only subjective portion of the victimization form is the intake officer's judgment regarding the person's build and appearance.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Interviews with inmates reveal almost everyone remembers answering questions regarding PREA during intake. Most did not remember being asked to self-identify their sexual orientation and unless this is done in some other manner on some other document, it was not located on the screening document. Additionally, no inmate is provided a reassessment within 30 days unless new information is received although approximately 500 inmates stayed at the jail for more than 30 days during this past year.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: The institution does not reassess those offenders who remain at the jail for more than 30 days. In discussion with the PREA Coordinator, the institution will probably partner with medical for a reassessment to be accomplished by those requiring a formal medical assessment. Also, unless it is done in some other venue than the screening document, the offender should be provided the opportunity of self-identification of their sexual orientation and that self-identification should be memorialized.

Timeline for Deliverables: As soon as the facility can develop protocols for reassessment as well as verify if self-disclosure is part of the intake process and if it is memorialized.

Corrective Action: It is recognized most of those detained in the jail are released prior to the 30-day mark, but there were a number (520) who over the year remained in the jail for more than 30 days. The jail has developed a satisfactory method of ensuring those who remain are reassessed. Their plan is in conjunction with making sure medical completes their review and is more than adequate. This standard is closed.

Standard 115.42 Use of screening information

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision X Yes No

Explain the basis for this conclusion: This is a tough standard on which to make an analysis. It is clear the policy says information found during the assessment is to be used to make housing and job decisions. It is also clear the layout of the jail provides different pods and housing areas which could be used to ensure that those deemed at risk for victimization are placed in a different living environment than those judged to be sexual predators. This would need to be done by pod because given the open nature of most of the living quarters there is a limited ability to separate by individual cell. The cells are much more restrictive, not because of them being restrictive housing or protective custody cells, but as high security cells. The institution manages all different security levels and often does not know much more than is reported by the investigatory agency or pretrial agency. The nature of those who remain for 30 days or more not being reassessed formally also makes this analysis difficult. However, there was observed one case where reassessment was done after medical reviewed a case. While not a formal assessment, this informal assessment allowed the person to be placed in general population.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): In discussions with staff, all realized the critical nature of making sure that those identified for risk of victimization be protected from those identified as potential predators. Given this universal acknowledgement of the importance of ensuring that those at risk of victimization not be housed with those who posed risk of being abusers, along with the observation of an informal reassessment of an offender, this standard is being found to meet minimum compliance. Once formal reassessment is completed, and that information is put into the equation, the compliance will become stronger. It was noted that as small as the jail is there were processes not to share the information indiscriminately.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.43 Protective custody

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: The institution indicates they have not used involuntary segregation for any person who has been assessed as subject to victimization or as a party to an investigation as a victim.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

When discussing this with staff, most indicated that a person who was victimized might be temporarily housed in a holding cell in the intake area until a determination could be made on where to house. All staff questioned indicated any placement would not be necessarily permanent but only for the amount of time to analyze and make a good decision. There is no evidence that anyone has been housed in protective custody. There is no evidence, except for the aforementioned juvenile that anyone has been housed long-term in the housing cell. That placement was not because of PREA but because of the person's age. As there are procedures to make sure a judgement is made on a case by case basis and there is a discrete decision made, this standard is found in compliance. If there were a number of PREA cases or those identified as subject to victimization more evidence would be available. But with the amount of evidence available this standard is found in compliance.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Terminology is extremely important when describing protective custody or involuntary segregation. Training should take place to ensure staff has consistent definitions.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.51 Inmate reporting

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: The offenders are provided information on how to report sexual harassment and sexual abuse. The primary ways they are advised of how to report is through the PREA video and posters in every living unit. The institution provides at least 4 ways to report to include two ways where they can report without providing their name or identifying themselves. A requirement they had to use their PIN on the phone was removed shortly before the audit. They can also tell staff or write the authority. Their families may also report, although with video visitation only, the way to communicate the right of families to report becomes more difficult.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): In discussing this with inmates all except one inmate knew of at least one way to report sexual harassment or sexual abuse. Most of the inmates discussed the use of the phone or telling staff. Staff knew of their responsibilities should and offender report sexual harassment or sexual abuse. They also knew how to report an incident without identifying themselves. They indicated they were obligated to take verbal reports and had to document the verbal report as soon as practicable. Policy says it has to be done as soon as possible but in all cases before the end of shift. In reviewing the phones in the living units, they do not provide any privacy to make phone calls, to include information regarding PREA.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: A review of the placement of the inmate phones shows that there is no sound baffling between the phones, and they are close enough not to ensure inmate overhears from one phone to another. It was recommended to the authority they purchase or construct some sort of baffling/enclosure to ensure privacy is provided to those under supervision making a phone call. The authority indicates they believe there is sufficient privacy provided and has declined to agree to provide the enclosures or baffling saying they have had no complaint. Because of this, a re-review of the inmate phone locations was had. And while it is opined an enclosure could be provided which provided for both security and would not be cost prohibited could be accomplished, a determination has been made not to mandate the enclosures/baffling. It is recommended the authority continue to review this, and if there is complaint, realize they have the responsibility that phone calls made to report sexual safety issues are completed in a private manner.

Timeline for Deliverables: This standard is closed.

Standard 115.52 Exhaustion of administrative remedies

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: Although there does not appear to be any guidance in so far, a PREA is concerned that an administrative remedy process must be employed, as a correctional administrator for thirty years, there is concern that such an avenue is not made available to the inmates.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The institution indicates that inmates are not advised to use the grievance process to report PREA violations. They are told, using unit posters the four ways to report. Using a grievance is not one of the four. While it is clear that PREA trumps PLRA in regard to time limits to report, it is also clear that PREA does not provide by itself mechanisms for offenders to bring actions relative to conditions of confinement. If an inmate has a sexual safety issue and desires to litigate that issue, this auditor does not know if such

an action would be accepted without exhaustion of administrative remedy. This needs to be clarified. It is clear PLRA does require exhaustion unless a Court rules otherwise.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

The institution says this standard is not applicable as they do not use the administrative remedy process to report PREA related issues. The institution does have a grievance process.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: It is recommended that legal counsel for the agency as well as the Commonwealth Attorney review this matter and provide a written opinion regarding inmate reporting and the use of administrative remedies. If a legal opinion is rendered that an administrative remedy procedure is not necessary, then at a minimum, the institution has to inform offenders that the grievance process is not preferred but if they do choose to use the procedure, their complaint will be answered, or if the grievance procedure is not to be used, they may still have access to the Courts. Since the review, the jail authority has instituted procedures which advise those under supervision it is preferred they do not use the formal grievance procedure but the PREA reporting process. They do tell the offenders they may, if they so choose to use the formal grievance procedure.

Timeline for Deliverables:

Standard 115.53 Inmate access to outside confidential support services

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: The institution has a MOU with a rape crisis center located in Bristol, Virginia. This center is 72 miles from the institution. A discussion with the director of the rape crisis center reveals the institution and the center have a MOU.

Additionally, the center receives the phone calls from the inmate phones. The director carries a separate cell phone which links her to these calls.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Discussion with the PREA Coordinator and the Director of the Rape Crisis Center reveals the authority and the center have mutually entered into an MOU. The rape crisis center director indicates the inmates use the phone and often make complaints not regarding sexual safety. She plans on developing training for inmates on what her center does. Nothing could be found in institutional documentation relative to mandatory reporting, etc., however, the center director indicated that prior to entering into any relationship with an offender they would explain the limits of their discussion. The center director indicated they would also provide an advocate for an offender who had to undergo a forensic examination upon request. Because of the distance between Bristol and Tazewell, it is suggested the institution develop a collateral duty for a staff member (does not need to be security staff) as an institutional victim support advocate. The role of that person could be negotiated between the rape crisis center and the institution. But having a local hospital available (less than ten minutes away) which would have a person wait for a SANE nurse, possibly with investigative personnel present, it makes sense to have someone who is trained as an advocate to be present until someone from the Rape Crisis Center arrives. Again, this is a suggestion and does not need to be reported in the institutions' response given that an advocate does exist.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.54 Third-party reporting

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: There are provisions for third party reporting and the inmates are told during the video that third-party reporting may occur. However, since there is only video visitation at the institution, the primary method to explain third party reporting is on the authorities' website. In review of this website, it is not intuitive on how to access PREA information. The information is located in a tab titled "Administration". In reading the webpage, the following is provided:

If you have information that your family member or friend has been the victim of sexual abuse at the hands of another inmate, or if you have information concerning suspected incidents of employee sexual misconduct involving the Southwest Virginia Regional Jail Authority personnel, Contractors, or Volunteers please contact :

- The Crisis Center Sexual Assault Hotline at 276-696-5027.
- The PREA Compliance Manager of the facility where the incident is alleged to have occurred.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

Review of the unit posters, video and primarily the authority's website

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion: The website information should be labeled in such a manner where it is accessible by the public. It is recommended that a independent tab be developed for PREA information. Additionally, the information currently found on the website needs to be corrected to indicate that the PREA Compliance Manager at each facility should be contacted with the phone numbers listed.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: It was recommended, primarily because all visiting is conducted via video visitation and there is no physical contact between the inmate and any third party except for attorney's, that the PREA information, while very good be relocated on the website to make it more noticeable as it is currently located under a tab labeled administration. The authority indicates since the information is available no changes are being made to make the information more noticeable. While there is no standard to require this, it continues to be a strong suggestion to the authority that PREA information be labeled on the website in such a manner to make it more noticeable by those accessing the website. The authority has agreed to make the information accessible not only in English but in Spanish. This standard is closed.

Timeline for Deliverables:

Standard 115.61 Staff and agency reporting duties

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? X Yes No

Explain the basis for this conclusion: It is clear through discussion with staff both in a formal interview as well as informally that all of them know of their responsibility to report allegations of sexual harassment or abuse immediately. It is also clear that staff know to report any incidents of retaliation should they become aware. Policy clearly articulates that written documentation regarding a report of sexual abuse or harassment be completed as soon as practicable but in no case later than the ending of shift. Staff are to complete the written portion of the first responder card each staff member is provided along with any other written information. Many jurisdictions have "PREA" cards detailing what a staff member is to do if an allegation is brought forward, but this is the first time I have witnessed the staff member being directed to provide in writing salient information on the first responder card itself. Every staff member I asked had a copy of this card on their person. If it is not done already, this card might also be provided to the medical contractors and volunteers either in its original form or in a modified version. All staff interviewed also understood the information was not to be shared except to those in a need to know. However, all also said with the small footprint at the jail it was difficult.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.62 Agency protection duties

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: The agency has established policy and procedure to indicate that if they or any staff member becomes aware of possible imminent sexual assault they have an affirmative responsibility to act to protect the possible victim. As the agency reports they have had no one who has been in danger of substantial risk of sexual abuse, there is not a case to review.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): All staff interviewed about this indicated it would be their responsibility to take affirmative action should they become aware of a substantial risk. Most said they would keep the offender with them and contact the shift supervisor. But all said they would do something.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.63 Reporting to other confinement facilities

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: The institution policy articulates they are to report to another facility when an inmate makes an allegation of sexual abuse.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The jail indicates there have been no occurrences of having to report to another facility during this audit period. The authority has created a template letter to go to the other facility which outlines the information to be reported. I found this to be a best practice.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.64 Staff first responder duties

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: Much like the discussion earlier articulated regarding the reporting of incidents, that everyone is trained as a first responder, and that all parties were to carry a first responder card which allowed for documentation while on duty, it is clear the institution takes seriously the actions of staff to follow through with any allegation of sexual harassment or sexual abuse.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): In discussions with staff and administrators alike, the duties of reporting any allegation of sexual harassment or abuse is of paramount importance. It equals the discussion had regarding zero tolerance, but in this case, there was evidence to support the stance of the authority. The PREA Coordinator should be singled out for his diligence in reviewing any incident of alleged activity no matter how seemingly insignificant and his insistence all issues no matter how seemingly small be reviewed.

All staff can list the steps they needed to take as first responders. Although a few staff pulled out their first responder card, most knew the steps without having to look at the card. Especially significant was all said their first duty was to provide protection for the alleged victim, before anything else. Also, all indicated they were responsible to making sure medical attention was called for and provided should it be necessary. Often the issue of crime scene preservation takes precedence over the medical condition of the offender during reviews. In the case of the jail, while crime scene preservation was listed as something to make sure of, it did not take precedence over making sure the medical condition of the alleged victim was managed, if necessary.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.65 Coordinated response

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: The number of staff wearing multiple hats at the facility is not uncommon in small facilities and in many ways, assist in the coordinated response of all staff to meet the needs of those offenders who might be identified as sexually victimized. The only concern is back and forth communication to and from mental health. While the institution has only had two cases, one unfounded and one unsubstantiated, where the offender was released, there is no evidence such communication would not exist. The facility has not had any inmates who identify as gender non-conforming. It is suggested the institution develop an interdisciplinary team to plan for how they would recommend managing a transgendered or intersexed inmate.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

Discussions with staff demonstrate they have to work together to get the job done. These same discussions reveal no real planning has gone into effect regarding transgendered or intersexed inmates. This might be job for the PREA Review Team.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

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

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

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

This standard is viewed as non-applicable. Tazewell Jail nor the jail authority has a Union or Collective Bargaining. Additionally, Virginia is a Right to Work State.

Standard 115.67 Agency protection against retaliation

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: The institution has good policy indicating that any person needing monitoring for retaliation would receive the monitoring and the PREA Compliance Manager is responsible. Yet the PREA Compliance Manager did not know this was one of her duties.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Discussion with the PREA Compliance Manager. There was a published email indicating she had this responsibility; however, she did not remember the email at the time of the initial discussion. Additionally, as indicated in 115.11, it was not explained to her what the expectations of a PREA Compliance Manager were at the Tazewell Jail. The one case which would have required monitoring for retaliation was released.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: The institution must develop guidance for the PREA Compliance manager as to her role and the expectations the Administration and the authority has for her to complete her role. It is also recommended a template be developed to monitor any case requiring retaliation monitoring.

Timeline for Deliverables: It is clear the authority has taken steps to make certain the PREA Compliance Manager understands the role in monitoring any possible retaliation. This standard is closed.

Standard 115.68 Post-allegation protective custody

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: The following is taken directly from the institution’s policy.

Inmates at high risk for sexual victimization may be placed in involuntary special housing by the Shift Commander, only after an assessment of all available alternatives has been made, and then only until an alternative means of separation from likely abusers can be arranged. Such placement will be reviewed by the PREA Review Committee within 48 hours. There was some confusion during interviews regarding this statement. Some staff felt that inmates would be placed in involuntary segregation because of the allegation(s). Being temporarily housed was viewed by some as the same as long-term involuntary segregation. The most important part of this policy is that, “only until an alternative means of separation from likely abusers can be arranged.” Also, the PREA Review Team would by policy review such a case within 48 hours. The Superintendent of the authority indicated during his interview that after assessments had been made inmates if needed and necessary could be transferred to one of the other jails for the authority. This is not done lightly to ensure as much as possible inmates to not manipulate transfers and if separation can be insured in the same facility that is preferred. While Tazewell jail has not had a case to test this policy direction, it appears safeguards are in place not to automatically place someone in long-term involuntary segregation.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Discussions with both the Superintendent for the authority and the PREA Coordinator provide enough assurance that every effort would be made to keep an offender in general population.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: Other than making sure all appropriate parties are aware of the steps to be taken to ensure persons are not placed automatically in long-term involuntary segregation, this standard is closed.

Timeline for Deliverables:

Standard 115.71 Criminal and administrative agency investigations

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: While policy is clear, and while a cheat sheet has been developed for those empowered to conduct PREA investigations, it is not clear that those empowered to complete investigations (most had not completed an investigation) had a clear understanding of their role and the legal standard for a finding of guilt in an administrative investigation. The institution has expended a lot of resources training those designated as investigators. While it is clearly in the purview of the authority to designate any person, they desire to conduct PREA investigations as long as they are appropriately trained, it is suggesting that a review of how many persons are so designated be considered. This suggestion has no bearing on the number of investigations the authority designates, but might assist in developing some consistency. As previously indicated, it is also recommended that the PREA Compliance Manager develop table top exercises to sharpen the skill level of the investigators. Finally, to ensure all investigations are measuring the same elements, it is recommended that an investigatory template be developed and that the PREA Compliance Manager review any investigation prior to forwarding it to the jail administrator.

The jail has not had a criminal investigation. It appears from discussion with the Jail Administrator there is good relationship with the local State Police Barracks. The Jail Administrator is of the opinion if a criminal investigation was warranted; the state police have the skills to conduct one professionally. The Jail Administrator might desire to make available to the local state police commander the link to the specialized PREA training offered by the National Institute of Corrections, although the standard does not mandate such training.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): As indicated the institutional investigators have been trained, but because most have not completed an investigation or been party to the process, sufficient muscle memory has not been developed.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Corrective Action: A checklist has been developed to require investigators to all provide the same information, and for purposes of compliance, this is deemed sufficient. A investigatory template would provide more consistency and is suggested, but is not essential.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: While policy is cleared regarding the legal standard which must be met to make an administrative finding of guilt, two of the three investigators I spoke with could not articulate what preponderance meant. The third investigator only was able to provide a correct answer after having read information concerning this standard.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Review of training and policy demonstrates care has been taken to teach the legal concept of preponderance; however, there was a general lack of understanding of the concept or how the concept needed to be measured.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to

demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: It has been recommended that the PREA Compliance Manager develop table top learning scenarios. Information concerning preponderance and how to measure evidence to conclude preponderance should be part of any scenario given. If it is determined another method of ensuring compliance is developed, it is to be reported to the auditor upon completion.

Timeline for Deliverables:

Corrective Action: The PREA Coordinator has indicated that all investigators have been advised as of the legal standard of preponderance, it is suggested this be constantly tested by the compliance manager to ensure all investigators are able to articulate the practice. For the purposes of this review, the development of training scenarios where "evidence" is provided and investigators required to make a determination of this legal standard is deemed sufficient for closing the standard. It is highly recommended this constantly be tested as the matter is not static.

Standard 115.73 Reporting to inmates

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: The institution policy on PREA dictates that upon completion of an investigation the inmate is to be informed as to its outcome.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A review of the two cases requiring notification reveal it was accomplished. It is noted that some of the evidence presented say there were three PREA cases, but there were only two. The third case was reviewed to determine if it should be considered a PREA case at all. It was determined it did not meet the criterion, but a investigatory file was maintained. The documentation of reporting used was of good substance.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.76 Disciplinary sanctions for staff

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: The jail authority has not had to discipline any staff regarding sexual misconduct during this audit period.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The institution PREA policy does not provide any leeway in regard to a finding that any employee was found to have committed any action of abuse or harassment. The policy says they are to be terminated. Discussion with the Superintendent for the jail authority and the Human Resource Manager suggests they would indeed terminate the employment of any staff member found to commit any action of abuse or harassment. While this is clearly within the purview of the agency and especially as there is no union and Virginia is a Right to Work state, a blanket statement of termination for all cases does not allow for mitigation or mistake. It is suggested the authority review their stance on termination in all cases to provide the authority some discretion in cases where intent was not found but the action was found to have taken place.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.77 Corrective action for contractors and volunteers

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: The Institution PREA policy in a manner like says that any contractor or volunteer found to have committed a prohibited act of sexual abuse or harassment is to be removed from the institution immediately.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The institution has not had to remove either a contractor or a volunteer during this audit period because of sexual misconduct. But it is clear they would be removed from the institution and barred from reentry. This was confirmed by the PREA Coordinator and the Jail Authority Superintendent. This has nothing to do with the standard, but if it has not occurred, it might be prudent for the authority to review the contract between the authority and the medical contractor to ensure that all parties are in concurrence regarding the removal of contractors.

If any part of the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.78 Disciplinary sanctions for inmates

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? X Yes No

Explain the basis for this conclusion: All of the provisions of 115.78 are clearly stated in the inmate discipline policy and reiterated in the Inmate Handbook. The handbook is published in English and Spanish and if there is an inmate who cannot read, the information is verbally read to him. The policy reviewed only discussed sanctions and not the actual disciplinary process. The level of sanctions is segregated into discrete categories depending upon the seriousness of the prohibited act.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): There has been no reported cases of inmate discipline relative to sexual misconduct; thus, no interviews were had with inmates who had been found to have committed the prohibited act of sexual misconduct. There was no evidence found that offenders would be disciplined for making an allegation of misconduct in good faith. The PREA Coordinator and I had a long discussion about when a misconduct report could be written. It was shared that there needed to be significant information that the actions on the part of the inmate were clearly provided maliciously. It was suggested that if a person made one allegation of sexual misconduct it might be hard to provide a level of confidence that an allegation had not been made in good faith.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

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

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: Long discussion with the Health Systems Administrator revealed all medical staff members had received training and were cognizant as to their responsibility to ensure screenings for those with a history of sexual abuse and to provide necessary medical treatment if necessary. As indicated, according to interviews with female inmates, many indicated they would not confer with mental health personnel and would refuse any type of intervention. Evidence presented does suggest that offenders with a history of being sexually abused are appropriately referred to mental health to determine what actions were appropriate. A review of several referrals to include one for community sexual victimization was had. This is all which is required under the standards.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): As indicated elsewhere in this report, the veracity of mental health treatment for female offenders was subject to considerable discussion. The jail authority has decided the level of care; to include mental health care is sufficient. It is recommended this be continually reviewed to make certain the level of mental health and trauma care provided to all, but especially the many females who indicate they have been sexually abused in the community is sufficient.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: The analysis of the medical contractor that the quality of care is appropriate and the jail authority's concurrence. This has been completed and this standard is considered closed.

Timeline for Deliverables:

Standard 115.82 Access to emergency medical and mental health services

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: Long discussion with the Health Systems Administrator reveals that the medical staff is fully cognizant of regarding the issue of medical treatment. The medical staff is well aware of the types of treatment to be provided to an inmate at no cost. The SOP procedure entitled Sexual Assault Doc and the SOP on Inmate Access to Medical Care both provide guidance. As there have been no instances of alleged sexual abuse, there were no medical records to review. There was one case reviewed where a patient who had indicated sexual abuse in the community was referred to the Qualified Mental Health Personnel for counseling and was seen. No evidence was presented as to the nature of the counseling. Unless it is located elsewhere it is suggested that informed consent be articulated in some directive. The Health Systems Administrator could provide a good understanding of informed consent.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

While there have been no cases cited needing emergency medical and/or mental health care, a review of policy and discussion with the Health Systems Administrator reveals that attention has been provided to this standard. From conversation with health personnel, it is clear emergency treatment would be provided without cost to the offended.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to

demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

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

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: Again, there has been only one alleged case of unsubstantiated sexual abuse during this audit period. The alleged victim in that case was released; therefore, there was no way to measure if on-going treatment was realized. Policy provides that this on-going care is to be provided both as necessary by medical and mental health personnel.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The policy and interviews with the mental health coordinator and the Health Systems Administrator revealed both knew of the responsibility to provide on-going care to alleged victims. As this is a jail setting, the standards do not require on going mental health care to perpetrators. In reality because of the nature of the jail setting, most on-going care within the jail is of short duration.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.86 Sexual abuse incident reviews

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? x Yes No

Explain the basis for this conclusion: In the two cases where there were allegations of sexual misconduct, there was a Sexual Abuse Incident Review.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Interviews with members of the review team revealed they understood the purpose of the review was to determine if changes needed to be made to policy or practice to ameliorate the issues which caused the case to be reviewed. While there were no findings of amelioration in the two cases reviewed the team did meet and review the circumstances of the allegation. It was noted the current PREA Compliance Manager was not aware of her duties as a member of the team. As there has not been an incident requiring a Sexual Abuse Incident Review and documentation exists that a person listed as a previous PREA Compliance Manager was listed as a team member, I am going to find compliance. The addition of the compliance manager's expectations in regard to PREA strengthens the compliance.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: A review of the annual reports for 2014, 2015 and 2016 as published by the authority and posted to the website detailing the incident of alleged sexual misconduct.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): These reports were on the jail authorities website and were provided in a format which allowed all to read and understand. Whoever prepared these reports should be complemented as they provided information in a non-bureaucratic manner.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.88 Data review for corrective action

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision? Yes No

Explain the basis for this conclusion: The data located in the annual reports are provided in a year to year synopsis. As indicated the information is clear and concise. The jail has so few reports of alleged sexual misconduct; it appears any analysis can be made from reviewing the reports. At this time there is not enough information to provide any statistical analysis of issues or trends.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A review of the annual reports for the Tazewell Jail as published on the Jail Authorities Website.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Standard 115.89 Data storage, publication, and destruction

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

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

The Following Describes the Recommended Format To Fully and Accurately Report Findings for Each Standard:

FOR EACH STANDARD PROVISION (FOR EVERY ELEMENT/REQUIREMENT OF EACH PROVISION):

Has the facility met every requirement established by the provision x Yes No

Explain the basis for this conclusion: The policy on PREA indicates the PREA Coordinator shall ensure that records are maintained for a minimum of ten years from the date of initiation. The material is maintained in a secure site in the Jail Administrator’s office area. A review of the Virginia Public Records Management Manual, October 2014, reveals the jail authority’s policy far exceed what is required by Virginia for Department of Corrections information.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Review of the policy, brief discussion with the PREA Coordinator and discussion with the PREA Compliance Manager.

If any provision or the entire standard is determined to be N/A, describe the rationale and any evidence relied upon to reach this conclusion:

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

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.

A. F. Beeler

October 31, 2017

Auditor Signature

Date