

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

Interim Final

Date of Report June 1, 2018

Auditor Information

Name: Rebecca Young	Email: Rebeccayoung1819@gmail.com
Company Name: Duffield Regional Jail	
Mailing Address: P.O. Box 367	City, State, Zip: Duffield Va.24244
Telephone: 276-431-8000	Date of Facility Visit: April 30-May 1, 2018

Agency Information

Name of Agency: Southwest Regional Jail Authority		Governing Authority or Parent Agency (If Applicable): Southwest Regional Jail Authority	
Physical Address: 1037 Boone Trail Road		City, State, Zip: Duffield Va. 24244	
Mailing Address: P.O. Box 367		City, State, Zip: Duffield Va. 24244	
Telephone: 276-431-8000		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: <i>"The mission of this facility is to provide jail services aimed at ensuring the safety of the community, staff and inmates. Professionally trained staff will maintain security and control of inmates in a humane and constitutional environment. We will offer self-improvement programs for positive attitudinal and behavioral change to assist in the transition of inmates back to their communities."</i>			
Agency Website with PREA Information: http://www.swvrja.org/administration/prison-rape-elimination-act/			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: David Bowman	Title: PREA Coordinator
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Email: dbowman@swvrja.com	Telephone: 276) 739-3520 ext. 5006
PREA Coordinator Reports to: Jail Administrator/Superintendent	Number of Compliance Managers who report to the PREA Coordinator 4

Facility Information

Name of Facility:	Duffield Regional Jail		
Physical Address:	1037 Boone Trail Rd. Duffield Va. 24244		
Mailing Address (if different than above):	P.O. Box 367 Duffield Va. 24244		
Telephone Number:	276-431-8000		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	

Facility Mission: *The mission of this facility is to provide jail services aimed at ensuring the safety of the community, staff and inmates. Professionally trained staff will maintain security and control of inmates in a humane and constitutional environment. We will offer self-improvement programs for positive attitudinal and behavioral change to assist in the transition of inmates back to their communities."*

Facility Website with PREA Information: <http://www.swvrja.org/administration/prison-rape-elimination-act/>

Warden/Superintendent

Name: Brian Parks	Title: Jail Administrator
Email: bparks.swvrja.com	Telephone: (276) 431-8000 ext. 2070

Facility PREA Compliance Manager

Name: Josh Hayes	Title: Chief of Security/Captain
Email: jhayes@swvrja.com	Telephone: (276) 431-8000 ext. 2071

Facility Health Service Administrator

Name: Kaveh Ofogh	Title: MD
Email: kofogh@medikopc.com	Telephone: (804) 433-1040

Facility Characteristics

Designated Facility Capacity: 422	Current Population of Facility: 586
Number of inmates admitted to facility during the past 12 months	4481

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1129	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		2239	
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 type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		N/A	
Facility security level/inmate custody levels:		Minimum, Medium Maximum	
Number of staff currently employed by the facility who may have contact with inmates:		127	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		19	
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:		11	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		38	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>Video surveillance cameras that are in place throughout the SWVRJA facilities are essential in providing effective security. The particular placement of each camera was determined to be the most effective placement to provide more comprehensive monitoring and a heightened level of safety for inmates and staff. Masking is applied to cameras in all applicable areas to sensor privacy zones. Master control has access to all cameras throughout the facility. Housing control has the ability to access only the areas of the facilities that are applicable to their post. Video from all cameras in each facility is retained on servers within the facility. Video files are stored for the duration of time that is allowed by the size of hard drive on each designated server.</p>			
Medical			
Type of Medical Facility:		Treatment provided through combination of on site medical staff and local hospital ER.	
Forensic sexual assault medical exams are conducted at:		Norton Community Hospital	
Other			

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	51
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	9

Audit Findings

Audit Narrative

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

This auditor was contracted by the Southwest Regional Jail Authority March 15, 2018 for the purpose of conducting a PREA Audit of the Agency's Duffield Facility. From this point further, the Southwest Regional Jail Authority will be recorded as SWRJ, Duffield Facility.

This auditor made contact with Lieutenant David Bowman, agency PREA Coordinator, to make arrangements and prepare for the audit process. The Audit Notice was sent to the facility on March 25, 2018 and the PREA Coordinator verified to this auditor that the notice was posted on March 29, 2018.

The 1st phase of the audit began on April 4 2018 with the review of the SWRJ Duffield Facilities collected audit documentation. During this phase of the audit process there was a considerable amount of collaboration between this auditor and the Agency PREA Coordinator due to further requests for documentation and questions pertaining to practices. On April 25, 2018 this auditor sent a tentative audit schedule in preparation for the onsite portion of the audit.

This auditor reviewed the State of Virginia's Mandated Reporting Laws and contacted the Virginia Department of Social Services to inquire if any complaints or concerns had been recorded concerning the SWRJ Duffield Facility. A web search was also conducted of the SWRJ Duffield Facility.

Phase 2 of the audit began on April 30, 2018 with this auditor arriving at the facility at approximately 9:00am and meeting with the SWRJ Duffield Facility Leadership Team. The audit tour of the facility began at approximately 9:30am with the Agency PREA Coordinator and the Facility PREA Compliance Manager.

Facility Characteristics

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

The Duffield Regional Jail was completed May 14, 2005 with an additional expansion completed February 12, 2015 to make the total square footage of 146,234. The Operating Capacity is 422 general

population beds. There are a total of 10 general population housing units, 2 dormitories and 3 multipurpose housing units to include a medical and both, male and female special housing wings. The housing unit breakdown consist of:

4 minimum security units

2 medium security units

3 maximum/special housing units

The facility has a secure records department, a full service laundry and kitchen, and a 32 cell medical infirmary staffed with licensed medical professionals that provides 24 hour medical care. There is also a dental department located in the medical unit that provides routine dental services.

The facility is equipped with a video monitoring system that includes 169 panoramic cameras and domed mirrors that are strategically placed to provide adequate surveillance 24 hours per day to detect and prevent sexual abuse.

The facility currently employees 127 full time staff that work rotating breaks to provide coverage for 2 12 hour shifts daily. This averages out approximately 25 security staff assigned to dayshift, 23 assigned to night shift and 12 assigned to 8 hour shifts to cover transportation, medical and property.

Observations made during the onsite tour:

The facility was clean and Cells and dayrooms were well lit and Officers had an unobstructed view of inmates. The shower areas were located in the front of the housing unit and did have privacy curtains in order to allow inmates to disrobe and bathe in private however, this auditor found some of the curtains to be old and improperly installed. This was addressed with the leadership during the walk through and a corrective action plan was implemented immediately. New shower curtains were properly installed to correct the issue before the onsite portion of the audit was completed.

Staff announced members of the opposite sex entering the housing unit, demonstrating that the practice had been institutionalized. A privacy notice, the PREA Audit notice and information pertaining to how to access the sexual abuse hotline was posted in each dayroom near the telephones and inmate kiosks. The phones and kiosk were in working order. Inmates were questioned pertaining to their knowledge of how to report sexual abuse. Most offenders questioned could explain methods available to self-report sexual abuse or harassment demonstrating that the reporting techniques had been institutionalized and made a common practice. Cameras were strategically placed throughout the facility and monitored by a control room outside of each housing unit as well as master control. Both the housing unit control rooms and master control is manned 24 hours per day. Further review of the video monitoring systems in the control rooms revealed that a strategically placed censored privacy zone for all shower areas to reduce the risk of incidental viewing by control room staff. This auditor observed no issues with blind spot areas throughout the facility. The intake and booking area was toured and this auditor asked pertinent questions, observed the PREA video and had staff to walk through the intake screening process. The facility appeared to be adequately staffed and female inmates were separated from male inmates appropriately. There has been no youthful offenders housed at the SWVA Duffield facility during this audit cycle however, the facility has an appropriate area assigned in the even they were to receive a youthful offender.

The onsite tour was completed at 11:00am and interviews began with staff. This auditor chose inmates by requesting a facility alpha list of all current inmates, the inmates were chosen at random with this auditor attempting to choose at least one inmate from every housing unit. Random Staff interviews were chosen from the daily duty rosters. Interviews were conducted in a private location

in order to maintain confidentiality and all staff and inmates interviewed were advised of this auditor's duty to report per the Code of Virginia's mandated reporting laws.

The tentative interview schedule was as follows:

Day One

1:00 to 2:00 pm	Interview with Jail Administrator
2:00 to 2:30 pm	Interview with PREA Compliance Manager and staff who monitors retaliation
2:30 to 3:00 pm	Interview with medical staff
3:00 to 3:30 pm	Interview with volunteers and contractors
3:30 to 4:00 pm	Interview with Intake staff and Institutional Investigators
4:00 to 4:30 pm	Interview with Counselor or person who completes Classification Assessment

Day 2:

10:00 to 11:00 am	Review of Investigation files
11:00 to 11:30 am	Interview with Mental Health staff and member of the Incident Review Team
11:30 to 12:00 pm	Interview with Institutional Training Officer to review employee training files
12:00 to 1:00 pm	Break
1:00 to 4:00 pm	Random Inmate Interviews
3:00 to 5:30 pm	Specialized interviews with Targeted Inmate Population
5:30 to 6:00 pm	Nightshift staff Interviews

During the 2 day onsite portion of the audit, this auditor interviewed a total of 26 inmates, 6 female and 20 male as well as 2 LGBTI inmates, 1 inmate with a disability, 2 inmates flagged as High risk for sexual victimization, 1 inmate who self-reported prior victimization and 3 inmate who filed a PREA allegation during the audit period.

A total of 15 staff members were interviewed to include specialized staff. Staff training Files were reviewed as well as inmate classifications, intake screening files, and mental health follow up forms. This Auditor conducted a comprehensive review of all substantiated investigative files and random samples of unsubstantiated and unfounded investigative files to ensure that administrative investigations were being conducted properly and that investigators were not imposing a standard higher than preponderance of the evidence in determining the outcome of investigations.

Phase 3 of the Audit process began on May 3, 2018 with further review of audit documentation and triangulation of the audit findings. SWRJ Duffield Facility provided this auditor with sufficient and adequate documentation to successfully complete this audit and make the determinations of compliance as described in further detail in this report.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 2

**Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator-
Standard 115.18 Upgrades to Facility and Technologies**

Number of Standards Met: 41

Standard 115.12: Contracting with other entities for the confinement of inmates 115.13: Supervision and monitoring Standard 115.14: Youthful inmates Standard 115.15 Cross Gender viewing Standard 115.16: Inmates with disabilities and inmates who are limited English proficient Standard 115.17: Hiring and promotion decisions Standard 115.18: Upgrades to facilities and technologies Standard 115.21: Evidence protocol and forensic medical examinations Standard 115.22: Policies to ensure referrals of allegations for investigations Standard 115.31: Employee training Standard 115.32: Volunteer and contractor training Standard 115.33: Inmate education Standard 115.34: Specialized training: Investigations Standard 115.35: Specialized training: Medical and mental health care Standard 115.41: Screening for risk of victimization and abusiveness Standard 115.42: Use of screening information Standard 115.43: Protective Custody Standard 115.51: Inmate reporting Standard 115.52: Exhaustion of administrative remedies Standard 115.53: Inmate access to outside confidential support Standard 115.54: Third-party reporting Standard 115.61: Staff and agency reporting duties Standard 115.62: Agency protection duties Standard 115.63: Reporting to other confinement facilities Standard 115.64: Staff first responder duties Standard 115.65: Coordinated response Standard 115.66: Preservation of ability to protect inmates from contact with abusers Standard 115.67: Agency protection against retaliation

Standard 115.68: Post-allegation protective custody Standard 115.71: Criminal and administrative agency investigations Standard 115.72: Evidentiary standard for administrative investigations Standard 115.73: Reporting to inmates Standard 115.76: Disciplinary sanctions for staff Standard 115.77: Corrective action for contractors and volunteers Standard 115.78: Disciplinary sanctions for inmates Standard 115.81: Medical and mental health screenings; history of sexual abuse Standard 115.82: Access to emergency medical and mental health services Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers Standard 115.86: Sexual abuse incident reviews Standard 115.87: Data collection Standard 115.88: Data review for corrective action Standard 115.89: Data storage, publication, and destruction

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Southwest Regional Jail Authority employees 1 Lieutenant as the PREA Coordinator that oversees 4 separate facilities and 4 PREA Compliance Managers, 1 placed at each facility which exceeds this standard. Both the PREA Coordinator and the PREA Compliance Manager was interviewed during the on-site portion of this audit at Duffield Regional Jail. Both the PREA Coordinator and the facility PREA Compliance Manager stated that they had sufficient time and authority to coordinate the facilities efforts to comply with the PREA standards.

The facility's Standard Operating Procedure 2.01 "Prison Rape and Elimination Act" mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines Southwest Regional Jail's approach to preventing, detecting, and responding to such conduct.

Policy, materials and other evidence reviewed:

- **Standard Operating Procedure 2.01 Titled "Prison Rape Elimination Act"**
- **Agencies Organizational Chart**
- **PREA Auditor Questionnaire**
- **Staff Interviews**

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The SWRJ Duffield Facility does not contract with private agencies or other entities for the confinement of inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A comprehensive review was conducted of the Agency's vacancy rates, staffing plans and daily duty rosters, the only deviations found were officer call ins and emergency transportation runs. It was also taken into consideration that the SWRJ Duffield facility deploys an extensive video monitoring system that aides in the supplementation of staffing levels. The video monitoring is conducted by housing unit control rooms that are manned 24 hours per day. This was verified by daily duty rosters.

Staffing Ratios:

Total number of Staff per shift: 40 (Day) 26 (Night)

Total daily average number of inmates: 586

Total number of Housing Units: 12

Total number of Inmates housed in each unit: 50 to 80

Total staff to offender ratio: 1:20

Total Staff assigned to each housing unit: 1 to 2 according to number of inmates housed and the security level of the housing unit.

Based on the review of the SWRJ Duffield Facility Annual Staffing Plan Review Memorandum, daily duty rosters and interviews with the PREA Coordinator and the facility PREA Compliance Manager, it was determined that the facility was making a best faith effort to comply with standard 115.13 and to protect inmates from sexual abuse and sexual harassment.

Review of Standard Operating Procedure 12.12 Staff Training and observation during the onsite portion of the audit verified that supervisors conducted unscheduled unannounced rounds in an attempt to identify and deter staff sexual abuse and harassment.

Policy, evidence and other material reviewed:

- Facility Staffing Plan
- Annual Staffing Plan Review Memorandum
- Daily Duty Rosters
- Agency Vacancy Rate
- Standard Operating Procedure 12.12 Staff Training
- Video Monitoring Systems
- PREA Audit Questionnaire
- Staff Interviews

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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SWRJ Duffield Facility does not house juvenile offenders unless the juvenile offender has been adjudicated. There were no youthful offenders housed at this facility during the time of this

audit or in the last 12 months leading up to this audit however: the SWRJ Duffield Facility is equipped to house youthful offenders and review of policy 27.01 Youthful Offenders describes actions that need to be taken in the event the facility receives a youthful offender.

Documentation, policies and other materials reviewed:

- Standard Operating Procedure 27.01 Youthful offenders
- Standard Operating Procedure 12.08 Inmate Movement
- Facility Memorandum Stating No Youthful Offenders Housed During Audit Period

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their

breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of Standard Operating Procedure 12.10 Searches of Inmates and Facility and Standard Operating Procedure 10.02 Bathing, showers and hair care reveals that SWRJ Duffield Facility has policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts,

buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

During the 1st day of the onsite audit, this auditor toured the entire facility and found that several housing unit shower/privacy curtains were dilapidated beyond repair due to worn Velcro strips and curling of the vinyl. This deficiency permitted the possibility of unnecessary and unobstructed viewing of inmates showering and impeded upon their privacy by staff and other inmates in the housing unit. Corrective action was immediately implemented and each shower curtain was replaced before the ending of the onsite portion of the audit with further plans to replace the Velcro with clasps that fasten to the other side of the shower wall.

Review of the video monitoring systems in the control rooms revealed that the facility had developed a strategically placed censored privacy zone for all shower areas to reduce the risk of incidental camera viewing by control room staff.

Observation during the onsite portion of the audit revealed that staff was announcing members of the opposite sex before entering the housing areas or any area where inmates may be disrobed. Furthermore, during offender interviews, inmates did confirm that staff of the opposite sex announced their presence when entering housing units and that they felt comfortable verifying that this portion of the standard had been institutionalized.

Standard Operating Procedure 12.10 Searches of Inmates and Facility provided clarification that the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances and does not examine transgender or intersex inmates for the sole purpose of determining their sex. Review of training records reveal that all staff are properly trained in pat down searches and an annual refresher training occurs. There were no instances of cross gender pat down searches during the audit period.

Policy, materials and other evidence reviewed:

- Standard Operating Procedure 12.10 Searches of inmates and Facility
- Standard Operating Procedure 10.02 Bathing, Shower and Hair Care
- Staff Training Power Point
- Staff and Offender Interviews

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

SWRJ utilizes the services of *Language Link International Interpreter Services* in order to provide interpreter services for non-proficient English speaking inmates. This auditor interviewed 1 non proficient English speaking inmate during the onsite portion of the audit with the aid of SWRJ Duffield Facility staff and both inmates were aware of this service and documentation shows that this service has been utilized numerous times during the audit period.

This was also verified by reviewing a staff email requesting Language Link International services.

SWRJ provides inmate orientation in both English and Spanish and during onsite tour it was noticed that these materials were made widely available and that inmate interpreters were not being utilized.

Further review of documentation and interviewing of disabled inmates, ensures this auditor that SWRJ takes appropriate steps to ensure that inmates with disabilities have a clear understanding and are allowed to participate in all aspects of the facility and the programs provided to include their efforts in preventing and deterring sexual abuse and harassment.

Documentation, policy and other materials reviewed:

- **Standard Operating Procedure 2.01 PREA**
- **Contract with Link International Interpreter Services**

- PREA materials in both English and Spanish
- PREA Audit Notice in English and Spanish
- Staff and inmate interviews
- PREA Audit Questionnaire

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Based on review of Standard Operating Procedure 3.03 *Recruitment and Selection*, personnel files, applications and criminal back ground check logs this auditor was able to determine compliance.

SWRJ Duffield Facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, has been convicted of engaging or attempting to engage in criminal sexual activity in the community or has been civilly or administratively adjudicated to have engaged in criminal sexual activity.

This auditor reviewed documentation to verify that a criminal background history was conducted on all present employees and volunteer/contractors and that all new employees, volunteer/contractors undergo a background check and sign a PREA disclosure form.

Documentation, policy and other measures reviewed:

- **Standard Operating Procedure 3.03 *Recruitment and Selection***
- **Personnel Files, applications for employment**
- **Employee Criminal Background Check Logs**
- **Volunteer/Contractor Criminal Background check logs**
- **PREA disclosure forms**

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- **If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A)**

if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.18 (b)

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

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The SWRJ Duffield Facility made a substantial expansion in February 2015. The facility modifications added an additional 3 housing units to include 1 general population housing unit, 2 dormitories, and a new SHU (Special Housing Unit). 79 New video surveillance cameras were also installed to make the total 169 cameras throughout the facility. This new expansion has greatly enhanced the facilities capabilities of detecting and deterring sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Administrative Investigations concerning sexual abuse and sexual harassment are conducted by trained investigators at SWRJ, Duffield Facility using the proper uniformed evidence

protocols and preponderance of the evidence as in accordance with this standard and training set forth by the Department of Justice. All investigations that are found to be criminal in nature are immediately forwarded to the Virginia State Police for further investigation and possible criminal charges. This auditor reviewed a Memorandum of Understanding between the Southwest Regional Jail Authority and the Virginia State Police entered on January 2016. This memorandum identifies each entities responsibility during the course of a sexual abuse investigation and does state that the Virginia State Police will act in accordance with the investigative requirements of the Prison Rape Elimination Act 28 C.F.R part 115. SWRJ Duffield Facility utilizes Norton Community Hospital for sexual assault forensic examinations in an attempt to provide a certified SANE Nurse.

SWRJ Duffield Facility provides victim advocate services to victims of sexual assault. This auditor reviewed a Memorandum of Understanding between the Southwest Regional Jail Authority and the Bristol Crisis Center entered April 2015 and amended September 2017. This memorandum identifies both entities responsibilities pertaining to victim advocacy services to include providing an onsite victim advocacy during all sexual assault examinations and follow up counseling.

Based on review of investigative files and interviews with facility investigators, the determination was made that the investigations were being conducted in compliance with this standard.

Documentation, policy and other materials reviewed:

- Standard Operating Procedure *MG 03 Sexual Assault Protocols*
- Standard Operating Procedure 15.08 Inmate Medical Care
- Memorandum of Understanding between Southwest Regional Jail Authority and Virginia State Police
- Memorandum of Understanding between Southwest Regional Jail Authority and Bristol Crisis Center

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

SWRJ Duffield Facility conducts administrative investigations for allegations of sexual abuse or sexual harassment. This auditor conducted a comprehensive review of the facility's investigative files and interviewed the facility's investigators.

A Memorandum of Understanding between the Jail Authority and the Virginia State Police has been

Incorporated since the last PREA audit and clearly identifies both entities responsibilities pertaining to investigative duties. Standard Operating Procedure 2.01 Prison Rape Elimination

Act also delineates specific investigative duties and is accessible through the Southwest Regional Jail Authority website.

Documentation, policies and other measures reviewed:

- Standard Operating Procedure 2.01 Prison Rape Elimination Act
- Memorandum of Understanding between the Southwest Regional Jail Authority and Virginia State Police
- Investigator Interviews
- Review of Investigative Files

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of Standard Operating Procedure 4.02 *General Training*, the agencies training curriculum and staff training files, it was determined that SWRJ Duffield Facility is in compliance with standard 115.31. The facility trains all staff that has contact with inmates in an adequate manner pertaining to:

1. Its zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment Prevention, detection, reporting, and response policies and procedures;
3. Inmates' right to be free from sexual abuse and sexual harassment;
4. The right of inmates and employees to be free from retaliation for reporting sexual Abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with inmates;
9. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and PREA audit report.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

Staff receive PREA training during an 8 hour orientation phase and a 4 hour refresher training annually and sign an acknowledgment form. During the random interview of staff phase of the onsite audit, all staff interviewed was knowledgeable pertaining to the PREA standards and how to deter, prevent and report sexual abuse and harassment.

Documentation, policies and other measures reviewed:

- Standard Operating Procedure 2.01 PREA
- Training Power Point
- Staff Interviews
- Staff Training Files
- Staff Training Acknowledgment Forms
- Pocket Guides for Sexual Assault

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Volunteers and Contractors at SWRJ Duffield Facility receive the same caliber of training as staff and signs an acknowledgement form verifying that they understand the training and their duty to report any allegation of sexual abuse or harassment. A volunteer Teacher as well as contract medical staff was interviewed during the onsite portion of the audit. This auditor only found one volunteer who stated that they were unaware of their duties to report. Remedial training was offered immediately and completed before the onsite portion of the audit was completed with follow up verification that permitted this auditor to find compliance regarding this standard and that all volunteer/contract workers were knowledgeable pertaining to the PREA Standards and how to deter, prevent and their duties to report sexual abuse and sexual harassment.

The Facility's PREA Compliance Manager retains documentation and logs verifying that volunteer/contractors are trained.

Documents, policies and other measures reviewed:

- **Standard Operating Procedure 4.02 General Training**
- **Volunteer/Contractor Training Curriculum and power point**
- **Signed Volunteer/Contractor Training Acknowledgement forms**

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Based upon this auditor's review of Standard Operating Procedure 2.01 Prison Rape Elimination Act , the facility's Offender Orientation Manual, signed Offender Acknowledgement forms , observation and random interviews during the onsite audit tour, it has been determined that the SWRJ Duffield Facility complies with standard 115.33.

Inmate orientation begins immediately upon intake where the inmates watch a PREA video during the booking process. The video contains Spanish subtitles. The inmates are presented orientation packets in either English or Spanish that details the SWRJ Duffield Facility's zero tolerance pertaining to sexual abuse and harassment and how to report suspicions of sexual abuse and harassment.

The intake process was observed during the tour portion of the onsite audit and a review of the inmate orientation manual demonstrated that inmates receive comprehensive education pertaining to the PREA Standards and their rights to be free from retaliation for reporting suspicious behavior.

Further review of a random sample of inmate PREA education acknowledgement forms and interviews with disabled and limited proficient English speaking inmates verified that the facility is conducting adequate training. Standard Operating Procedure 2.01 PREA identifies and addresses all disabilities and impairments.

Documentation, policies and other measures reviewed:

- Standard Operating Procedure 2.01 PREA
- Inmate orientation manual
- Staff interviews
- Inmate interviews
- Inmate PREA training video
- Educational brochures and flyers

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Investigators at SWRJ Duffield Facility receive specialized training through the National Institute of Corrections Titled "Investigating Sexual Abuse in Correctional Settings" Training rosters and certificates were made available during the audit review and facility investigators were interviewed during the onsite portion of the audit.

All SWRJ Duffield Facility Investigators have received the proper training in utilizing special investigative techniques and evidence collection while conducting sexual abuse and sexual harassment investigations and how to properly use Miranda and garrity warnings.

All Investigations that have a potential for criminal prosecution are referred to the Virginia State Police.

Documentation, policies and other measures reviewed:

- **Standard Operating Procedure 4.02 General Training**
- **Memorandum of Understanding between the Southwest Regional Jail Authority and the Virginia State Police**
- **Investigator Training Curriculums**
- **Investigator Training Records and Certificates**
- **Investigative Reports**
- **Investigator Interviews**

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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Medical and Mental Health employees at SWRJ Duffield Facility are contract employees that receive the same orientation training as the regular fulltime staff plus additional training specified for Medical and Mental Health Practitioners as developed by the Department of Justice and the National PREA Resource Center on how to detect and assess signs of sexual abuse and sexual harassment. This training is documented on Specialized Training Rosters and maintained by the Facility PREA Compliance Manager. Both Medical and Mental Health Staff were interviewed during the onsite portion of the audit and all were knowledgeable pertaining to sexual assault evidence collection and treatment. SWRJ Duffield Facility Utilizes Norton Community Hospital for forensic examinations.

Documentation, policies and other measures reviewed:

- **Standard Operating Procedure 4.02 General Training**
- **Medical and Mental Health Staff Training Curriculum**
- **Medical and Mental Health Staff Training Rosters**
- **Medical and Mental Health Staff Onsite Interviews**

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Based on this auditor's review of Standard Operating Procedure 9.01 Classification, The SWRJ Screening and Classification Tool, onsite interviews with classification staff and inmates, it was determined that the facility was properly screening inmates within 72 hours of reception using an objective screening tool that considers at a minimum the following:

1. Whether the inmate has a mental physical or developmental disability
2. The age of the inmate
3. The physical build of the inmate
4. Whether the inmate has previously been incarcerated
5. Whether the inmate's criminal history is exclusively non-violent
6. Whether the inmate has prior convictions for sex offenses against an adult or child
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming
8. Whether the inmate has previously experienced sexual victimization
9. The inmates own perception of vulnerability
10. Whether the inmate is detained solely for civil immigration purposes

The classification screening tool is a point's based system ranging from 1 (lowest) to 14 (highest). The calculations are determined by the individual's answers, the individual's past criminal record, the individual's physical build and both staff and individual's perception of sexual victimization risk.

The assessment is conducted during the booking process and disseminated to the appropriate staff. (Medical, Mental Health, PREA Compliance Manager, PREA Coordinator, Counselors). Inmates are not disciplined for refusing to answer or for not disclosing information to the questions asked.

30 day reassessments as well as reassessments for offenders whose internal status changes warranted a new review were being completed in accordance with this standard.

Documentation, policies and other materials reviewed:

- **Standard Operating Procedure 9.01 Classifications**
- **Southwest Regional Jail Authority Screening and Classification Tool**
- **14 Day Follow Up Mental Health Assessment Forms**
- **Training Agenda and Training Rosters for Medical and Mental Health Staff**
- **Emails**
- **PREA Questionnaire**
- **Memorandums**

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Based on review of Southwest Regional Jail Authority's screening and classification tool, it was determined that the facility was making appropriate individualized housing assignments based on information obtained in order to keep separate inmates who are a high risk of being victimized from inmates that are a high risk to be sexually abusive.

All housing assignments for Transgender or Intersex offenders are made by Facility PREA Review Committee on a case by case basis with final authorization coming from the Superintendent. The committee considers health, safety and security problems while making these determinations. Transgender and Intersex offenders are reassessed every 6 months by the PREA Review Committee to review threats of safety for the inmate.

Standard Operating Procedure 9.01 Classifications clarifies that a Transgender or Intersex offender's views pertaining to their own safety shall be given serious consideration and that they will be allowed to shower separately from the rest of the population.

Southwest Regional Jail Authority does not place lesbian, gay, bisexual; transgender or intersex offenders in segregated housing based solely their identification or status.

During the Onsite portion of the audit, there were no inmates who self-identified as being Transgender or Intersex. The LGB offenders interviewed verified that they were housed in regular population housing units.

Documentation, policies, and other material reviewed:

- **Standard Operating Procedure 9.01 Classification**
- **PREA Review Committee Dockets**
- **Reassessment forms**
- **PREA Questionnaire**
- **Staff and Inmate Interviews**
- **Screening and Classification tool**

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Based on review of 14.02 Protective Custody Operations, staff and inmate interviews and placement review forms, it was determined that SWRJ Duffield Facility had not place inmates that are at high risk for victimization into involuntary segregation or protective custody in the last 12 months.

Inmates can request to be placed in protective custody by completing a Request for Protective Custody form. This form will be reviewed by the Facility PREA Review Committee and forwarded to the Superintendent for final authorization however; during the onsite audit this auditor interviewed 2 HRSV offenders and both offenders were housed in the facilities general population housing units.

Documentation, policies and other materials reviewed:

- **Standard Operating Procedure 14.01 Protective Custody Operations**
- **Staff and Inmate Interviews**
- **Placement Review Forms**
- **PREA Review Committee Dockets**
- **Protective Custody Request Forms**

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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SWRJ Duffield Facility contracts with a private entity (Crisis Center, Bristol Va.) for inmates to report allegations of sexual abuse and sexual harassment through a special hotline number that can be accessed on the inmate phone system. The Sexual abuse hotline number and instructions are listed in the inmate handbook as well as being posted in each housing unit. Random interviews with inmates during the onsite portion of the audit verified that this information was made widely available.

Inmates are given "how to report" information in the inmate handbook which they receive upon intake. The handbook states that the inmate can report allegations to staff or through the sexual assault hotline or by verbally, written or third party. The information is also provided on the Inmate Kiosk System as well as posters and flyers in the housing units.

The sexual abuse hotline system accepts anonymous and third party callers as well.

The visitation areas and front lobby was observed and did have information posted to advise family members and visitors how to report claims of sexual abuse and harassment.

Investigative reports were reviewed that verified third party and anonymous allegations were accepted by the facility and properly documented and investigated.

Based on review of Standard Operating Procedure 2.01 PREA, the Inmate Orientation Manual, and information obtained through contact with the Bristol Crisis Center, staff and inmate interviews this auditor verified that the SWRJA Duffield Facility does provide adequate information on how to report claims of sexual abuse and sexual harassment directly, anonymously and by third party.

Documentation, policies and other material reviewed:

- **Standard Operating Procedure 2.01 PREA**
- **Inmate Orientation Handbook**
- **Memorandum of Understanding with the Bristol Crisis Center**
- **Staff and Inmate interviews**
- **Investigative Reports**
- **Facility Tour Observations**
- **Inmate Phone System**
- **Inmate Kiosk System**

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Southwest Regional Jail Authority does not have administrative procedures in place to accept grievances for sexual abuse or sexual harassment. Therefore the facility is considered exempt.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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SWRJA Duffield Facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers for the Crisis Center of Bristol, Virginia. The address and hotline numbers are clearly posted in housing units, on inmate kiosk and in the inmate orientation handbook. Southwest Regional Jail, Duffield Facility does enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

SWRJA Duffield Facility informs inmates, prior to giving them access, of the extent to which such communications will be monitored and to the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws.

During the onsite portion of the audit, this auditor did review emails and documentation between the facility and the Bristol Crisis Center concerning victim advocacy services that were provided.

Documentation, policy and other materials reviewed:

- Memorandum of Understanding between the Southwest Regional Jail Authority and the Bristol Crisis Center.
- Inmate Orientation Handbook
- Invoice for Victim Advocate Services provided
- Emails
- Confidentiality Statement

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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SWRJ Duffield Facility has a method in place to receive 3rd party reports of sexual abuse and sexual harassment and displays publicly information how to report sexual abuse and sexual harassment on behalf of inmates. The information is posted in the front lobby and available on the Southwest Regional Jail Authorities website.

Documentation, policies and other materials reviewed:

- Agency website
- Onsite audit tour observations

- Inmate Orientation Handbook

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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SWRJ Duffield Facility staff has received adequate training in their duty as a First Responder to report as well as the proper steps to take to preserve any evidence and maintain confidentiality. Each staff member is required by the facility to carry a "First Responder Pocket Guide" that provides step by step instructions of their duties in the event of a report of sexual abuse. This auditor commends the Agencies PREA Coordinator for this extra precautionary step.

The State of Virginia has a mandatory duty to report law for any suspected incidents of abuse, neglect, or the exploitation of children, incapacitated persons or the elderly. Mental Health and Medical Practitioners inform inmates of these mandatory reporting laws. There was no incident of abuse, neglect or exploitation reported during the last 12 months at SWRJ Duffield Facility. Based upon this auditors review of Standard Operating Procedure 2.01 PREA, investigative reports, mental Health 14 day assessment forms and interviews with appropriate staff, it was determined that SWRJ Duffield Facility is in compliance with this standard.

Documents, policies and other material reviewed:

- Standard Operating Procedure 2.01 PREA
- Staff Training Curriculum
- First Responder Pocket Guides
- Code of Virginia
- Virginia Department of Social Services
- Interviews with Mental Health and Medical Staff
- Review of Investigative Files

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Based on this auditor's comprehensive review of Standard Operating Procedure 2.01 PREA , Facility investigative reports, Incident Reports from First Responders, and interviews with staff and inmates, it was determined that the SWRJ Duffield Facility responds with immediate action when learning that an inmate is in substantial risk of imminent sexual abuse.

Documentation, policies and other materials reviewed:

- Standard Operating Procedure 2.01 PREA
- Review of Investigative Files
- Incident Reports
- Interviews with Staff and inmates

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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SWRJ Duffield Facility had 1 incident that required notification during the audit period. The facility provided documentation of their notification to another jail in a separate region regarding an allegation of sexual abuse from a transferred inmate.

Documentation, policies and other materials reviewed:

- Standard Operating Procedure 2.01 PREA
- Notification Letter
- Staff interviews
- Investigative Files

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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SWRJ Duffield Facility provided 14 instances within the last 12 months of alleged sexual misconduct/abuse/harassment demonstrating that the alleged perpetrator was separated from the victim. All 14 investigative reports were reviewed and found to be in compliance. Further review of Standard Operating Procedure *MG-03 Sexual Assault* and the *First Responders Checklist*, demonstrated that facility staff members, Upon learning of an allegation

that an inmate was sexually abused, separates the alleged victim and abuser; preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Staff members are also required to carry “*First Responder Pocket Checklist*” that aides them in their First Responder duties.

Documentation, policies and other materials reviewed:

- Standard Operating Procedure *MG-03 In the Event of Sexual Abuse*
- Review of Investigative Files
- Review of First Responders Checklist
- Review of First Responders Pocket Guide
- Interview with Staff and inmates

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This auditor reviewed Standard Operating Procedure *MG-03 Sexual Assault*, which suffices as the Institutional Coordinated Response Plan to coordinate actions taken in response to an

incident of sexual abuse. Facility Staff, medical and mental health practitioners, investigators and facility leadership receives yearly refresher training on the plan and was aware of their first responder duties when interviewed during the onsite portion of the audit.

Documentation, policies and other materials reviewed:

- Standard Operating Procedure MG-03 Sexual Assault
- Staff Interviews

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Based on this auditor's review of pertinent policies and laws it was determined that the State of Virginia is a Right to Work State and does not have Collective Bargaining Agreements. Therefore this standard has been deemed non-applicable.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Based on this auditor's review of Standard Operating Procedure 2.01 PREA, Standard Operating Procedure 3.04 Standards of Conduct, Facility Status Check Logs and interviews with staff, it was determined that SWRJ Duffield Facility does have a policy that protects both inmates and staff from retaliation.

Retaliation checks are performed by the Agency PREA Coordinator. The PREA Coordinator receives updates from the facility PREA Compliance Manager and the facility Counselors titled "Status Check Forms"

The SWRJ Duffield Facility Chief of Security is responsible for ensuring the protection of inmates who fear retaliation, making any moves necessary to protect the safety of the inmate. This information is reported back to the Agency PREA Coordinator which triggers the Status Checks for up to 90 days or longer if warranted.

The Bristol Crisis Center also provides victim advocacy services to inmates who report retaliation.

During the onsite audit, this auditor reviewed random samples of Status Check Forms as well as retaliation logs and emails between facility staff and the PREA Coordinator.

Documentation, policies and other material reviewed:

- Standard Operating Procedure 2.01 PREA
- Standard Operating Procedure 3.04 Standards of Conduct
- Status Check Forms
- Emails
- Retaliation Logs

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Based on this auditors review of Standard Operating Procedure 14.02 Protective Custody Operations, Investigative reports, the PREA Questionnaire and interviews with the PREA Coordinator, PREA Compliance Manager and the Facility Investigators, it was determined that the SWRJ Duffield Facility does not house inmates who have alleged to have been sexually abused in segregated housing for their own protection. The facility reports zero incidents of this occurrence in the last 12 months and it is in policy that this type of segregation is prohibited.

Documents, policies and other material reviewed:

- Standard Operating Procedure 14.02 Protective Custody Operations
- Standard Operating Procedure 2.01 PREA
- PREA Questionnaire
- Interviews with Staff

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Southwest Regional Jail Authority collaborates with the Virginia State Police pertaining to all investigations of Sexual abuse and sexual harassment. There is a signed Memorandum of Understanding that delineates responsibilities and duties. SWRJ Duffield Facility conducts Administrative Investigations promptly, thoroughly and objectively with properly trained investigators.

Based on this auditor's review of Investigator training agendas and rosters and Investigative files, it was verified that facility investigators conduct investigations in a manner that protects and preserves the collection of direct and circumstantial evidence, reviews past complaints and interviews all alleged victims perpetrators and witnesses involved in the case.

All Substantiated investigations are referred to the Virginia State Police for further criminal investigation and prosecution. This auditor reviewed correspondence between the facility and the Virginia State Police concerning a substantiated case against 2 staff members. Both staff members were charged in accordance with Virginia State Law and are awaiting court proceedings.

The PREA Coordinator maintains all investigative files within the retention guidelines set forth in the National PREA Standards.

Documentation, policies and other materials reviewed:

- **Standard Operating Procedure 2.01 PREA**
- **Memorandum of Understanding between the Southwest Regional Jail Authority and the Virginia State Police**
- **Investigative Files**
- **Interviews with Facility Investigators**
- **Interview with PREA Coordinator**

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Based on this auditor's review of Investigative files, Investigator training files and interviews with facility investigators, it was verified that Southwest Regional Jail Authority Investigators impose no standard higher than preponderance of the evidence when deciding a determination of allegations. All substantiated cases were reviewed as well as random samples of unsubstantiated and unfounded cases. All investigations reviewed were completed in a thorough and objective manner.

Documents, policies and other materials reviewed:

- **Standard Operating Procedure 2.01 PREA**
- **Review of Investigative Files**
- **Interviews conducted with Investigators**

- Investigator Training Files

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Based upon this auditor’s review of Standard Operating Procedure 2.01 PREA, inmate notification forms, and Interviews with Investigators and the facility PREA Compliance Manager, It was determined that SWRJ Duffield Facility informs inmates of the outcome of all investigative findings and whether the allegation was substantiated, unsubstantiated or unfounded.

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, SWRJ Duffield facility subsequently informs the inmate unless the facility has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate’s unit; the staff member is no longer employed at the facility or SWRJ Duffield Facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility .

Following an inmate's allegation that they have been sexually abused by another inmate at the SWRJ Duffield Facility, the facility informs the alleged victim whenever the suspect has been indicted on a charge related to sexual abuse within the facility. All notifications are documented and maintained by the PREA Coordinator. This auditor reviewed the inmate notification pertaining to a substantiated case of staff on offender sexual misconduct and found that all proper protocols had been followed.

An agencies obligation to report under this standard is terminated once the inmate is released from the facility.

Documentation polices and other materials reviewed:

- Standard Operating Procedure 2.01 PREA
- Inmate Notification Forms
- Interview with PREA Coordinator

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This auditor's review of Standard Operating Procedure 2.01 PREA and 3.01 Harassment verified that the SWRJ Duffield Facility staff is subject to disciplinary sanctions up to and including termination for violating these policies. All violations that are substantiated are turned over to the Virginia State Police for criminal investigation and possible prosecution. If the victim is elderly, under the age of 18 or considered incapacitated, the facility will report to the Virginia Department of Social Services per the Code of Va. This auditor reviewed 1 substantiated investigation involving staff during the 12 month audit period and found all documentation present and in compliance with the Federal PREA standards as well as Virginia State Law. Both staff members involved were terminated, referred for prosecution and are awaiting court proceedings. The Southwest Regional Jail Authority is to be commended for their adherence to zero tolerance for sexual abuse in their confinement facilities.

Documentation, policies and other material reviewed:

- Standard Operating Procedure 2.01 PREA
- Standard Operating Procedure 3.01 Harassment
- Memorandum of Understanding with Virginia State Police
- Code of Va.
- Investigative Files

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

SWRJ Duffield facility trains all volunteer/contractor staff on appropriate boundaries with inmates and conducts criminal background checks of the volunteer/contractor before any inmate contact is made. Standard Operating Procedure 3.01 Harassment verifies that sexual relations/abuse with inmates is prohibited and the volunteer/contractor will be turned over to the Virginia State Police for further criminal investigation and possible prosecution. There were no substantiated investigations of Volunteer/Contractor misconduct during the 12 month audit period.

Documentation, policies and other material reviewed:

- **Standard Operating Procedure 3.01 Harassment**
- **Standard Operating Procedure 2.01 PREA**
- **Volunteer/contractor Removal Forms**
- **Staff Interviews**
- **Volunteer/Contractor Training**

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Reviews of Standard Operating Procedure 13.01 Inmate Conduct/Discipline, Inmates are subject to administrative disciplinary sanctions and/or criminal prosecution depending on the status of the sexual activity. (if the sexual activity was consensual). Sanctions commensurate with the nature and seriousness of the offense committed.

The administrative disciplinary process considers whether an inmate's mental disabilities contributed to the nature of the offense and what, if any sanctions should be imposed.

SWRJ Duffield Facility does not discipline inmates for making a report of sexual abuse/sexual harassment in good faith nor does the facility discipline inmates for sexual contact with staff unless the staff member did not consent to such act.

Documentation, policies and other materials reviewed:

- **Standard Operating Procedure 13.01 Inmate Conduct/Discipline**
- **Inmate Disciplinary Files**
- **PREA Questionnaire**
- **Investigative Files**

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

All transferred inmates receive a follow up Mental Health Evaluation within 14 days of their arrival at SWRJ Duffield Facility. Subsequently, the follow up re assessment for an inmate's risk of sexual victimization occurs during this session as well, succeeding the initial screening during the intake process. Mental Health Staff reevaluate the inmate's risk of sexual victimization as well as any past history of sexual abuse. If the Mental Health Clinician determines that an inmate is at a high risk of sexual victimization, predation or has experienced past sexual abuse, the Mental Health Clinician will notify the PREA Coordinator. The PREA Coordinator, in collaboration with the Mental Health Clinician and Facility Counselor will conduct another screening of the inmate utilizing the Facility's Classification Screening Tool in order to determine the appropriate housing for the offender as well further counseling services. If the inmate is within the criteria listed in the Code of Va. Mandatory Reporting Laws, the Mental Health Clinician will notify the proper authorities.

Based on review of Standard Operating Procedure 2.01 PREA, Inmate informed consent forms, classification screenings and Interviews with the Mental Health Clinician, the Health Services Administrator and the PREA Coordinator, this auditor finds the SWRJ Duffield Facility compliant with this standard.

Documentation, policies and other material reviewed:

- Standard Operating Procedure 2.01 PREA
- SWRJA Classification Screening Tool
- Mental Health 14 day Assessment Forms
- Informed Consent Forms
- Mental Health's Notifications to PREA Coordinator

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Based on this auditor's review of Standard Operating Procedure 18.06 Inmate Medical Care, Standard Operating Procedure MG-03 Sexual Assault and interviews with classification and screening staff as well as Mental Health and Medical staff, it is determined that the SWRJ Duffield Facility offers unimpeded medical care to inmates who have suffered sexual abuse. The treatment is provided offsite at Norton Community Hospital by a forensic medical exam nurse and appropriate emergency contraception and sexually transmitted prophylaxis is provided at no expense to the alleged victim. The Memorandum between Southwest Regional Jail Authority and the Bristol Crisis Center states that a victim advocate will be provided upon request. Mental Health services will be provided upon the inmate's return to the facility. SWRJ Duffield Facility had no instances of sexual abuse that required immediate medical treatment in the 12 months of this audit period but did have 1 substantiated case of sexual abuse that required Mental Health and victim advocate follow ups. Documentation was reviewed during a previous audit at the Agencies Abingdon Facility where the victim was transferred following the incident. All documentation reviewed and the victim interview revealed that the Federal PREA standards and Virginia State Law were appropriately followed. Documentation, policies and other material reviewed:

- **Standard Operating Procedure 18.06 Inmate Medical Care**
- **Standard Operating Procedure MG-03 Sexual Assault**

- Memorandum of Understanding with the Bristol Crisis Center
- Interviews with PREA Coordinator, Superintendent and Mental Health Staff
- PREA Questionnaire

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

SWJR Duffield Facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse while incarcerated at the facility.

The evaluation and treatment of such victims include follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The facility provides such victims with medical and mental health services consistent with community level of care without financial cost to the alleged victim. Female inmates who are the victim of sexual abuse while incarcerated receive pregnancy testing and access to pregnancy related medical treatment. The SWRJ Duffield Facility contracts through the Bristol Crisis Center for ongoing crisis intervention therapy pertaining to sexual abuse or sexual harassment that takes place at the facility as stated in the Memorandum of Understanding.

Review of Standard Operating Procedure MG-03 Sexual Assault and interviews with the PREA Coordinator and the Health Services Authority verifies that SWRJ Duffield Facility is in compliance with this standard.

Documentation, policies and other materials reviewed:

- **Standard Operating Procedure MG-03 Sexual Assault**
- **Interviews with Staff**
- **Memorandum of Understanding with the Bristol Crisis Center**

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The SWRJ Duffield Facility conducts Incident Reviews at the conclusion of every substantiated or unsubstantiated sexual abuse investigation. The Review team is comprised of the PREA Coordinator, the facility PREA Compliance Manager, the Chief of Security, Captain, Health Authority and Mental Health Clinician. The review team considers all criteria mentioned in standard 115.86.

During the onsite portion of the audit, this auditor reviewed 4 Incident Reviews pertaining to cases of sexual abuse. All 4 reviews were conducted within a 30 day timeframe and are maintained by the PREA Coordinator.

Documentation, policies and other material reviewed:

- **Standard Operating Procedure 2.01 PREA**
- **After Incident Reviews**
- **Interviews with PREA Coordinator, Captain, Superintendent, Health Authority**
- **PREA Questionnaire**

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Southwest Regional Jail Authority collects accurate data for every allegation of sexual abuse at all 4 of the facilities under its control on an annual basis and posts this data on its Agency's website. The incident date collected is based on the most recent version of the survey of Sexual Violence conducted by the Department of Justice. The collected and aggregated data is turned into the Department of Justice upon request.

The Southwest Regional Jail Authority is in compliance with this standard.

Documentation, policies and other material reviewed:

- Standard of Operating Procedure 2.01 PREA
- Examples of Survey
- Aggregated Annual Data
- PREA Questionnaire

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Based on review of Standard Operating Procedure 2.01 PREA and the Agency Website <http://www.swvrja.org/administration/prison-rape-elimination-act> as well as past Corrective Actions

It is determined that the Southwest Regional Jail Authority is in compliance with this standard.

Documents, policies and other material reviewed:

- Standard Operating Procedure 2.01 PREA
- Agency Website

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Southwest Regional Jail Authority maintains all annually aggregated sexual abuse data for all facilities under its control for at least 10 years after the date of the initial collection per the National PREA Standards.

Documentation, policies and other materials reviewed:

- Standard Operating Procedure 2.01 PREA
- Agency Website
- Interview with PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

During the onsite audit phase this auditor was allowed unimpeded access to the Southwest Regional Jail Duffield Facility as well as any documentation that was requested and obtained to make a final determination.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Reviewed Audit Report from previous PREA Audit conducted on February 2, 2016. Posted on Agency website, this auditor will request at the submission of this Final report, a verification notice from the PREA Coordinator when this audit report is placed on the agency's website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Rebecca D. Young _____

June 1, 2018 _____

Auditor Signature

Date

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

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