

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 8/13/2020

Auditor Information

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Company Name: N/A	
Mailing Address: 24140 Somerville Road	City, State, Zip: Mitchells Va. 22729
Telephone: 276-614-8547	Date of Facility Visit: July, 15th and 16th, 2020

Agency Information

Name of Agency: Duffield Regional Jail			
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	
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 Website with PREA Information: www.swvrja.org			

Agency Chief Executive Officer

Name: Stephen Clear	
Email: sclear@swvrja.com	Telephone: 276-739-5000

Agency-Wide PREA Coordinator

Name: Jeanie Patrick	
Email: jpatrick@swvrja.com	Telephone: 276-739-5000
PREA Coordinator Reports to: 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 Road

City, State, Zip: Duffield Va. 24244

Mailing Address (if different from above):
P.O. Box 367

City, State, Zip: Duffield Va. 24244

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.swvrja.org

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

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Brian Parks

Email: bparks@swvrja.com

Telephone: 276-431-8000

Facility PREA Compliance Manager

Name: Adam Haley

Email: ahaley@swvrja.com

Telephone: 276-431-8000

Facility Health Service Administrator N/A

Name: Kaveh Ofogh

Email: kofogh@medikopc.com

Telephone: 276-431-8000

Facility Characteristics

Designated Facility Capacity:

422

Current Population of Facility:

634

Average daily population for the past 12 months:	514
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18+
Average length of stay or time under supervision:	10 months
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Number of inmates admitted to facility during the past 12 months:	5042
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1672
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	718
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	0 <input type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	128
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	45
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	62

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	18
<p>Number of single cell housing units:</p>	3
<p>Number of multiple occupancy cell housing units:</p>	11
<p>Number of open bay/dorm housing units:</p>	4
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	22
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

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

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>12</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

This auditor was contracted by the Southwest Regional Jail Authority on March 23, 2020 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. The onsite portion of the Facility audit date was set for May, 14 through May 15, 2020 however, the date had to be rescheduled due to the COVID 19 Pandemic. The new audit date was established and took place on July 15 through July 16, 2020.

The tentative schedule for the onsite portion of the audit along with the Audit Notice was sent to the facility on May 15, 2020 and the PREA Coordinator verified to this auditor that the notice was posted on that date.

The 1st phase of the audit began on April 4, 2020 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. A large amount of documentation was reviewed to include both staff and offender training files, SWRJ Operating Procedures, MOU's, staff back ground checks, offender classifications, intake screening files, investigative files and mental health follow up forms.

During the last 12 months, there were a total of 27 sexual harassment allegations and 11 sexual abuse allegations made at SWRJ Duffield Facility with 0 found to be substantiated. This Auditor conducted a comprehensive review of 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. Administrative investigations were conducted on all 38 allegations. 1 of the sexual abuse investigations was referred to the Virginia State Police for further criminal investigation. This auditor reviewed the entire investigative, medical and After Incident Review associated with this investigation and found that the investigation was conducted appropriately.

This auditor reviewed the State of Virginia's Mandated Reporting Laws and contacted the Virginia Department of Social Services as well as the contracted Advocacy Center, 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 July 15, 2020 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 10:00 am with the Agency PREA Coordinator and the Facility PREA Compliance Manager. This auditor was provided unimpeded access to all areas of the facility with the following observations being made:

- Offender cells and dayroom areas appeared clean, well lit and provided unobstructed views for security staff. 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 but still be viewed by staff.
- Staff announced members of the opposite sex entering the housing unit, demonstrating that the practice had been institutionalized.
- This auditor observed the Privacy and PREA audit notices posted in the lobby of the front entry, the booking area and offender housing units and activity areas. This auditor did inquire with both staff and offenders as to how long these notices had been posted and received appropriate responses.

- Sexual abuse/harassment reporting information, (to include the how to report and the means to report) was posted in the Front Lobby area, Booking, as well as offender housing units and activity areas.
- Interactions were made with offenders in each housing unit toured and all offenders 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.
- 169 Cameras have been strategically placed throughout the facility and are monitored by a control room outside of each housing unit. Housing unit control rooms are manned 24 hours per day. Further review of the video monitoring systems in the control rooms revealed that the facility had went above and beyond expectations by developing a strategically placed censored privacy zone for all shower areas in order to reduce the risk of incidental viewing by control room staff.
- The intake and booking areas were toured and this auditor asked pertinent questions, observed the PREA video and had staff to walk me through the intake screening process.
- The facility appeared to be adequately staffed and female offenders were separated from male offenders appropriately. There have been no youthful offenders housed at the SWRJ Duffield Facility during this audit cycle.

The onsite tour was completed at Noon and interviews began with staff. A total of 20 staff members were interviewed to include Administrative, Medical, Mental Health, Security, Contractor and Specialized staff. Due to special precautions that were implemented for the COVID 19 Pandemic, the SWRJ Duffield Facility Volunteer program was suspended. Random staff interviews were chosen from the daily duty roster. All participants interviewed were advised of this auditor's duty to report per the Code of Virginia's mandated reporting laws.

. Offender interviews took place on day 2 of the onsite portion of the audit. Offenders were chosen by requesting a facility alpha list. All offenders were chosen at random with this auditor attempting to choose at least 1 offender from every housing unit. At the time of the onsite portion of the audit, there was a total of 546 offenders housed at SWRJ Duffield Facility. 409 Male and 138 Female Offenders. A total of 32 offenders, (24 males, 8 female) were interviewed.

13 targeted interviews were conducted as follows:

- 2 offenders with a disability
- 2 offenders flagged as High risk for sexual victimization.
- 2 offenders who identified as LGBTI
- 4 offenders who reported sexual abuse
- 3 offenders who claimed victimization before incarceration
- There were no offenders being housed at SWRJ Duffield Facility that was limited English Speaking or identified as Transgender at the time of the onsite portion of the audit

Phase 3 of the Audit process began on July 17, 2020 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

Facility Characteristics

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

Operational Telephones and Kiosk are located in each housing unit as well as posted instructions on how and where to report allegations of sexual abuse and sexual harassment.

At the time of this audit, 546 adult Offenders (409 males, 138 female) were being housed at the SWRJ Duffield Facility however, this auditor did not conclude that overcrowding was an issue as offender housing and staff ratios appeared appropriate.

The facility has a large booking area where offenders are housed during the intake process. There is a large television on the wall that continuously plays the PREA Educational Video to which this auditor concluded that offenders had ample time to view. There is 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 SWRJ Duffield Facility employees 2 Qualified Mental Health Technicians which were interviewed during the onsite portion of the audit.

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 128 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. This auditor found that the staff/offender ratio is appropriately proportioned.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.64

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

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*)

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.

Both the PREA Coordinator and the PREA Compliance Manager was interviewed during the on-site portion of this audit and Both 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.) 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*)

The Southwest Regional Jail Authority does not contract with a separate entity to house offenders

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

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: 546

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, the facility PREA Compliance Manager and the Superintendent, 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.

Information reviewed to determine compliance:

- **Annual Staffing Memorandum**
- **Daily Duty Rosters**
- **Housing Log Books**
- **Onsite Observations**

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*)

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 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 to determine compliance:

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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 provides 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 to determine compliance:

- **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*)

SWRJ utilizes the services of *Language Link International Interpreter Services* in order to provide interpreter services for non-proficient English speaking offenders however, there were no non-proficient speaking offenders during the onsite portion of the audit.

SWRJ provides offender 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 ensures this auditor that SWRJ takes appropriate steps to ensure that offenders 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 to determine compliance:

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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 Abingdon 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. Further review of Human Resource documentation affirms that all employees, volunteers and contractors receive refresher back ground investigations anytime that a promotion is received or within 5 years of the first investigation ran

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*)

The SWRJ Duffield Facility has not undergone any renovations since the last PREA Audit which occurred in 2018.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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 as well as 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 prosecution. This auditor reviewed a Memorandum of Understanding between the South West Regional Jail Authority and the Virginia State Police entered in January of 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 abuse. This auditor reviewed a Memorandum of Understanding between SWRJA and the Bristol Crisis Center, entered in April of 2015 and amended in September of 2017. This memorandum identifies both entities responsibilities pertaining to victim advocacy services to include, providing a certified onsite victim advocate during all sexual assault examinations and follow up counseling services. Based on review of investigative files and interviews with the PREA Coordinator, the determination was made that investigations were being conducted in accordance with this standard. SWRJ Duffield Facility had 1 allegation of sexual abuse during this audit period and this auditor reviewed all investigative documentation pertaining to the incident. All sexual assault protocols were followed and the alleged victim was immediately transported to Norton community Hospital for sexual assault examination. An administrative investigation was conducted and the findings were turned over to the Virginia State Police for further criminal investigation and prosecution. The alleged victim was afforded the opportunity to speak with a victim advocate and status checks on the offender were conducted and documented. At the conclusion of the VSP investigation, the unsubstantiated case was referred to the Commonwealth Attorney's office for possible prosecution. The alleged victim was notified of the final disposition of the case.

Documentation, policy and other materials reviewed to determine compliance:

- **Standard Operating Procedure 2.01**
- **Standard Operating Procedure MG 03 Sexual Assault Protocols**
- **Standard Operating Procedure 15.08 Inmate Medical Care**
- **Memorandum of Understanding with Virginia State Police**

- Memorandum of Understanding with the Bristol Crisis Center
- Investigative Files
- Status Checks
- Disposition notifications
- Medical and Mental Health assessments

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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 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 to determine compliance:

- **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*)

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.

Staffs receives 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*)

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. Due to the COVID 19 Pandemic, all volunteer services were temporarily suspended during the time of the onsite portion of this audit however, this auditor did interview contract medical staff and found them knowledgeable pertaining to the National PREA Standards as well as their duty to report any incident of sexual abuse or sexual harassment. Further review of volunteer/contractor training material and signed PREA acknowledgement forms allowed this auditor to make a determination of compliancy.

Documents, policies and other measures reviewed to determine compliance:

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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 offenders 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 to determine compliance:

- **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 receive training in conducting such investigations in confinement settings? (N/A if

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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 to determine compliance:

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

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. This auditor reviewed Specialized Training Certificates for both, Medical and Mental Health Staff. SWRJ Duffield Facility Utilizes Norton Community Hospital for forensic examinations.

Documentation, policies and other measures reviewed to determine compliance:

- **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
- Medical and Mental Health Specialized Training Certificates

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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 points based system ranging from 1 (lowest) to 14 (highest). The calculations are determined by the individual's answers, the individuals 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.

All offenders are screened for the risk of sexual victimization or sexual aggression in the booking area of the jail upon intake and special consideration is given pertaining to each offender's housing assignment based on this screening to ensure that those at high risk of sexual victimization are not being housed or programmed with sexual aggressors.

30 day reassessments are being captured during the mandatory 14-day medical/mental health assessment. Reassessments for offender's whose internal status changes warranted a new review were also being conducted in accordance with this standard.

Documentation, policies and other materials reviewed to determine compliance:

- **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**

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

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

Auditor Overall Compliance Determination

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

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 to determine compliance:

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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, HRSV offenders were interviewed and were housed in the facilities general population housing units.

Documentation, policies and other materials reviewed to determine compliance:

- **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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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 to determine compliance:

- **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

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*)

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

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 to determine compliance:

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

SWRJ Duffield Facility has a method in place to receive 3rd party reports of sexual abuse and sexual harassment and displays publicly, how to report sexual abuse and sexual harassment on behalf of offenders. 3rd party reports can be called into the hotline number or made directly to a SWRJ staff member. The information on how to report is posted in offender housing units, the front visitor lobby and is also available on the Southwest Regional Jail Authorities website.

Documentation, policies and other materials reviewed to determine compliance:

- **Agency Website**
- **Onsite audit tour observations**
- **Offender 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*)

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 1 allegation of sexual abuse during the audit period and all relevant documentation pertaining to the incident was reviewed, including the SWRJ's Sexual Assault Response Check list which was filled out properly.

Based upon this auditor's 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 to determine compliance:

- **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*)

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. When an offender makes an allegation of abuse or harassment, swift action is taken to separate the victim from the alleged perpetrator and documentation is maintained to ensure that those offenders are not housed together in the future. Usually the perpetrator is transferred to 1 of the 3 other SWRJ Facilities.

Documentation, policies and other materials reviewed to determine compliance:

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

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*)

SWRJ Duffield Facility Did not have any incidences that required notification during the audit period, however, this standard is covered in the Facilities Standard Operating Procedure 2.01 PREA and provides clear instruction on how to notify the transferring facility.

Documentation, policies and other materials reviewed to determine compliance:

- **Standard Operating Procedure 2.01 PREA**
- **Staff interviews**
- **Previous Notification emails**

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*)

SWRJ Duffield Facility provided 38 instances within the last 12 months of alleged sexual misconduct/abuse/harassment demonstrating that the alleged perpetrator was separated from the victim. All 11 investigative reports of sexual abuse and random selection of reports of sexual harassment were reviewed and found to be in compliance with this standard.

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. This auditor commends the SWRJ Duffield Facility on this extra precautionary step that provides staff with an immediate guide to follow.

Documentation, policies and other materials reviewed to determine compliance:

- **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*)

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 to determine compliance:

- **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*)

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 permit Collective Bargaining Agreements in County or State Government. Therefore, there are no laws that permit staff who commit sexual abuse or sexual harassment to not be terminated and prosecuted.

Documentation, policy and other measures reviewed to determine compliance:

- State of Va. Laws
- SWRJ Policy

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*)

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. The alleged perpetrator, if a staff member, is either suspended or moved to another area of the facility pending the outcome of the investigation. Offender perpetrators are usually transferred to another 1 of the 3 SWRJ facilities.

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 to determine compliance:

- **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*)

Based on this auditor's 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 to determine compliance:

- **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*)

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 and unsubstantiated 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 an alleged sexual abuse case. The VSP was promptly notified and reported to the hospital where the alleged victim was being assessed. The case was criminally investigated and referred to the local Commonwealth Attorney’s office for possible prosecution. The PREA Coordinator maintains all investigative files within the retention guidelines set forth in the National PREA Standards.

Documentation, policies and other materials reviewed to determine compliance:

- **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*)

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 are properly trained and impose no standard higher than preponderance of the evidence when deciding a determination of allegations. All cases of sexual abuse were reviewed as well as random samples of unsubstantiated and unfounded cases of sexual harassment. All investigations reviewed were completed in a thorough and objective manner.

Documents, policies and other materials reviewed to determine compliance:

- **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*)

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 offenders of the outcome of all investigative findings and whether the allegation was substantiated, unsubstantiated or unfounded.

Following an offender's allegation that a staff member has committed sexual abuse against the offender, SWRJ Duffield facility subsequently informs the offender unless the facility has determined that the allegation is unfounded) whenever the staff member is no longer posted within the offender'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 offender's allegation that they have been sexually abused by another offender 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 an unsubstantiated case of offender on offender sexual abuse and found that all proper protocols had been followed and the alleged victim was notified throughout the process and to the disposition of the investigation.

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

Documentation policies and other materials reviewed to determine compliance:

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

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*)

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.

Documentation, policies and other material reviewed to determine compliance:

- **Standard Operating Procedure 2.01 PREA**
- **Standard Operating Procedure 3.01 Harassment**
- **Memorandum of Understanding with Virginia State Police**

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*)

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 to determine compliance:

- **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)

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

Auditor Overall Compliance Determination

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

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 to determine compliance:

- **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*)

All transferred in 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 to determine compliance:

- **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*)

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 1 instance of alleged sexual abuse that required immediate medical treatment in the 12 months of this audit cycle. Documentation was reviewed and the victim was

immediately transported to the hospital and underwent a sexual assault forensic exam following the incident. All documentation reviewed revealed that the Federal PREA standards and Virginia State Law were appropriately followed.

Documentation, policies and other material reviewed to determine compliance:

- **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**
- **Sexual Assault Medical exam documentation**
- **Investigative files**

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

SWJR Duffield Facility offers medical and mental health evaluation and treatment to all offenders 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 offenders 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 Investigative files, Standard Operating Procedure MG-03 Sexual Assault and interviews with the PREA Coordinator, Superintendent and the Health Services Authority verifies that SWRJ Duffield Facility is in compliance with this standard.

Documentation, policies and other materials reviewed to determine compliance:

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

- Memorandum of Understanding with the Bristol Crisis Center
- Investigative Files

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*)

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 1 Incident Reviews pertaining to an unsubstantiated case of sexual abuse. The review was conducted within a 30-day timeframe and are maintained by the PREA Coordinator.

Documentation, policies and other material reviewed to determine compliance:

- **Standard Operating Procedure 2.01 PREA**
- **After Incident Review**
- **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*)

The Southwest Regional Jail Authority collects accurate data for sexual abuse at all 4 facilities under the agencies control and posts this data on the agency website. The incident data collected is based on the most recent version of the Survey of Sexual Violence by the Department of Justice. The collected and aggregated data is reported to the Department of Justice upon request.

Documentation, policies and other material reviewed to determine compliance:

- **Standard Operating Procedure 2.01 PREA**
- **Examples of surveys**
- **Aggregated annual data**
- **PREA questionnaire**
- **Agency Website**

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*)

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

Documents, policies and other material reviewed to determine compliance:

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

Documentation, policies and other materials reviewed to determine compliance:

- 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*)

During the onsite portion of the audit for this facility, this auditor was granted full unimpeded access to the entire facility, a private office in order to interview staff and inmates and all requests for follow up documentation was supplied.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Past Audit reports are available on the agencies website and were reviewed at the beginning of this audit. This auditor will request, at the submission of this final report, a verification notice from the agencies PREA coordinator, when this audit report is posted on the Agencies 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 Denise Young

August 13, 2020

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.