

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: February 1st, 2017

Auditor Information			
Auditor name: Ian Rachal			
Address: PO Box 17841, Richmond, VA 23226			
Email: irachal@lahcari.com			
Telephone number: .			
Date of facility visit: June 2 nd – 3 rd , 2016			
Facility Information			
Facility name: Rockingham-Harrisonburg Regional Jail			
Facility physical address: 25 South Liberty Street, Harrisonburg, VA 22801			
Facility mailing address: <i>(if different from above)</i> .			
Facility telephone number: 540-564-3800			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Captain Steve Shortell			
Number of staff assigned to the facility in the last 12 months: 74			
Designed facility capacity: 312			
Current population of facility: 315			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Amy Monger		Title: Administrative Assistant	
Email address: amonger@rockinghamcountyva.gov		Telephone number: 540-564-3872	
Agency Information			
Name of agency: Rockingham County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> .			
Physical address: 25 South Liberty Street, Harrisonburg, VA 22801			
Mailing address: <i>(if different from above)</i> .			
Telephone number: 540-564-3800			
Agency Chief Executive Officer			
Name: Bryan Hutcheson		Title: Sheriff	
Email address: bhutcheson@rockinghamcountyva.gov		Telephone number: 540-564-3800	
Agency-Wide PREA Coordinator			
Name: Amy Monger		Title: Administrative Assistant	
Email address: amonger@rockinghamcountyva.gov		Telephone number: 540-564-3872	

AUDIT FINDINGS

NARRATIVE

The audit of the Rockingham-Harrisonburg Regional Jail (RHRJ) was conducted on June 2nd – 3rd, 2016 by Department of Justice Certified PREA auditor, Ian Rachal. All documentation in relation to the forty-three Jail and Prison PREA standards was delivered prior to the audit by facility personnel. Written correspondence was received from RHRJ offenders prior to and after the audit.

The on-site audit began with an entrance meeting attended by RHRJ leadership on June 2nd. Immediately following this entrance meeting a facility tour was conducted.

The general population housing dorms are indirectly supervised designs featuring individual cells. Inmate shower and toilet areas feature curtains and walled partitions to afford inmates the ability shower or perform bodily functions without opposite gender staff viewing them. Segregation housing featured individual cells with toilets inside the cell and adjacent showers. Inmate housing areas all featured educational materials near the telephone locations for discrete accessibility.

At the time of the audit, the facility Booking area featured an inmate shower area that was completely open to any staff member walking by. This area provided no privacy to offenders of either gender. During the Corrective Action period, RHRJ officials made several substantive changes to the area to include an "In Use" sign and a window covering to afford privacy to offenders using the area.

During the course of the tour, the dry storage and freezer areas were toured. Both areas featured sufficient video monitoring and staff surveillance. The inmate laundry area featured exceptional video monitoring for an area its size, with multiple lines of site covered. The central control area was staffed by a female employee tasked with monitoring video feeds from throughout the facility. While viewing the camera feeds displayed, offenders were viewed while using the bathroom in holding cells. No digital or physical privacy was used to obscure the images. During the Corrective Action period, RHRJ officials blacked out the area over the toilets to afford offenders privacy while using the bathroom.

Security staff utilize a electronic pipe-style device to record security rounds in inmate housing areas. These staff were viewed making rounds on a regular basis providing offenders the opportunity to address issues or report concerns.

There was 1 reported allegation of sexual abuse at the facility in the calendar year preceding this audit. Following an investigation into the matter, no documented sexual abuse incident review was conducted. I received written correspondence from the alleged victim prior to and following the audit. The alleged victim was interviewed during the course of the on-site audit. RHRJ officials were questioned based on concerns about the investigation brought forth by the alleged victim and although no documented sexual abuse incident review was conducted, I feel that the investigation itself was conducted thoroughly even though it didn't satisfy all related PREA documentation requirements. RHRJ officials have since implemented a documented sexual abuse review process that meets all requirements set forth in the applicable standards.

Over 20 line-level and supervisory personnel were interviewed during the course of the audit. I found them to be sufficiently informed about their duties and responsibilities in relation to the requirements of PREA. All staff members have been trained in accordance with PREA requirements. Investigative employees have received specialized training in relation to investigation sexual abuse in a confinement setting. Medical personnel have received specialized training in relation to medical responsibilities.

An alphabetized listing of all inmates housed at the facility was provided and several inmates were randomly selected from each housing unit (over 70 total). There were no hearing/vision impaired inmates presented during my visit. Several Spanish speaking inmates were interviewed, but the use of an interpreter was unnecessary due to bilingual abilities present in the population. Contracted telephone-based interpretation services were available for assistance if needed.

One transgender inmate was interviewed during the course of the random interviews. This transgender inmate expressed concerns about her safety due to perceived harassment. These concerns were relayed to the facility administration who acted quickly to ensure that the inmate was protected from further harassment by removing the alleged abuser from the offender's housing area.

Several specialized interviews were conducted to include:

- PREA Coordinator
- PREA Investigators
- Facility supervisors
- Human Resources personnel
- Medical personnel
- Classification/Intake personnel
- Agency administrators

I found that personnel serving in these roles to be skilled and knowledgeable concerning their requirements in relation to the Prison Rape Elimination Act. Based on the documentation received, facility tour, conducted interviews, and steps taken during the Corrective Action period, I find that RHRJ is now in full compliance with the Prison Rape Elimination Act standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Rockingham County Sheriff's Office is a full service, fully accredited law enforcement agency. Our service area includes Rockingham County, the independent City of Harrisonburg and the incorporated towns of Bridgewater, Broadway, Dayton, Elkton, Grottoes, Mt. Crawford and Timberville. The Rockingham – Harrisonburg area covers 871 square miles of land and is the home to about 126,500 persons.

The County, formed in 1778 from Augusta County, is bounded on the west by the Allegheny Mountains and on the east by the crest of the Blue Ridge Mountains. The County is situated at the headwaters of the Shenandoah River and is bisected by Interstate 81. The Rockingham/Harrisonburg area is approximately 110 miles north of Roanoke, 125 miles west of Richmond, 125 miles southwest of Washington D.C., and 68 miles south of the Virginia Inland Port. Approximately 32.6 percent of Rockingham County is protected by the Federal Government as National Forest and National Park land.

Rockingham County Sheriff's Deputies patrol 159 miles of primary roads and 885 miles of secondary roads. There are approximately 69,148 license drivers in the Rockingham – Harrisonburg area. In addition, James Madison University, Eastern Mennonite University and Bridgewater College are within Rockingham County and significantly increase the number of persons using our primary and secondary roads.

Rockingham County once considered an exclusively farming and rural area, is now one of Virginia's fastest growing areas where diversity provides an economic foundation not easily shaken. The Shenandoah Valley is where business and agriculture meet and each adds to our growing, thriving community. Major manufacturing centers ship to clients along the East Coast and into the Midwest – supplying food, auto parts, consumer goods, books and much more.

Visitors and residents alike enjoy recreational opportunities provided by areas of the National Forest, Massanutten Resort, two public golf courses, one private golf course and one municipal golf course. Other popular recreational areas include Lake Shenandoah, fishing and canoeing on the Shenandoah River, Riven Rock Park west of the City of Harrisonburg, and Endless Caverns near historical New Market. The Rockingham/Harrisonburg area enjoys mild winters and warm summers with an average annual temperature of 53 degrees Fahrenheit and an average annual precipitation of 35 inches.

SUMMARY OF AUDIT FINDINGS

Based on the documentation received, facility tour, conducted interviews, and steps taken during the Corrective Action period, I find that RHRJ is now in full compliance with the Prison Rape Elimination Act standards.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Based on review of:

Policy 115.11
Memoranda
Duty Descriptions
RHRJ Organizational Structure

The Rockingham-Harrisonburg Regional Jail (RHRJ) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines RHRJ’s approach to preventing, detecting, and responding to such conduct.

The RHRJ employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The RHRJ contracts with Middle River Regional Jail (MRRJ) for the confinement of approximately 150 of its offenders. At the current time MRRJ is not PREA-compliant but has begun taking the necessary steps to achieve compliance. RHRJ officials stay in regular contact with MRRJ officials concerning the well-being of their inmates housed at that facility and are kept abreast whenever allegations of abuse are made. MRRJ officials were interviewed during the Corrective Action period in reference to MRRJ’s progress towards PREA-compliance.

Standard 115.13 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Based on review of:

Policy 115.13
Staffing Review.

RHRJ has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring, to protect inmates against sexual abuse.

In circumstances where the staffing plan was not complied with, RHRJ documented and justified all deviations from the plan. Reviewed shift rosters showing deviations from the plan.

RHRJ completes an annual review, in consultation with the PREA coordinator required by § 115.11, to assess, determine, and document whether adjustments are needed.

Standard 115.14 Youthful inmates

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

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

Based on review of:

Policy 115.14
Housing Rosters
Demographic Information

The RHRJ does not hold offenders under 18 years of age. No youthful offenders were housed at the facility.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Based on review of:

PREA Audit Report

Policy 115.15
Facility Tour
Interviews with staff and inmates.

RHRJ does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

RHRJ does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined 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.

RHRJ trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

RHRJ now has procedures in place, in all areas of the facility, that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Inmates are afforded privacy during the performance of bodily functions, as well as showering, in all areas.

The physical plant layout of the housing dormitories provides inmates with bathroom with partitions and showers with curtains. The facility Booking area featured an inmate shower area that was completely open to any staff member walking by. RHRJ officials took the requisite steps to install signs and window coverings in the area.

The central control area was staffed by a female employee tasked with monitoring video feeds from throughout the facility. While viewing the camera feeds displayed, offenders were viewed while using the bathroom in holding cells. No digital or physical privacy was used to obscure the images. Digital privacy has now been installed.

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

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

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

Based on review of:

Policy 115.16
Review of educational materials and language access plan

RHRJ takes appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of RHRJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

RHRJ does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety.

Standard 115.17 Hiring and promotion decisions

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

- Does Not Meet Standard (requires corrective action)

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

Based on review of:

Policy 115.17
Employee Records
Criminal History inquiries.

RHRJ 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 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; or has been civilly or administratively adjudicated to have engaged in the activity described above.

RHRJ considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

RHRJ performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and performs a records check at least every five years of current employees and contractors who may have contact with inmates.

Standard 115.18 Upgrades to facilities and technologies

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

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Based on review of:

Policy 115.18
Management Interviews

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, RHRJ considers how such technology may enhance RHRJ’s ability to protect inmates from sexual abuse. There are currently planned additions coordinated with the involvement of the agency PREA Coordinator.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of:

Policy 115.21
Staff interviews
Documentation Review

To the extent the Rockingham County Sheriff's Office (RCSO) is responsible for investigating allegations of sexual abuse; RCSO follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Investigations are handled by the Rockingham County Sheriff's Office Criminal Investigations Division.

RHRJ offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

RHRJ has contracted with The Collins Center to provide victim advocacy services for offenders. As requested by the victim, a victim advocate, accompanies and supports the victim through the forensic medical examination process and investigatory interviews and are provided emotional support, crisis intervention, information, and referrals.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Based on review of:

Policy 115.22
Reports
Interviews with PREA Compliance Manager and investigative staff.

RHRJ ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. RHRJ ensures that allegations of employee wrongdoing are referred for investigation.

RHRJ has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation and publishes such policy on its website. RHRJ documents all such referrals.

Standard 115.31 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of:

Policy 115.31
Training Documentation
Curricula
Interviews with random staff

RHRJ trains all employees who have contact with inmates on:

- (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
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

RHRJ documents through employee signature that employees understand the training they have received. Staff interviewed were knowledgeable about their duties and responsibilities in relation to PREA requirements.

Standard 115.32 Volunteer and contractor training

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

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

Based on review of:

Policy 115.32
Documentation
Interview with volunteers and contractors.

RHRJ ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under RHRJS 's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

All volunteers and contractors who have contact with inmates are notified of RHRJ's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

RHRJ has documentation confirming that volunteers and contractors understand the training they have received. Reviewed training records on volunteers and contractors.

Standard 115.33 Inmate education

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

- Does Not Meet Standard (requires corrective action)

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

Based on review of:

Policy 115.33
Memoranda & Forms
Educational Materials
Interviews with random inmates and intake staff.

During the intake process, inmates receive information explaining RHRJ's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment via video.

RHRJ provides a comprehensive education to inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This comprehensive education is reinforced during the Classification process where inmates acknowledge receipt of the education.

RHRJ provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

Standard 115.34 Specialized training: Investigations

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

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

Based on review of:

Training requirements
Training curriculum
Training materials
Training report
Interview with investigative staff.

In addition to the general training provided to all employees RHRJ ensures that the in house investigators have received training in conducting investigations in confinement settings.

Specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. RHRJ maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Standard 115.35 Specialized training: Medical and mental health care

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Based on review of:

Policy 115.35
Documentation
Interviews with medical personnel.

RHRJ contracts medical services through Southern Health Partners (SHP). SHP is now required to ensure that all full and part-time medical and mental health care practitioners who work regularly in the facility have been trained in how to: detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. RHRJ maintains documentation that SHP medical and mental health practitioners have received the training. Medical and mental health care practitioners also must receive the training mandated for employees, contractors and volunteers.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Based on review of:

Policy 115.41
Forms & Memoranda
Interview with random inmates and Classification staff responsible for screening.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at RHRJ. RHRJ uses an objective screening instrument.

The intake screening considers, 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;
- (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 nonviolent;
- (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 nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to RHRJ, in assessing inmates for risk of being sexually abusive.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are asked if they wish to divulge their sexual orientation in addition to the reviewing personnel's perception. Within 30 days from the inmate's arrival at RHRJ, RHRJ reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by RHRJ since the intake screening.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

RHRJ has implemented appropriate controls on the dissemination within RHRJ 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. All files are controlled by Classification personnel behind locked doors and maintained in each inmates Classification files.

Standard 115.42 Use of screening information

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

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

Based on review of:

Policy 115.42
Memoranda & Forms
Interview with PREA Compliance Manager and Classification personnel responsible for risk screening.

RHRJ uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

RHRJ makes individualized determinations about how to ensure the safety of each inmate.

In deciding housing and programming for a transgender or intersex inmate RHRJ considers on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate's own views with respect to his or her own safety are be given serious consideration.

RHRJ does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

The gay inmates I interviewed were housed in the general population. The showers in this units were designed in such a way to afford privacy for all assigned inmates.

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of:

Policy 115.43

Forms

Interviews PREA Compliance Manager, staff who supervise segregated inmates. No inmates have been placed in involuntary segregation.

Inmates at high risk for sexual victimization are not placed 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.

Inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If RHRJ restricts access to programs, privileges, education, or work opportunities, RHRJ documents the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations.

RHRJ assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment are not ordinarily exceed a period of 30 days. If involuntary segregated housing assignment is made RHRJ clearly documents the basis for RHRJ's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged. Every 30 days a review is performed to determine whether there is a continuing need for separation from the general population.

Standard 115.51 Inmate reporting

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

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

Based on review of:

Policy 115.51

Inmate educational brochure and video.

The inmates can report abuse or harassment to facility personnel, as well as a sexual assault hotline. Based on interviews with random staff and inmates.

RHRJ provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmate brochures have how to report sexual abuse reporting options printed on them as a constant reminder.

RHRJ provides at least one way for inmates to report abuse or harassment to the Collins Center, an externally monitored entity that is not part of RHRJ, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

Standard 115.52 Exhaustion of administrative remedies

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

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

Based on review of:

Policy 115.52
PREA-related complaints and interviews with inmates.

The RHRJ does not not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, nor require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Inmates who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The RHRJ shall 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.

RHRJ policy and practice furthermore complies with all remaining aspects of PREA standard 115.52.

Standard 115.53 Inmate access to outside confidential support services

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

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

Based on review of:

Policy 115.53
Memoranda
Applicable contracts
Interview with random inmates and staff.

RHRJ provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers. RHRJ has established a relationship with The Collins Center to provide these services.

RHRJ informs 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.

Standard 115.54 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

Based on review of:

Policy 115.54
RHRJ publically disseminated information

RHRJ has a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate. These methods are easily identifiable and available online and onsite at the facility.

Standard 115.61 Staff and agency reporting duties

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

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

Based on review of:

Policy 115.61
Memoranda
Interviews with random staff, PREA Compliance Manager and medical/mental health personnel.

RHRJ requires 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 RHRJ; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, staff do not reveal 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.

RHRJ reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to RCSO’s designated PREA investigators. Verification conducted through victim interviews and review of reported allegations.

Standard 115.62 Agency protection duties

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

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

Based on review of:

Policy 115.62

Interviews with alleged victims, random staff, & PREA Compliance Manager.

Immediate action is taken to protect inmates when RHRJ learns that an inmate is subject to a substantial risk of imminent sexual abuse. A review of alleged incidents and witness statements shows immediate response by staff.

Standard 115.63 Reporting to other confinement facilities

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

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

Based on review of:

Policy 115.63

Interview with PREA Coordinator

Investigative files

Memoranda & Forms

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of RHRJ or designee notifies the head of the facility in question or appropriate office of the facility where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented.

Standard 115.64 Staff first responder duties

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

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

Based on review of:

Policy 115.64

Sexual Abuse Prevention and Response (SAPR) lesson plan

Interview with security staff who are first responders, medical personnel.

Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond 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; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Medical personnel and First Responders were knowledgeable of their requirements.

Standard 115.65 Coordinated response

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

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

Based on review of:

Policy 115.65 (Official Response Plan)

Interview with PREA Compliance Manager, Nursing staff, facility leadership and investigators.

RHRJ has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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

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

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

Based on review of:

Policy 115.66

Interview with facility leadership

RHRJ has not entered into or renewed 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.

Standard 115.67 Agency protection against retaliation

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

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

Based on review of:

Policy 115.67
Memoranda
Forms
Interview with PREA Compliance Manager (designated staff member with monitoring retaliation).

RHRJ has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designates the PREA Compliance Manager with monitoring retaliation.

RHRJ has 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, RHRJ monitors the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and are act promptly to remedy any such retaliation. There are periodic status checks performed. Items RHRJ monitors include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. RHRJ continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, RHRJ takes appropriate measures to protect that individual against retaliation

Standard 115.68 Post-allegation protective custody

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

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

Based on review of:

Policy 115.68
Interviews with Classification personnel, PREA Compliance Manager, and facility leadership

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse receive all the same rights and privileges as general population inmates. No inmates were segregated as a result of protective measures during the audit period.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Based on review of:

Policy 115.71
Communication
Training materials & curricula
Interview with PREA investigative personnel, and investigative reports.

RCSO conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Where sexual abuse is alleged, RCSO uses investigators who have received special training in sexual abuse investigations in confinement settings.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, investigators conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person’s status as inmate or staff. No agency requires an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

RHRJ retains all written reports for as long as the alleged abuser is incarcerated or employed, plus five years.

The departure of the alleged abuser or victim from the employment or control of RHRJ does not provide a basis for terminating an investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Based on review of:

Policy 115.72
Interview with investigative staff

RHRJ imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

Based on review of:

Policy 115.73
Interview with PREA Compliance Manager and investigative staff.

Following an investigation into an inmate’s allegation that they suffered sexual abuse in an agency facility, RHRJ informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If RCSO did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the inmate.

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

Following an inmate’s allegation that they had been sexually abused by another inmate, RHRJ subsequently informs the alleged victim whenever RHRJ learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility ; or RHRJ learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications are documented.

Standard 115.76 Disciplinary sanctions for staff

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

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

Based on review of:

Policy 115.76
Memoranda

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

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 PREA Audit Report

resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Based on review of:

Policy 115.77
Volunteer Information Packet

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

RHRJ takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Based on review of:

Policy 115.78
Disciplinary Incident Summary
Interview with PREA investigative staff.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are 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.

The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

RHRJ does offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

RHRJ disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not constituted as falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

RHRJ prohibits all sexual activity between inmates and may discipline inmates for such activity.

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

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

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

Based on review of:

Policy 115.81
Memoranda & Communications
Interview with staff responsible for risk screening and medical/mental health staff.

If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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. Every inmate is seen within 14 days, if an inmate answers yes to any of the PREA related questions a further mental health evaluation is scheduled.

If the screening indicates that an inmate has previously perpetrated sexual abuse/prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

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.

Standard 115.82 Access to emergency medical and mental health services

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

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

Based on review of:

Policy 115.82
Interview with PREA Coordinator
Interview with medical and mental health staff.

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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and are immediately notify the appropriate medical and mental health practitioners.

Inmate victims of sexual abuse while incarcerated are 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.

Treatment services are 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.

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

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

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

Based on review of:

Policy 115.83
Interview with medical/mental health staff
Review of PREA related incidents.

RHRJ offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the facility.

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.

RHRJ provides such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are 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.

Standard 115.86 Sexual abuse incident reviews

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

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

Based on review of:

Policy 115.86
PREA investigative reports
Interview with facility leadership, and PREA Compliance Manager.

RHRJ has established a documented sexual abuse incident review process at the conclusion of every sexual abuse investigation. This review is conducted at the conclusion of every sexual abuse investigation when the allegation has or has not been substantiated, unless the allegation has been determined to be unfounded. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at RHRJ; and they examine the area in RHRJ where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Standard 115.87 Data collection

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

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

Based on review of:

Policy 115.87
PREA Data Collection
Interviews with facility management and PREA Coordinator

RHRJ collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, as well as the Middle River Regional Jail, using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

Standard 115.88 Data review for corrective action

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

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

Based on review of:

Policy 115.88
PREA Audit Report

RHRJ online PREA information
Interview with PREA Coordinator and facility leadership.

RHRJ reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the facility. This report is made available on the RHRJ website: <http://www.rcso-va.com/rockinghamregionaljail.html>

Standard 115.89 Data storage, publication, and destruction

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

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

Based on review of:

Policy 115.89
PREA Data Collection

RHRJ makes 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: <http://www.rcso-va.com/rockinghamregionaljail.html>

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

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.

Ian Rachal, CJM

02/01/2017

Auditor Signature

Date