

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 21,2017

Auditor Information			
Auditor name: Robert Lanier			
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Telephone number: 912-281-1525			
Date of facility visit: June 28-29, 2017			
Facility Information			
Facility name: Eastern Regional Jail			
Facility physical address: 94 Grapevine Rd, Martinsburg WV, 25405			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 304.267.0045			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input 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: John Sheeley			
Number of staff assigned to the facility in the last 12 months: 60			
Designed facility capacity: 576			
Current population of facility: 523			
Facility security levels/inmate custody levels: Minimum, medium, and maximum			
Age range of the population: 18-32			
Name of PREA Compliance Manager: Lt Michael Sullivan		Title: Lieutenant	
Email address: Michael.R.Sullivan@wv.gov		Telephone number: 304.267.0045	
Agency Information			
Name of agency: WV Regional Jail Authority			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: PO Box 50285 1900 Kanawha Blvd East, Charleston WV, 25305			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 304.558.2110			
Agency Chief Executive Officer			
Name: David Farmer		Title: Executive Director	
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Agency-Wide PREA Coordinator			
Name: Louis Armendariz		Title: PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE

The on-site audit of the Eastern Regional Jail was conducted on June 28-29, 2017. Six weeks prior to the onsite audit, the Notice of PREA Audit was sent to the facility for posting in areas accessible to staff, inmates, contractors, volunteers and visitors. This posting provided contact information to enable anyone desiring to communicate with the auditor regarding any PREA related issue the opportunity to do so prior to or during the onsite audit. The auditor did not receive any communications before, during or after the onsite audit. Prior to the onsite audit the Agency's PREA Coordinator provided agency policies and procedures and the facility provided documents to support compliance with the PREA Standards and to enable the auditor to understand better, the operation of the jail. Following review of all the provided documentation, the auditor requested additional documentation to be provided during the onsite audit. Communications were continued with the Agency PREA Coordinator and the Facility's PREA Compliance Manager. Staff were very responsive to any request made by the auditor. Prior to the onsite audit, the auditor provided the PREA Compliance Manager with a tentative agenda with the understanding that it would be flexible to accommodate the needs of staff and the operation of the jail.

The auditor, by prior arrangement, arrived at the facility at approximately 0600 to interview staff from the overnight shift prior to their departure at 0700. The PREA Compliance Manager met the auditor and following a brief meet and greet, the auditor commenced interviews with the overnight staff followed by interviews with the day shift staff. Interviews continued with random staff. Following those interviews the PREA Compliance Manager led the auditor on a tour of the facility. Later, interviews with specialized staff, including interviews with the Jail Administrator, were conducted. Additional paperwork was provided and reviewed.

After the onsite audit, the auditor conducted an "out briefing" with the PREA Compliance Manager and then with the Administrator. Tentative results of the onsite audit were presented. The facility was asked to provide additional documentation of the following: 1) PREA Acknowledgment Statements for inmates who said they did not get any PREA related information on admission; 2) Documentation of victimization screening for inmates who said they were not asked the PREA questions from the risk assessment during intake; 3) Confirmation that inmates who said they reported prior victimization were referred to mental health; 4) that the Contracted Food Services Staff were provided refresher training in PREA, after informal interviews with them indicated they were not very knowledgeable about PREA; and 5) that all booking staff were retrained on how to access the contracted interpretive services. The facility provided this documentation expeditiously and confirmed the inmates had received the PREA information required at intake, and that the inmates who disclosed prior victimization at intake were referred to mental health for a follow-up and provided a training roster indicating food services staff were trained.

DESCRIPTION OF FACILITY CHARACTERISTICS

The West Virginia Regional Jail and Correction Facility Authority was created by the West Virginia Legislature in 1985. The purpose of the Authority is to provide safe, secure and humane care for persons ordered to be incarcerated by the courts. Generally, regional jails serve both pre-trial defendants and persons sentenced to terms of one year or less. However, offenders sentenced to serve terms of confinement in the custody of the Division of Corrections may also be held in regional jails while awaiting transfer to the state correctional system. The inmate population consists of county, state and federal inmates, both male and female.

The factors that influenced the closing of county operated jails and the realization of a regional jail system date back as far as 1946 when the Bureau of Prisons, in a study authorized by the West Virginia Legislature, found West Virginia's county jails to be "anachronisms and totally unfit for human habitation." The study went on to recommend that the county jails be consolidated into regional jails with adequate numbers of appropriately trained staff.

The ongoing deterioration of physical plants and apparent living conditions in the 1960's and 1970's resulted in an increased exposure to the liabilities attendant to inmate-initiated litigation, resulting in the use of Law Enforcement Assistance Act funding to make improvements in many county jails. However, the continuing deterioration of physical plants, many of which were built around the turn of the century, made it evident that mere repairs would be insufficient to deal with the severity of the situation.

In 1982, the Governor's Committee on Crime, Delinquency and Corrections commissioned a study of county jails resulting in the recommendation of the consolidation of county jails and the creation of a state operated facility for sentenced misdemeanor offenders.

An additional study included involvement of county sheriffs and state level administrators and resulted in the Legislature establishing the West Virginia Regional Jail and Prison Authority in 1985. The original Authority consisted of 21 members. This Authority was empowered to issue revenue bonds to be repaid by special fees attached to criminal convictions and civil cases, establish regions, construct regional jails with bond funds and operate regional jails with operating funds provided by the payment of per diem rate by the counties to be served by regional jails. The Authority developed a master plan for the construction of 12 regional jails. The Authority was to address the needs of the county jails before beginning to consider the needs of the state's correctional system.

In May of 1989, the Eastern Regional Jail (ERJ) opened in Martinsburg initially serving the Eastern Panhandle counties of Jefferson, Berkeley, and Morgan, along with Mineral, Hardy and Hampshire. The latter counties would eventually remove their inmates from ERJ with the opening of the Potomac Highlands Regional Jail (PHRJ) in Augusta, WV.

During the 1989 Legislative session, the Authority's responsibilities were increased by requiring the Authority to focus both upon regional jails and state correctional facilities. This "change in focus" was brought about in response to the West Virginia Supreme Court of Appeals decision in the case of Crain vs. Bordenkircher requiring the replacement of the West Virginia Penitentiary at Moundsville.

The reconstituted Authority, with seven voting and two non-voting members, now known as the West Virginia Regional Jail and Correctional Facility Authority, revisited the "master plan" and concluded that ten regional jails of two, three and four hundred bed capacity, built of a prototypical design, could serve the counties and allow for improved efficiency of construction, familiarity of operation, and standardization of training.

The Authority shall be governed by a board of nine members, seven of whom are entitled to vote on matters coming before the Authority. The complete governing board shall consist of the Commissioner of the Division of Corrections, the Director of the Division of Juvenile Services, the Secretary of the Department of Military Affairs and Public Safety, the Secretary of the Department of Administration, or his/her designated representative, three county officials appointed by the Governor, no more than two of which may be of the same political party, and two citizens appointed by the Governor to represent the areas of law and medicine. The Commissioner of the Division of Corrections and the Director of the Division of Juvenile Services shall serve in an advisory capacity and are not entitled to vote on matters coming before the Authority. Members of the Legislature are not eligible to serve on the Board.

All regional jails are of a prototypical design. Within the system there are:

- Two 400 bed facilities: North Central Regional Jail (NCRJ) and Western Regional Jail (WRJ) – This number includes available beds in the medical unit and inmate processing area.
- Three 200 bed facilities: Central Regional Jail (CRJ), Potomac Highlands Regional Jail (PHRJ) and Northern Regional Jail (NRJ)
- The remaining five facilities are classified as 300 bed facilities.
- The capacity of these facilities is laid out as follows. - 200 = 192+medical and holding - 300 = 288+medical and holding - 400 = 384+medical and holding

NOTE: NRJ is contained in the same physical plant as the Northern Correctional Facility in Moundsville, WV. As both RJA and DOC inhabit the same building, this often presents operational requirements that are unique to that facility.

The West Virginia Regional Jail and Correctional Facility Authority is a special revenue agency. It is designated to act as both a corporate and a government instrumentality. Current outstanding bond debts are retired through fees attached to criminal cases. Operating costs are obtained through per diem charges to the entities who utilize the system.

The Authority adopted Vision and Mission Statements, as well as adhering to a set of Core Values. These statements are as follows.

VISION STATEMENT The Vision of the West Virginia Regional Jail Authority is to be recognized as the leader in professional jail administration and to maintain that leadership by being able to move to the forefront while adapting to change.

MISSION STATEMENT The Mission of the West Virginia Regional Jail and Correctional Facility Authority is to ensure the safety of the public, staff and inmates by maintaining a safe, secure and humane system of regional jails, and to provide incarcerated persons with the opportunities for self-improvement and rehabilitation by participating in educational programs.

CORE VALUES Our Core Values begin with our commitment to the citizens and elected officials of the State to train and develop staff who are imbued with the highest ethical and professional standards with emphasis on personal integrity and dignity and respect for others regardless of their station in life.

We recognize our employees to be our most valuable assets. As such, they will be trained and properly equipped to effectively do their job.

Our employees will be instilled with a sense of responsibility and accountability for their actions and, by their example, set the same

West Virginia Regional Jail Authority – Eastern Regional Jail PREA Audit Report 4
standard of responsibility and accountability for inmates.

We take pride in our public service and will strive to perform our duties in a manner that will be beyond reproach and reflect upon our obedience to the laws of our State and the Regional Jail Authority's policies and procedures.

OUR CUSTOMERS Our first responsibility is to the taxpayers, law enforcement and agencies and governmental entities that depend on us to maintain public safety. To meet their needs, everything we do must be of high quality, adverse to risk, and security focused. We must constantly strive to reduce our costs to lessen the taxpayer burden. We will be transparent, providing prompt and accurate information to serve our governmental customers and the public.

OUR EMPLOYEES We are responsible to our employees. Everyone will be considered as an individual. We will respect their dignity and recognize their worth. We will strive to provide job security and career advancement opportunities. Compensation must be fair and adequate. Working conditions will be clean, orderly and safe. We will be mindful of ways to help our employees fulfill their family responsibilities. Employees must feel free to make suggestions and make complaints. There will be equal opportunity for employment, development and advancement for those qualified. We will provide competent management and their actions will be just and ethical.

OUR COMMUNITIES We are responsible to the communities in which we work. We will partner with local governments, better law enforcement and education to reduce recidivism. We will be environmentally responsible in the communities we serve.

OUR INMATES We are responsible to inmates in our custody. We will provide a safe incarceration environment. We will provide opportunities for education, rehabilitation and motivation to live successfully upon release.

The Eastern Regional Jail (ERJ) is a three-pod facility with twenty-four housing units. This facility began operation in September 1999. This facility houses adult male and adult female inmates. ERJ has a booking area where offenders are brought initially when they are arrested or after they have been sentenced before entering the main portion of the facility. The facility permanently houses both presentence and sentenced individuals from three counties surrounding the facility including Berkeley, Jefferson and Morgan. The Eastern Regional Jail does hold federal detainees on a regular basis until U.S. Marshalls are able to pick up the individual to transfer them to a federal facility.

This facility is designed with the same footprint as all regional jails in West Virginia and is in the medium size facility category.

SUMMARY OF AUDIT FINDINGS

The auditor's audit process and methodology included the following: 1) Review of all documentation, including the Pre -Audit Questionnaire, provided prior to the on-site audit; 2) Observations made during the tour of the facility and throughout the onsite audit period; 3) Interviews with multiple staff, both randomly selected and specialized; 4) Interviews with inmates, including inmates from all housing units, both male and female and 5) Review of requested documentation provided onsite. The auditor reviewed each standard and substandard, examining and reviewing documentation and results of interviews as well as any observations made during the tour and throughout the onsite audit to determine if the minimum requirements of the standard were documented.

The auditor reviewed 43 standards. Of those 43 standards 37 are determined to have met the requirements of each of the sub-standards and subsequently the standards. Three standards were rated as "not applicable". These are 115.12, Contracting; 115.14, Youthful Inmates; 115.66, Agency Ability to Protect Inmates. Three Standards were rated "exceeds". These are: 115.11, Zero Tolerance; 115.34, Specialized Training: Investigations and 115.51, Inmate Reporting.

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

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.

This standard is rated exceeds. This agency has taken steps that indicate the agency takes sexual assault and sexual assault prevention, detection, responding and reporting very seriously. This is evidenced by several contracts the agency has with professional and reputable organizations through a grant from the US Department of Justice. The facility has a contract with Just Detention International (JDI) for "Establishment of a Zero Tolerance Culture for Sexual Assault in Correctional Facilities." This contract provides for JDI to assist in developing policies and procedures, training for staff, training for inmates and other PREA related services to implement the PREA Standards. Since the contract was implemented in 2014, JDI has assisted and continues to provide technical assistance to all the RJA Jails and this facility in developing a zero tolerance culture. An additional contract with the West Virginia Foundation for Rape Information and Services (FRIS), including the Women's And In Crisis; Shenandoah Women's Center; Sexual Assault Help Center; Hope Incorporated; Family Counseling Connection; Women's Resource Center and Contact of Huntington, are also a part of a grant through the Department of Justice, entitled: "PREA Program Demonstration Projects to Establish Zero Tolerance Cultures for Sexual Assault in Corrections Facilities". This contract establishes a network of available advocacy organizations throughout the state to serve specific jails in their catchment areas. MOUs are then developed to make available the involvement of rape crisis advocates from member agencies; to provide an advocate to meet inmate victims at designated hospitals; to provide inmates with confidential access to a rape crisis center hotline, for training purposes and to respect confidentiality. The work of JDI in assisting in making the jails sexually safe and responsive, is noticeable.

West Virginia Regional Jail and Correctional Facility Authority, Policy 3052, Prevention and Intervention of Inmate Sexually Abusive Behavior and Staff Sexual Misconduct, requires a zero tolerance for inmate-on-inmate sexual assault or abuse and staff sexual misconduct or harassment towards inmates. The agency, according to policy, is to provide a safe environment where inmates are free from such assault and sexual misconduct and makes every effort to detect, prevent, reduce and punish sexual abuse assault, harassment and misconduct. Procedure A, Zero Tolerance, Page 5, states that the WVRJCA prohibits and will not tolerate fraternization, sexual abuse or sexual misconduct between staff, contractors, volunteers and inmates or between inmates. Paragraph 2, prohibits any behavior of a sexual nature between employees, contractors, volunteers and inmates. For employees, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Primecare Medical, INC, the facility's healthcare provider has documented their zero-tolerance policy for inmate-on-inmate sexual assault or abuse, and staff misconduct or harassment towards inmates. This policy is addressed in Primecare Medical, Inc., Policy, Procedure in the Event of Sexual Assault., revised 10/1/11.

The agency has designated a PREA Coordinator to oversee and facilitate the implementation of PREA in all the Regional Jails. The agency organizational chart shows the position of PREA Coordinator and depicts the PREA Coordinator's position within the organization. The WVRJCA PREA Coordinator is an upper level employee designated by the Central Office with sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA Standards in all its facilities. Interviews with the Agency's PREA Coordinator confirmed he is a highly motivated and very knowledgeable individual who has been resourceful and has utilized multiple internal and external resources to implement PREA throughout West Virginia's Regional Jails. The Eastern Regional Jail has designated the Lieutenant as the facility's PREA Compliance Manager. The organization chart depicts the lines of authority and responsibility for the agency. The PREA Compliance Manager

reports to the Captain, who reports to the facility Administrator.

An interview with the PREA Compliance Officer indicated he is responsible for multiple functions within the facility. In addition to supervising shifts, and being responsible for due process, he also serves as the facility investigator. The PREA Compliance Officer/Manager

The facility provided multiple acknowledgment statements documenting that staff understand the agency's policies regarding the agency's policies on sexual abuse and sexual harassment and zero tolerance. They also acknowledge that failing to comply with these policies could subject them to disciplinary action up to and including dismissal and/or prosecution.

One-hundred percent (100%) of the interviewed staff stated they had received training in each of the required PREA Standard's Topics. All of them were aware of the Agency and Facility's zero tolerance for all forms of sexual activity, including sexual abuse, sexual misconduct and sexual harassment, as well as retaliation for reporting or cooperating with an investigation into a PREA allegation.

Interviewed inmates were also aware of the zero-tolerance policy. Interviews with inmates also confirmed that they were made aware of the zero-tolerance policy and understand that all forms of sexual activity are prohibited. Interviews with three staff who conduct intake indicated that each of them tells incoming inmates, upon admission, that the facility has a zero tolerance, for any sexual activity and how to report it if it occurred. There are posters throughout the facility, including the reception area, informing visitors, staff and inmates, on a continuous basis, about the Agency's zero tolerance policy. That information is also in PREA brochures and the inmate handbook as well as on PREA Acknowledgment Statements which both staff, contractors, volunteers and inmates sign acknowledging understanding the zero-tolerance policy.

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.

This standard is rated "not applicable". WVARJCFA policy 3025, with an effective date of January 23, 2017, provides that any new contract or contract renewal with the contractor shall include an obligation to comply with the PREA Standard and provide WVARJCFA the ability to monitor the contractor's efforts to adopt and comply with PREA Standards and WVARJCFA policy however the facility nor the agency contracts with outside entities for the confinement of inmates.

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.

WVARJCFA Policy 3052, Procedure B. Prevention, B., Supervision and Monitoring, affirms that each of its facilities develops, documents and makes its best efforts to comply with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities are required to consider all the items required by the PREA Standards. Policy also requires in paragraph 3., that whenever necessary, but no less frequently than once a year, each facility will assess, determine and document whether adjustments are needed to the following: 1) The staffing plan; 2) The facility’s deployment of video monitoring systems and other monitoring technologies; and 3) The resources the facility has available to commit to ensure adherence to the staffing plan. Annual reviews will be conducted in consultation with the Facility PREA Compliance Officer with final approval from the Agency’s PREA Coordinator.

This facility documented annual review of the staffing plan in March 2017 and in May 2017. This review documented considering each of the requirements of the standard. Too, it documented consideration of prevailing staffing patterns, the facility’s deployment of video monitoring systems and other technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. The facility reported having 65 direct security staff and no additional positions needed at that time. Lastly the staffing plan review in March 2017 identified the six most common reasons for deviating from the Staffing Plan. These included “call offs”, training, vacation, staff shortage and AWOL.

The facility administration has developed a detailed and comprehensive staffing plan to provide adequate coverage or posts to ensure adequate supervision of detainees/inmates. The plan, consisting of multiple pages, states that the Eastern Regional Jail will be staffed with the necessary personnel to ensure compliance with PREA and Regional Jail Authority requirements. This plan is implemented to ensure that all duty posts are covered on a continuous basis. Too it states the staffing plan must allow for sufficient numbers of both male and female personnel to be on duty and available to perform gender sensitive functions and procedures such as pat-downs and strip searches.

The reviewed staffing plan requires that all duty assignments are covered on a continuous basis. Too, that sufficient numbers of trained staff are available to replace staff on sick leave, vacation, military leave, training leave etc.

The staffing plan requires the following ratios: Day Shift –One (1) officer to 25 inmates (security staff includes correctional officers and supervisory security positions) and One (1) officer to 38 inmates.

Staffing is predicated upon a rated capacity of 484 detainees. The plan provides for the following staffing levels:

- Jail Administrator 1
- Captain 1
- Lieutenant 2
- Sergeant 5
- Corporal 10
- Security 65
- Counselors 4
- Maintenance 3
- Fiscal Clerk 1
- Admin Clerks 5

- Human Resources 1
- Booking Clerks 2
- Director of Inmate Svcs`1

Medical staff, Kitchen and Commissary are State contracted departments.

Video Monitoring is a part of the staffing plan. Supervisors are required to make sure the video monitoring issued to protect inmates against sexual abuse. Areas that must be checked on a regular basis are the “blind spots” (booking file room, State issued clothing room in booking and front office file room). Electronic surveillance is not a substitute for staff supervision.

The following are the recommended Day Shift Posts:

- Shift Supervisor 1
- Central Control 2
- Admin Core Rovers 5
- A tower 1
- A Rover 1
- B Tower 1
- B Tower Rover 1
- E Tower 1
- E Rover 1
- Booking Supervisor 1
- Booking Officer 1
- Booking/Billing Clerk 1
- Special Assignments 1

The following is the staffing for the overnight shift:

- Shift Supervisor 1
- Central Control (front and back) 1 1
- Core Rovers 3
- A Tower 1
- A Rover 1
- B Tower 1
- B Rover 1
- C Tower 1
- C Rover 1
- Booking Officer 1
- Booking Clerk 1
- Laundry/Cleaning Officer 1

Recommended Transportation Officers Assignments

Total of 5 Officers (minimum 4)

The Administrator, in an interview related his minimum staffing levels are sixteen (16) on the day shift and twelve (12) on the overnight shift. There is a total of 20 assigned on the day shift and 15 on the night shift.

The Staffing Plan addresses video monitoring. The Administrator indicated the facility has a total of 144 cameras strategically located throughout the facility. Supervisors are responsible for making sure video monitoring is used to protect inmates against sexual abuse. Blind spot areas are identified as requiring checks on a regular basis. The Administrator views video camera monitors from his office on a Paragraph C., Supervision, requires Shift Supervisors, in coordination with the Facility

Administrator, to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment and checks are required on all shifts. Staff are prohibited from informing anyone that the rounds are occurring. Checks should occur in any and all areas of the facility where there could be a potential for inmates to be sexually abused. Particular attention is paid to staff and video monitoring of the facility to detect areas that may need enhancement to ensure sexual safety in the facility.

Paragraph C., Supervision, requires Shift Supervisors, in coordination with the Facility Administrator, to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment and checks are required on all shifts. Staff are prohibited from informing anyone that the rounds are occurring. Checks should occur in any and all areas of the facility where there could be a potential for inmates to be sexually abused. Particular attention is paid to staff and video monitoring of the facility to detect areas that may need enhancement to ensure sexual safety in the facility.

Paragraph C., Supervision, requires Shift Supervisors, in coordination with the Facility Administrator, to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment and checks are required on all shifts. Staff are prohibited from informing anyone that the rounds are occurring. Checks should occur in any and all areas of the facility where there could be a potential for inmates to be sexually abused. Particular attention is paid to staff and video monitoring of the facility to detect areas that may need enhancement to ensure sexual safety in the facility.

Upper Level staff unannounced rounds are addressed in the Staffing Plan. The Plan indicates that the Administrator, Chief of Security or PREA Compliance Officer will conduct unannounced rounds to identify and deter Staff Sexual misconduct, cleanliness and policy non-compliance. All rounds are required to be documented and findings addressed.

The PREA Compliance Manager related that when there are “call offs” the facility will utilize non-direct custody staff to cover posts or call staff in. Also, when the oncoming shift does not have enough staff to man all the posts, staff may be held over and called in.

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.

This standard is rated “not applicable”. The facility does not house youthful inmates. This was confirmed through the reviewed Pre-Audit Questionnaire and interviews with the administrative staff, including the PREA Coordinator and PREA Compliance Manager.

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.

WVARJCFA Policy 3052, N., Limits to Cross-Gender Viewing and Searches, prohibits staff from conducting cross gender strip searches and cross gender body cavity searches absent exigent circumstances. If exigent circumstances occur, the shift supervisor will call the administrator or designee before conducting the searches. These searches will be documented and in compliance with Policy, 17004, Strip Search of Inmates. The agency also prohibits cross gender pat down searches of females absent exigent circumstances. The facility also will not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities to comply with this provision.

WVARJCFA Policy 17001, A. Arrival of Inmate and Initial Processing, 4., prohibits cross-gender searches, pat down searches or cross-gender visual cavity searches of inmates, except in exigent circumstances and the circumstances are documented. Females are not to be restricted from access to regularly available programming or other out-of-cell opportunities to comply with this provision. Procedure C. Preliminary Search, 1., requires a correctional officer or staff member of the same sex will conduct a complete pat search of inmates being received to ensure that inmates do not have contraband in their possession when entering the jail facility.

The facility provided the POST Orders for “Booking”. These orders require staff of the same sex to conduct pat searches of inmates coming into the facility. Random and specialized staff indicated, in their interviews, that they have not conducted any cross-gender pat searches not have they seen any staff conducting any cross-gender pat searches. The facility’s PAQ reported the facility has not conducted any cross-gender strip or cross gender visual body cavity searches of inmates. The PAQ also reported there were no cross-gender pat searches of any female inmate.

One-hundred percent (100%) of the Interviewed staff were adamant in confirming this facility does not allow cross-gender searches, including pat searches, unless there is an extreme emergency and that would be approved and documented. Staff confirmed as well, that males do not search any female inmate.

None of the inmates had experienced nor seen a cross-gender search. Female inmates related they are not denied or delayed in accessing programming because there are not enough female staff on duty.

Policy, 3052, N.4, requires inmates can 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. This policy also applies to all forms of remote viewing as well. Facilities are required to analyze their staffing plans to make appropriate adjustment to ensure PREA compliance. WVARJCFA Policy 17001, J. Shower, 5., affirms inmates can shower, perform bodily functions, and change clothing without non-medical 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 or security reasons. This limitation not only applies to in-person viewing but also to all forms of remote viewing as well.

During the tour, the auditor observed the shower areas in the dorms, both lower and upper tiers. Showers are single occupancy. They had “PREA” doors, that allowed views only of the head area and the lower portion of the inmate’s legs, like “PREA” curtains. The facility has gone a step further by adding curtains at the top of the shower door, further, ensuring the inmate’s privacy. The auditor walked up several stairs in several of the dorms to determine if inmates could be viewed from the stairs while showering. The auditor was not able to view inside the shower. Too, the auditor viewed the dorms from the Pod Towers. At no time could the auditor view inside a shower. The facility is to be commended for taking these additional measures in attempting to afford inmates more privacy while showering.

Interviewed staff stated inmates are afforded privacy while changing clothing, showering and using the restroom. They

related that inmates are required to go to the showers clothed and come out of the showers clothed. Shower curtains, they stated, covered the tops of the showers although the showers were equipped with "PREA" doors.

Too, there are cells that are essentially "safe cells". These cells have windows at the top and bottom of the door. While an inmate is using the restroom in those cells the facility has fabricated various size solid color placards that are posted on the door while the inmate uses the restroom. Interviewed inmates told the auditor they are not naked in full view of staff of the opposite gender and that showers have curtains and they are required to go into the shower dressed and come out dressed. Policy requires staff to announce their presence every time they enter an inmate housing unit of the opposite gender. Interviewed staff stated cross-gender announcements are consistently made when entering a cross-gender housing unit. Fifteen (15) of the seventeen (17) interviewed inmates (including male and female inmates) stated cross-gender staff "always" and "consistently" announce their presence when entering a living unit housing cross-gender inmates. Two (2) of the interviewed inmates said they (staff) announce their presence sometimes.

WVARJCFA Policy, 3052, M. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Populations, 2. and WVARJCFA Policy 17001, Procedure O., Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Populations, 2. Prohibits searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate's genital status. Policy 17001, requires Booking Staff to be trained in how to conduct searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible consent with security needs. Documentation was provided to document that twelve (12) staff assigned to booking have completed the training, "Transgender and Intersex Communication and Pat Down Searches.

The facility did not have any transgender or intersex inmates at the facility during the on-site audit.

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.

WVARJCFA, 3052, E. Access to Information for Inmates with Disabilities, requires the facility to ensure that inmates with disabilities, including inmates who are deaf or hard of hearing, those who are blind or have intellectual psychiatric, or speech 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. If an inmate is hard of hearing or deaf, the inmate will be provided access to interpreters by using the Videophone communication system. This enables the inmate to receive interpretation services from an interpreter who can interpret effectively, accurately, and impartially, using receptively and expressively, specialized vocabulary. Written materials are either delivered in alternative formats that accommodate the inmate's disability or the information will be delivered through alternative methods, that ensure effective communication with inmates with disabilities, including those with intellectual disabilities, limited reading skills or no or low vision. Reading the information to the inmate or communicating through an interpreter will ensure that they understand the PREA related material. The facility's FPCO will ensure that only staff or qualified contractors provide translation for inmates. If a multi-lingual staff member is not available, then the Translation Language Phone Line or equivalent service must be utilized. The FPCO will keep an updated list of all multi-lingual staff at the facility who are able to provide translations for any PREA

related issues.

The facility also provided a contract with PROPRIO for language and document translation and interpretive services. Interviewed staff consistently indicated they would not allow an inmate to interpret for another resident absent emergency or exigent circumstances. Most were aware the agency would provide an interpreter if needed. Staff in the booking area were familiar with the contract for interpretive services and were also aware of how to contact them for telephonic interpretive services. During the tour of the facility, the auditor asked the booking staff to show the auditor the contact information for the telephonic interpretive services. The contact information was laminated and attached to the booking staff's desk.

The PAQ reported that in the past twelve months there have been no occasions where an inmate interpreter, inmate reader, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining the interpreter could compromise the resident's safety, the performance of first responder duties or the investigation of the resident's allegations. None of the interviewed inmates were disabled or limited English proficient.

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.

WVARJCFA Policy, 3052, Page 6, C. Background Checks, requires a criminal history investigation be conducted on prospective employees, volunteers and contractors. Too, policy requires the agency to ask all prospective applicants and employees who may have contact with inmates directly about previous sexual abusiveness when hiring, promoting and in any interviews or written self-evaluations conducted as part of reviews of current employees. Employees also have an affirmative duty to disclose such conduct to ensure against the hiring and employment of any person who may have a perpetrating sexual assault, abuse, misconduct or harassment. Efforts are made to contact all prior institutional prospective employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Employee's criminal history record investigation will be updated every five years. WVARJCFA Policy 3005, Personnel, Pre-Employment and Fitness for Duty Evaluations, requires the following: 1) Administration of Psychological Assessment Instrument (Correctional Officer positions); 2) Structured interview; 3) Background Check, including NCIC Criminal Background Check Results; and 4) Consistent with federal, state, and local law every effort should be made 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. Policy 3005, Procedure C., Initial Interview Process requires the "Authority" to interview a prospective correctional employee to determine whether to hire or promote anyone and is required to ask all applicants about previous sexual misconduct. The Authority, in compliance with policy, will not hire or promote anyone who may have contact with inmates who 1) Has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or any institution; 2) 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 3) Has been civilly or administratively adjudicated to have engaged in the activity described above. These questions should be asked in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of the interview process for hiring. Following the psychological assessment and interview, applicants will undergo a background check. Policy 3005, D., Background Check, Paragraphs 1

and 2, require a prospective correctional employee to undergo a criminal background Check. Additionally, the Authority will consult the applicable child abuse registry maintained by the state or locality in which the employee would work.

Professional reference checks are also required. If the information received indicates that the conditional employee omitted information regarding sexual abuse, misconduct and provisions of materially false information or was less than truthful and/or the issue cannot be resolved satisfactorily, at the Director of Human Resources discretion, the Conditional Employee shall be dismissed from employment.

The Human Resources staff also explained that as a part of the hiring process, the applicant is required to take an “on-line” assessment primarily to determine if the applicant is suitable for this work. The assessment reportedly identifies self-control issues and behavioral issues. The applicant, following the interview submits to a background check that includes a driver’s license and NCIC check. Background checks for this facility are reportedly done at the RJA Central Office. Background checks, according the Human Resources Staff, are also conducted on transfers and at five years. The facility also provided the auditor with a roster documenting the background check dates and the five-year check dates. Upon promotion, the HR Staff, stated the staff is asked the PREA related questions again.

Standard 115.18 Upgrades to facilities and technologies

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

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

The Pre-Audit Questionnaire documented the facility has not acquired any new facilities or made any substantial expansions or modifications or existing facilities since the last PREA Audit, whichever is later. The Jail did document there were upgrades to monitoring technology/electronic surveillance system or other monitoring technology since the last PREA Audit. Interviews indicated that wires have been pulled and cameras are going to be installed in sanitation closets in each pod. Staff were involved in determining where they needed the cameras located to mitigate blind spots.

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.

WVARJCFA Policy 3052 and WVARJCFA Policy 3036-A, PREA Investigations, govern the processes for ensuring an investigation is conducted for all allegations of sexual abuse, sexual harassment or sexual misconduct. Facility Administrators are required to ensure that all administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Designated WVARJCFA investigators will investigate all allegations involving Staff, Court Complaints, Attorney Complaints, and Lawsuits to include all Legal Allegations filed against the West Virginia Regional Jail Correctional Facility Authority. The Facility PREA Compliance Officer will investigate all grievances, allegations and investigations of inmate on inmate sexual abuse, assault, misconduct or harassment. Investigations are required, by policy, to be conducted promptly, thoroughly and objectively for all allegations including third party and anonymous reports. Policy requires administrative and criminal investigations to be conducted in accordance with best practice for the investigation or sexual assault and will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. Investigators will gather and/or 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. Credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determine by the person's status as an inmate or staff. Alleged victims are not required to submit to a polygraph exam or other truth telling device as a condition of proceeding with the investigation of such an allegation. At the end of the investigation, the investigator will complete an investigative report that will indicate whether the evidence supports a finding that sexual abuse occurred (substantiated), the allegation is false (unfounded) or the evidence is inconclusive (unsubstantiated). Substantiated cases of sexual abuse that appears to be criminal will be referred for prosecution in the county where the sexual assault occurred.

Allegations that appear criminal in nature are reported to the West Virginia State Police. The facility investigator will request the WV State Police or any other agency with the authority to conduct criminal investigations follow Procedure E of this policy that provides a uniform protocol for collecting and protecting evidence. The facility has an agreement with the WVA State Police. The agreement's purpose is to respond, investigate and if needed, legally charge sexual assault/rape perpetrators for incidents that occur while incarcerated at any of the West Virginia Regional Jails.

WVARJCFA Policy 3052, Procedure E., Responding to Reported/Observed Sexual Abuse, A., Allegations of Abuse Occurring Within the Past 96 hours, in addition to specifying first responder responsibilities, Paragraph 3. requires the administrator to immediately notify the Chief of Operations and the Agency investigator will be responsible for ensuring that protocol is followed when investigators conduct the investigation of the sexual assault, sexual abuse or misconduct. The West Virginia State Police will be notified immediately and requested to begin a criminal investigation.

Victims will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Primecare Medical, Inc. Policy, Procedure in the Event of a Sexual Assault, in Paragraph VII. Response, provides its employees step by step procedures in response to an incident of sexual assault. It addresses in Subparagraph b., the special considerations in responding to sexual abuse and sexual harassment. Special considerations including the impact trauma experienced by a victim of sexual abuse can have on reporting, evidence collection, and interviewing. In addressing the response, policy requires in VIII, Victims, that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The protocol for evidence collection includes instructions to victims and arranging a forensic exam to collect potential evidence. Medical staff offer victims of sexual abuse access to forensic medical exams at an outside facility and treatment is provided to the victim without financial cost and regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident. Victims will be taken to the local Emergency Department for treatment, exam, collection of forensic evidence and testing for sexually transmitted diseases. Exams will be conducted by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner where possible and, if not available, by other qualified medical practitioners. Efforts to provide a SAFE or SANE is documented. The Authority has developed a list of outside medical facilities/local hospitals that employ a SANE. Forensic evidence collected by the Emergency Room will be released to law enforcement. Inmate victims are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards and policies of care, where medically appropriate.

This agency has checklists to ensure a consistent response and protocol for responding to sexual abuse or allegations of sexual abuse. There is a medical PREA checklist and a Shift Supervisor's Checklist. Samples were provided for review. The facility's Pre-Audit Questionnaire reported that there were no allegations made during the past twelve months requiring forensic exams.

Eastern Regional Jail has entered into an agreement (Memorandum of Understanding) with the Shenandoah Women's Center. This agency is a part of a larger contract with FRIS, the West Virginia Foundation for Rape Information and Services which makes available advocacy services and hotlines for inmates to use to report allegations of sexual abuse as well as to access advocacy services. The Shenandoah Women's Center agreed to accept initial inmate calls on the hotline from 9AM-4PM, Monday through Friday, to provide crisis intervention and support services to inmates who have experienced sexual violence. The Center staff indicated the organization is licensed by the West Virginia Family Protection Board.

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.

WVARJCFA Policy 3052 and WVARJCFA Policy 3036-A, PREA Investigations, govern the processes for ensuring an investigation is conducted for all allegations of sexual abuse, sexual harassment or sexual misconduct. Facility Administrators are required to ensure that all administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Designated WVARJCFA investigators will investigate all allegations involving Staff, Court Complaints, Attorney Complaints, and Lawsuits to include all Legal Allegations filed against the West Virginia Regional Jail Correctional Facility Authority. The Facility PREA Compliance Officer will investigate all grievances, allegations and investigations of inmate on inmate sexual abuse, assault, misconduct or harassment. Investigations are required, by policy, to be conducted promptly, thoroughly and objectively for all allegations including third party and anonymous reports. Policy requires administrative and criminal investigations to be conducted in accordance with best practice for the investigation or sexual assault and will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. Investigators will gather and/or 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. Credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determine by the person's status as an inmate or staff. Alleged victims are not required to submit to a polygraph exam or other truth telling device as a condition of proceeding with the investigation of such an allegation. At the end of the investigation, the investigator will complete an investigative report that will indicate whether the evidence supports a finding that sexual abuse occurred (substantiated), the allegation is false (unfounded) or the evidence is inconclusive (unsubstantiated). Substantiated cases of sexual abuse that appears to be criminal will be referred for prosecution in the county where the sexual assault occurred.

Allegations that appear criminal in nature are reported to the West Virginia State Police. The facility investigator will request the WV State Police or any other agency with the authority to conduct criminal investigations, follow Procedure E of this policy that provides a uniform protocol for collecting and protecting evidence.

The facility has an agreement with the WVA State Police. The agreement's purpose is to respond, investigate and if needed, legally charge sexual assault/rape perpetrators for incidents that occur while incarcerated at any of the West Virginia Regional Jails.

WVARJCFA Policy 3052, Procedure E., Responding to Reported/Observed Sexual Abuse, A., Allegations of Abuse occurring Within the Past 96 hours, in addition to specifying first responder responsibilities, Paragraph 3. requires the administrator to immediately notify the Chief of Operations and the Agency investigator will be responsible for ensuring that protocol is followed when investigators conduct the investigation of the sexual assault, sexual abuse or misconduct. The West Virginia State Police will be notified immediately and requested to begin a criminal investigation.

The facility reported on the Pre-Audit Questionnaire that there were nine (9) allegations of sexual abuse and/or sexual harassment received during the past twelve months.

Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the agency website. An email address and a phone number to the PREA Coordinator are provided for reporting allegations of sexual abuse or sexual harassment. The PREA Policy is available on the website as well. Instructions for reporting provide information to include in the report that will assist the facility in investigating the allegation.

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.

WVARJCFA Policy 3052, F., Employee and Volunteer Training, 1., requires the PREA Compliance Officer at each facility to ensure that all employees who have contact with inmates are informed that sexual contact with an inmate is prohibited and that an inmate has a right to report if sexual contact occurs. Training will be conducted no later than thirty (30) days after an employee's date of hire. Staff are required to complete module one and two of the basic PREA Training. This training includes, minimally, the following: 1) Zero Tolerance; 2) How staff are to fulfil their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; 3) Inmate's 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; 6) 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 with inmates, including LGBTI or gender non-conforming inmates and; 10) How to comply with relevant laws of West Virginia related to mandatory reporting of sexual abuse to outside authorities.

Policy 3052, F. Employee and Volunteer Training, 2., requires that staff are trained on how to conduct pat searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff training is tailored to the gender of the inmates at the facility. Facilities document employee training through employee signature documenting they have received the training and that they understand the training they have received.

Refresher training is provided every two years or sooner to ensure all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years that an employee does not receive refresher training the facility provides refresher information on current sexual abuse and sexual harassment policies.

The facility provided samples of Acknowledgment Statements as well as multiple training rosters signed by the staff receiving the training. The statements affirm the employee has received PREA Training and that they understand their responsibility to follow the guidelines set for in the training and that failure to follow the guidelines can result in disciplinary action, termination and/or prosecution with the local law authority. The staff providing the training/instruction is documented. Another acknowledgment statement affirms staff have received training on conducting searches of transgender and intersex inmates, in a professional and respectful manner and in the least intrusive manner, consistent with RJA needs. Multiple acknowledgment statements affirming search training were provided for review. Interviewed staff were responsive to the questions presented by the auditor. They were able to describe the training they received.

Staff acknowledged, in interviews, that they received training in each of the topics required by the PREA Standards. An informal interview with two Trinity Contracted Staff indicated they were not knowledgeable of PREA. It is recommended that the Trinity Staff are retrained and the training documented, and documentation provided to the auditor that they were trained. This is obviously important for everyone but especially the staff working in the kitchen need to be saturated in PREA Training because of the blind spot areas in kitchens and especially in storage areas providing potential areas for clandestine sexual activity.

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.

Volunteer and Contractor training is addressed in WVRJCFA Policy 3052, F., Employee and Volunteer Training. Volunteers and Contractors are required to complete the basic PREA Training Module one. Facilities are required to ensure that 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. The level and type training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. However, all volunteers and contractors who have contact with inmates are notified on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.

The facility's PAQ documented that all volunteers and contractors who come in contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response. According to the PAQ, 43 contractors and volunteers have been trained in those policies. The PAQ affirms that all contractors and volunteers have been notified of the agency's zero tolerance policy and informed how to report such incidents.

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.

WVARJVFA Policy 17001, requires the Booking Officer to check the inmate’s record for documentation that the new commit has previously completed PREA Training. If documentation is found the inmate will be provided the WVRJCFA pamphlet and will be given training to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility. If documentation is not found, or if they leave the WVARJA custody and return, the inmate will be provided the entire PREA training requires in policy. Before housing new commits, the Booking Officer is required to ensure that each admitted inmate receives information explaining the Regional Jail Authority’s zero-tolerance policy regarding sexual abuse, sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment and that the inmate has a copy of the Regional Jail Authority’s rules and regulations. The Inmate Handbook, Page 2, Admissions, g., requires that an inmate is provided a Handbook of Inmate Rules and Procedures. The Booking Officer, according to the handbook, ensures that each admitted inmate receive information explaining the RJA’s zero-tolerance policy regarding sexual abuse and sexual harassment and will give each inmate information on how to report incidents or suspicions of sexual abuse or sexual harassment. The Handbook, page 41, Paragraph 31. Sexual Abuse/Assault, advises inmates of the zero tolerance; the residents right to be free from intimidation or pressure from inmates, staff or any other person to perform or engage in sexual behavior regardless of current situation or sexual orientation. This section discusses Prevention, Reporting, Investigation, Treatment and Counseling and Tips to Avoid Becoming a Victim. The information will be communicated verbally and in writing, in language clearly understood by the inmate. The curriculum may be provided to inmates either individually or in groups. Minimally the inmates are given the following:

- WVRJCFA pamphlet, “What You Should Know About Sexual Abuse and Assault. The pamphlet also contains the Sexual Assault Hotline number.
- The mailing addresses, telephone numbers and instructions on how to contact the advocates and how to request staff assistance, if needed, to place the calls.
- The address of the West Virginia Fusion Center. The Booking Officer is required to brief that this agency is not a part of the Regional Jail Authority and that they can report anonymously if needed.
- The extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- IF detained solely for civil immigration purposes, the person will be provided contact information for immigrant service agencies.

The inmate signs an acknowledgement of receiving the information.

The Booking Officer will also ensure that each inmate understands the facility’s rules and regulations. If the officer suspects or is informed that the inmate cannot read the, the rules and regulations and the WVRJCFA Pamphlet will be read by an officer to the inmate. If an inmate is deaf, visually impaired, has limited reading skills or does not understand or speak English, jail personnel will arrange for an interpreter to read the rules to the inmate in the inmate’s own language. Arrangements will be made for continued communication with the inmate while the inmate is confined by notifying the Director of Inmate Services (DIS). The Booking Officer is charged with the responsibility for ensuring that only staff members or qualified contractors provide translation services for inmates. If a multilingual staff is not available, the Translation Language Telephone Line or equivalent services must be utilized. The Booking Officer maintains an updated list of all multi-

lingual staff at the facility that would be able to provide translation for inmates who do not speak English. Inmates are given the PREA Pamphlet entitled, PREA WVRJCFA Pamphlet, "What You Should Know About Sexual Abuse and Assault." This pamphlet provides inmates with vital information on multiple ways to report. These include the following: 1) Notify a jail staff directly; 2) Use the confidential Hotline; 3) Anonymous letters to the PREA Coordinator (address provided); 4) WV Fusion Center (address provided); 5) Local Resource Center (number provided); 6) Fill out a grievance form; 7) write a note; 8) request to see the nurse or counselor; and 10) Families may report by sending an email to RJAPREA@WV.GOV. Policy 17001, Procedure Q., Inmate PREA Training, requires that no later than thirty (30) days of incarceration, in addition to receiving the PREA Brochure at intake; the facility PREA compliance Officer or designee will provide comprehensive education to inmates either in person or through video regarding the agency's zero tolerance policy regarding sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding the Regional Jail Authority's policies and procedures for responding to such incidents. Inmates sign an acknowledgment of receiving the information. The facility provides inmate education to ensure meaningful access to all aspects of the RJA efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to inmates who have limited reading skills. This includes providing interpreters who can interpret accurately and impartially, both receptively and expressively, using the necessary specialized vocabulary. The inmate's PREA training will be conducted using the Inmate Sexual Abuse Education Program developed by the WVRJCFA PREA Coordinator. The curriculum may be provided individually or in groups, with the aid of video (Speaking Up) and/or power point presentation or with other teaching aids.

The PREA hotline posters are located throughout the facility. The intake officer, in an interview, stated that all inmates are provided an orientation handbook immediately upon arrival at the site. According to staff, all inmates are provided information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. There are PREA related posters in the intake area along with the resident handbook which covers the site's zero tolerance policies, how to report, and their rights to be free from retaliation for reporting incidents. The handbook is also provided in Spanish. Twenty (20) inmates were interviewed during the on-site audit. These interviews indicated PREA related information is given to inmates during "booking". Most of them related they were given a PREA Package that included a PREA brochure/pamphlet that included information about ZERO TOLERANCE and reporting. About half indicated they were also given a brief verbal explanation about zero tolerance and how to report, including staff telling them to watch the PREA Video on the KIOSK. The other half may have indicated they received the package but stated they were not given any information verbally. Two inmates explained that they were "high" when they came in and staff could have given them information verbally, but they just couldn't remember. Because of the numbers of inmates stating they were not given anything verbal the auditor requested the facility "retrain" the booking staff and provide documentation of the training to ensure staff understand what the facility expects with regard to providing the initial PREA information to incoming inmates.

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.

WVRJCFA Policy 3025, G. Investigator Training and WVRJCFA Policy, 3036-A, PREA Investigations, requires that in addition to Basic PREA Training provided to all staff, investigators, including WVRJCFA Investigators and facility PREA Investigators, who perform sexual abuse allegations, are required to receive additional training on conducting sexual abuse investigations in confinement settings. This includes (Paragraph 2) but is not limited to interviewing sexual abuse victims, proper use of Miranda Warning and the Garrity rule, sexual abuse evidence collection in confinement setting and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Training was facilitated by the WVRJCFA PREA Coordinator or designee and offered by outside mutual agreements. A refresher training will be provided on an annual basis unless it is deemed necessary more frequently by the PREA Coordinator or the FPCO. The Institution Training Officer and FPCO at each facility will ensure that all facility PREA Investigators receive this training within three months of the effective date of appointment.

An interview with the facility investigator indicated he was knowledgeable of the investigation process. He also indicated, in his interview, that he had completed the specialized training provided on-line by the National Institute of Corrections. He provided documentation to confirm he took that course twice. The facility provided a Certificate of Completion; PREA: Investigating Sexual Abuse in a Confinement Setting, presented by the National Institute of Corrections. He completed the course in 2015 and again in 2017.

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.

WVRJCFA Policy 3052, H. Medical, requires that in addition to Basic PREA Training provided to all staff, any staff member, contractor, volunteer or intern providing medical or mental health services will receive additional training on working with victims of sexual abuse and sexual harassment. This specialized training includes but is not limited to:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How to and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Training will be coordinated by the Agency PREA Coordinator or designee. The FPCO, in coordination with the Institution Training Officer at each facility will ensure that all medical staff receive the specialized training within six (6) months of hire. Paragraph I. Mental Health requires that in addition to the Basic PREA Training provided to all staff, contractor and volunteers, mental health providers will receive additional training on working with sexual abuse victims. Specialized training includes but is not limited to:

- How to detect and assess signs of sexual abuse and sexual harassment;

- How to preserve physical evidence or sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How to and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility provided multiple (15) certificates documenting medical and behavioral health staff completing the National Institute of Corrections online training for either Medical Health Care for Sexual Abuse Victims in a Confinement Setting, Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting and often they completed both. The facility has several newly hired health care staff and these are in the process of completing the online training.

The facility provided documentation (Acknowledgment Statements) indicating medical staff received refresher training in PREA, as required by all staff. Specialized training is in addition to the training required of all other employees at the facility.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Regional Jail Authority has policy requiring screening upon admission (within 72 hours of their intake) to a facility or transfer to another facility, for risk of sexual abuse victimization or sexual abusiveness toward other inmates. WVARJCFA Policy 3052, J. PREA Screening Instrument, requires inmates to be screened during intake for risk of being sexually abused by other inmates or sexually abusive toward other inmates. PREA Screening ordinarily takes place within 24 hours after arrival using the PREA Screening Instrument. The screening instrument is an objective screening tool and it gathers the following information:

- Whether the inmate has a mental, physical, or developmental disability;
- Inmate’s age and physical build;
- Whether the inmate has been previously incarcerated;
- Whether the inmate’s criminal history is exclusively non-violent;
- Whether the inmate has prior convictions for sex offense against an adult or child or a history of acts of sexual abuse;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
- Whether the inmate has previously experienced sexual victimization;
- The inmate’s own perceptions of his or her vulnerability;
- Whether the inmate is detained solely for civil immigration purposes; and
- History of prior acts of sexual abuse; prior convictions for violent offenses and history of prior institutional violence or sexual abuse as known to the facility, in assessing inmates for risk of being sexually abusive.

Inmates may not be disciplined for refusing to answer particular questions or for not disclosing complete information. If an inmate refuses to disclose the information requested, housing placement is based on the most recent PREA Screening Instrument Assessment completed.

Facility staff and contractors involved in the assessment process are prohibited from disseminating responses to the PREA Audit Report

screening questions or other sensitive information which may be exploited to the inmate's detriment by staff or other inmates. The Risk Screening form identifies the Medical Staff, Booking Staff, PREA Manager, Administrator and Inmate Services (Counselors) as having authorization to have access to this information.

Procedures require if an inmate has ever been a victim of institutional rape or sexual assault they are to be classified as a victim and must see the psychologist. If they endorse three or more of the statements/questions under "Risk Factors for Potential Victims" the offender is to be classified as a potential victim. If an inmate has a history of sexually aggressive behavior within an institution, they are required to be classified as a potential predator. Also, if the inmate endorses three or more of the statements/questions under the "Risk Factors for Potential Predators", the offender is to be classified as a potential predator. A caution is on the form and states "If an inmate is a Potential Predator do not house the offender with a potential victim or a victim."

Policy also requires that an inmate's risk level be 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 will be reassessed whenever an inmate is involved in an incident of sexual abuse and upon transfer to another facility. Paragraph K. PREA Screening Reassessment, 1-4, requires that every inmate will be reassessed by the Facility PREA Officer or designee no later than 30 days of the inmate's arrival to the facility or receipt into another facility; based upon any additional, relevant information received by the facility since the initial intake screening (conducted by the Facility PREA Officer); and when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. If there is an allegation of sexual abuse and/or sexual harassment, the PREA Facility Officer/designee will administer the PREA Screening Instrument Assessment for placement in PC. Policy 17001, Procedure P. PREA Risk Reassessment requires anytime the PREA Screening Instrument Assessment Tool is administered to any inmate the Booking Supervisor will be informed and given a copy of the assessment so the inmate's file, board and computer OIS system can be updated.

The facility provided samples of both assessments and reassessments. Staff indicated in their interviews that the initial screening of an inmate occurs during the booking process and not later than 24 hours. The screening is conducted at a counter and reportedly care is taken to afford privacy where inmates may respond to personal questions without other inmates in hearing distance of the counter, according to staff. Staff related that in the screening process they consider age, build, previous incarcerations, age (under 25 or older than 60), mental health issues, medical issues, LGBTI, prior victimization, prior institutional rape, physical violence, gang affiliation, and previous sexual assaultive behavior. Information is reviewed in the inmate data base to confirm the responses. The booking staff have access to the housing assignments for potential victims and potential abusers. Following the screening, using the instrument developed by the Regional Jail Authority, the inmate is assigned to housing either in the "booking" area, medical or housed in the general population but away from potential abusers, based upon the results of the screening and the classification of the inmate. Classifications include Pre-Trial Felons, Sentenced Felons, Pre-Trial Misdemeanors, Sentenced Misdemeanors and Federal. Housing assignments then are predicated upon the classification of the inmate and based on the screening instrument results, the inmate is housed within the classification away from potential or known abusers if the inmate score high for victimization. Interviewed staff related they reassess inmates within 30 days and anytime there is a change, when inmates go out to court or elsewhere. At the reassessment, staff reported they are considering past history again, any outside charges, and other factors. Staff related if an inmate reports prior victimization, medical staff inputs the information on their computerized screening instrument and a task is generated requiring that an inmate is offered a follow up with mental health. An interview with the Mental Health Professional indicated he follows-up on inmates who report prior victimization. Notes are then entered into the offender database. The PREA Compliance Manager conducts reassessments. He described that process and when he would do reassessments. He also provided multiple samples of reassessments conducted.

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.

Policy 3052, J. PREA Screening Instrument, 10., requires that PREA Screening Instrument Assessment information is to be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk for being sexually abusive. Policy (Paragraph 9) also states that information received from the PREA Screening Instrument tool and inmate's classification upon incarceration will be used to determine housing assignment. Individualized determinations about how to ensure the safety of each inmate are made. If the screening indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff are required to ensure that the inmate is offered a follow-up meeting with the facility mental health practitioner within 14 days of intake screening.

Inmates are classified into the following classifications for housing purposes: Misdemeanors, Pre-Trial Misdemeanors, Pre-Trial Felons and Sentenced Felons. Within each classification, the results of the screening are used to determine housing. The inmate booking board in the Booking Supervisor's Office has the names of all the inmates booked into the facility and the housing unit they are assigned to. Inmates are designated as either a potential victim or potential predator to ensure a victim is not placed in a cell with a potential abuser.

Policy 17001, O., Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Populations, requires in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates and in making other housing and programming assignments, the Booking Department, considers on a case by case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The inmate's own views with respect to his/her own safety is given serious consideration.

The reviewed screening instrument has instructions regarding the use of screening information. It states that the information derived as a result of the screening is to be used to inform housing, bed, work, education and program assignments. Inmates who score out as potential victims or potential predators are not to be housed together and "the goal is to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The instructions also address transgender inmates and requires that when deciding whether to assign a transgender or intersex inmate to a pod/section for male or female inmates, and in making other housing and programming assignments, the Booking Supervisor will consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. A transgender or intersex inmate's own views with respect to his/her own safety will be given serious consideration. The instructions/procedures prohibit placing lesbian, gay, bisexual, transgender or intersex inmates in dedicated sections/pods solely based on such identification or status, unless the placement is a dedicated section or pod established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting the inmate.

Interviews confirmed that staff utilize the information from the risk screening to inform bedding, housing, program assignments and any work details. An interview with the Director of Inmate Services indicated that he assigns inmates to programs and work details and would use the risk screening information and classification information to keep potential victims and potential aggressors separate on work details and program assignments insofar as possible.

Standard 115.43 Protective custody

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

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

The Regional Jail Authority has policy prohibiting placing inmates at high risk for sexual victimization or 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. If an involuntary segregated assignment was made, facility policy requires a review every 15 days to determine whether there is a continuing need for separation from the general population. Policy 3052, L. Protective Custody, requires that any use of segregated housing to protect an inmate who alleged to have suffered sexual abuse is subject to the following:

1. Staff must take into consideration the opinion and views of the inmate who is particularly vulnerable to abuse or who is an alleged victim regarding his or her own safety and will place him or her in Protective Custody when the victim requests it.
2. Alleged victims or inmates who are generally at high risk for sexual victimization are not to be placed in involuntary segregated housing unless they request it OR an assessment of all available alternatives has been made and there are no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.
3. If an involuntary PC housing assignment is made the Shift Supervisor will clearly document the following: a) The basis for the staff member's concern for the inmate's safety; b) The other alternative means of separation; and c) the reason why no alternative means of separation can be arranged.
4. If no immediate alternatives are identified an inmate may be assigned to involuntary protective custody must be approved by the Facility Administrator and only until an alternative means of separation from likely abusers can be arranged. Assignment must be reported to the FPCO within 24 hours and an assignment to protective custody does not ordinarily exceed 30 days. If an extension beyond 30 days is required the facility documents the basis for concern for the inmate's safety and why no other alternative means of separation can be arranged. Any extension beyond 30 days must be approved by the Facility Administrator within 72 hours of being implemented. Reviews are conducted at least every 15 days to determine whether there is continuing need for separation from the general population. The review is documented on a report forwarded to the FPCO and the Agency PREA Coordinator.

Paragraph 4 of Policy 3052, identifies potential temporary options in lieu of Protective Custody. These include 1) Moving to a different housing unit; 2) Placement in a small section; 3) Placement in the Medical Pod (if available); and 4) Transfer to another facility.

Policy requires that if a Shift Supervisor assigns an inmate to involuntary PC for protection from sexual victimization, access to programs, privileges, education or work opportunities are afforded to the extent possible. If the facility restricts these, staff are required to document the following on the report: 1) Opportunities that were limited; 2) Duration of the limitation; and 3) The reasons for the limitations.

Interviews with the facility Administrator, PREA Compliance Officer and Shift Supervisors as well as random staff, affirmed

that if possible, inmates would be moved to another living unit, however the facility is limited in access to other dorms because of the classifications of inmates being held at the facility. They did state, the inmate could be housed in intake or most likely in a medical cell. All the interviewed staff indicated that it would be rare that an inmate victim would be placed in involuntary Protective Custody. If it had to be used, the reasons and justifications for placement and the reasons there were no alternative options available for that inmate would be documented. If there are no other options, the inmate may be offered protective custody, which is requested in writing by the inmate. The inmate may also be transferred to another facility where he/she could feel safer.

The Administrator and interviewed staff indicated they have not placed anyone in involuntary protective custody during the past twelve months.

The Pre-Audit Questionnaire documented there were no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment and no inmates at risk of sexual victimization assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternate placement. Interviews with staff, including the Jail Administrator, indicated there have been no occasions of involuntary protective custody during the past twelve months.

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.

This standard is rated exceeds because of the myriad of ways inmates can report sexual abuse, sexual harassment or retaliation for reporting or for cooperating with an investigation or staff neglect or violation of responsibilities that may have contributed to such incidents. WVARJCF A Policy 3052, Procedure C. Detection and Reporting, A. Inmate Reports and Grievances, requires each facility to provide multiple internal and external ways for inmates to privately report 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. Inmates can report to security officers, chaplains, medical, mental health, counselors or administrators. Reports may be made in writing or verbally. They can use the confidential Sexual Abuse Hotline by dialing #9078 from the inmate phone or they may report anonymously by mailing it to the West Virginia Intelligence Fusion Center or other designated agency used for reporting. They may contact their local Resource Center. Inmates may submit an emergency grievance to report. The agency has provided a way inmates may report to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse or sexual harassment to WVARJCF A officials, allowing the inmate to remain anonymous upon request. To do this, the facility gives the inmates the mailing address to the West Virginia Fusion Center or other designated agency used for reporting. The inmate is given the PREA Pamphlet, "What You Should Know About Sexual Abuse and Assault" that provides multiple ways to report. Staff are required to accept reports in writing or orally and inmates detained solely for civil immigration purposes are allowed to contact their relevant consular officials or officials at the Department of Homeland Security. Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates are permitted to assist inmates in filing reports or grievances. If a third party files a grievance on behalf of an inmate the FPCO will discuss the allegation with the alleged victim and get the victim's permission to proceed with an investigation. The FPCO will inform the alleged victim that he/she will be required to personally pursue any subsequent PREA Audit Report

steps in the administrative process. If the inmate declines to have the request processed on his/her behalf, the agency documents the inmate's decision. Inmates also have contact information for the West Virginia Coalition Against Domestic Violence, Women's Aid in Crisis Center, an advocacy group providing support services to victims of sexual abuse. The Eastern Regional Jail has a Memorandum of Understanding between the Shenandoah Women's Center (SWC) and the Eastern Regional Jail. The SWC agrees to provide inmates with confidential access to the Center hotline through the inmate telephone system from 9:00AM to 4:00PM, Monday through Friday. It also affirms the Center will provide an advocate, when available, to provide advocacy when inmates are brought to the relevant local hospital for sexual assault forensic exams and provide follow-up services through two support sessions to inmates who are survivors of sexual assault via telephone, and when available, in-person services, as resources allow.

Inmates have access to a kiosk as well for emailing anyone on their approved contact list. Also via the kiosk inmates can send requests to designated staff and complete their grievance on there as well.

Interviewed staff related multiple ways for inmates to report allegations of sexual abuse and sexual harassment. These included: calling the hotline toll free number, writing the Fusion Center, emailing on the kiosk, sending a "request" to designated staff on the kiosk, to any officer, in writing by dropping a note to any staff, via the grievance process, on a sick call form, the state police and any staff. Interviewed inmates indicated they are aware of multiple ways to report allegations of sexual abuse and sexual harassment. Inmates indicated they have never become aware of any sexual abuse or sexual harassment in this facility. Female inmates consistently reported they say things in their dorm that are probably not appropriate but that it is all joking and all of them reported they have not experienced any sexual abuse or sexual harassment in this facility.

All the interviewed line staff reported that if an inmate verbally, or in writing, reports sexual abuse or harassment the allegation is taken seriously and responded to immediately. This includes any third-party reports or reports made in any other manner, including anonymous 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.

The Regional Jail Authority Policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. This policy does not require an inmate to submit the grievance to the staff member who is the subject of the complaint/allegation nor will the grievance be referred to the staff who is the subject of the complaint.

WVRJCA Policy 3052, B., PREA Grievance Process, requires that after receiving a PREA emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the FPCO and the Facility Administrator will take immediate corrective action. If the administrator is unable to take the corrective action the grievance will be forwarded to the WVRJCA will provide an initial response within 48 hours and a final decision within 5 calendar days. The initial response and final

agency decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and action taken in response to the emergency grievance.

Procedure C, Detection and Reporting, A. Inmate Reports and Grievances, provides a means for inmates to report allegations of sexual abuse, sexual harassment and retaliation through the grievance process. Policy places no time limits on when a grievance alleging sexual abuse, sexual harassment or retaliation may be filed. Too, the inmate may submit the grievance to any employee, contractor or volunteer and if a staff member is the subject of the complaint, staff must ensure not to refer it to a staff member who is the subject of the complaint. Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, are permitted to assist inmates in filing grievances and requests for administrative remedies relating to allegations of sexual abuse. If the third party files a grievance on behalf of an inmate, the FPCO is required to discuss the allegation with the alleged victim and get permission to proceed with an investigation. If the inmate declines to have the request processed on his/her behalf, the agency will document the inmate's decision. A decision on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of filing the grievance. Inmates are not to be disciplined for filing a grievance alleging sexual abuse unless the agency demonstrates that the inmate filed the grievance in bad faith.

The Pre-Audit Questionnaire documented there have been no grievances alleging sexual abuse in the past twelve (12) months. If the agency filed for an extension, the inmate would be notified of the date by which a decision will be made. The Pre-Audit Questionnaire also documented there were no third-party grievances filed during the past twelve (12) months. There were also no grievances alleging an inmate was at substantial risk of imminent sexual abuse. This was confirmed through interviews with the PREA Compliance Manager.

Of the twenty (20) inmates who were interviewed, only 3-4 mentioned filing a grievance as a means of reporting sexual abuse, sexual assault, sexual harassment or that they were in fear of sexual assault of sexual harassment. Some of the inmates informed the auditor they can file a grievance using the kiosk.

Standard 115.53 Inmate access to outside confidential support services

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

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

The Eastern Regional Jail provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. They do this through several ways that were developed by the Regional Jail Authority and the Eastern Regional Jail. The jail has a Memorandum of Understanding with the Shenandoah Women's Center (to be discussed later in this standard). Additionally, inmates have access to the Fusion Center for outside support and the contact information for them is provided to the inmates as well. Inmates have access to their attorney's either via mail, telephone or through visitation. The auditor observed an attorney visit. The facility provides offices that are well illuminated and have large windows for security purposes but the offices have a desk and chairs and there are no speakers or cameras in the office space provided for official visits. Inmates have access to their families via phone, emailing on the kiosk, and through the mail.

WVARJCF Policy 3052, D. Inmate Training, 1.b., requires that the Booking Officer provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses, telephone numbers and instruction on how to get in contact with the advocates and how to request staff assistance to place these

calls. Correspondence with the West Virginia Fusion Center, Victim Advocates or other designated agency will be treated as legal mail and will be unopened. Too, the agency does not require the inmate to put his name on the letter. If the inmate needs a stamp, the facility will place one on the envelope. Policy also requires the facility to inform inmates, prior to giving them access, of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility has a Memorandum of Understanding between the Eastern Regional Jail and the Shenandoah Women’s Center. In this agreement, the SWC agrees to accept initial inmate calls on their hotline from 9AM to 4PM, Monday through Friday to provide crisis intervention and support services to inmates who have experienced sexual violence. They have also agreed to respond to requests when advocates are available to provide advocacy when inmates are brought to the local hospital for sexual assault forensic exams. They also offer follow-up services with advocates who are survivors of sexual assault, via telephone, and when available, in person services. The Center agrees to maintain confidentiality with clients who are detained at the Eastern Regional Jail. The MOU provides inmates with confidential access to the Crisis Line through the inmate telephone system or other agreed method. The MOU states this access through the hotline is confidential. The Inmate Handbook, Page 19, #5. Requires the Booking Officer to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing addresses, phone numbers and instructions on how to contact them advocates.

Interviewed inmates were generally aware that there are services available outside the facility for dealing with sexual abuse if they ever needed them. They were not aware of the name of the agency or how to contact them. When asked if the information was provided to them (by the phones, with phone numbers, on the brochures they were given on admission and in some cases posted on the wall) some stated they had seen it. All of them stated if they needed it they could access it.

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.

One-hundred percent (100%) of the interviewed inmates knew that a family member, relative or even another inmate could make a report for them and that they could report for them without giving their name.

WVRJA Policy 3052, A.8, provides for third party reports. Policy requires third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates are permitted to assist inmates in filing reports or grievances and requests for administrative remedies relating to allegations of sexual abuse. Third Parties are also permitted to file such requests on behalf of inmates.

The Agency’s PREA Brochure, “What You Should Know About Sexual Abuse and Assault” advises inmates that families may make reports of sexual abuse for them. Too, the agency’s website provides a wide variety of information related to PREA. The site also provided the email address and phone number for anyone wishing to make a report of sexual abuse. Staff, have been informed multiple times in policy the accept all reports of sexual abuse from any source, including Third Party Reports. Multiple sources are provided for inmate reporting allegations of sexual abuse and sexual harassment.

Interviews with staff, both random and specialized, confirmed staff are aware of third parties as a way inmates may ensure a report of sexual abuse is reported. Every interviewed staff related they would accept reports from any source, including third parties and they would verbally report the allegations to their supervisor and provide a written report prior to the end of the shift. Interviewed staff stated they are going to report everything.

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.

WVARJCFA Policy, 3052, Procedure D, Staff Responsibilities, A. Reporting, requires all staff to report immediately any knowledge, suspicions or information regarding an incident of sexual abuse or sexual harassment and of retaliation against any inmate or staff who reported such incidents and staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Staff are instructed to accept reports made verbally, in writing, anonymously and from third parties and to promptly document any verbal report and submit the report to the Shift Supervisor. Staff are also required to report to the shift supervisor, Department Head, Chief Correctional Officer or Administrator (D.4), any suspicion or knowledge of sexual abuse, including undue fraternization that could indicate or lead up to abuse. Staff can report information about sexual assault and sexual harassment anonymously by placing the report in the facility mail box or by sending the information to the WV Fusion Center, other designated agency or the WVRJCFA PREA Coordinator.

The Facility Administrator is required to report all allegations of sexual abuse, including anonymous allegations to the WVRJCFA Chief of Operations and the Agency PREA Coordinator. Policy 3052, C. Response, prohibit staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation or other security and management decision.

Interviewed staff are aware of their responsibilities to report all allegations, suspicions, or knowledge of any incident of sexual abuse, sexual harassment or retaliation. They consistently repeated they are required to report “everything” and that included suspicions. They also related that they are required to report it immediately to their shift supervisor and follow that up with a written report prior to the end of the shift even though they believe policy requires it to be done within 24 hours.

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.

Agency policy requires that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.

WVRJCFA Policy 3052, C. Response, requires that when staff learn that an inmate is subject to a substantial risk of sexual abuse, the facility will assess and implement appropriate protection measures and take immediate action to protect the inmate without unreasonable delay. WVRJCFA Policy 3052, L. Protective Custody, requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements listed in this policy. Staff will take into consideration the opinion of an inmate who is particularly vulnerable to abuse or who is an alleged victim regarding her or his own safety and will place her or him in PC when the victim requests it. Alleged victims or inmates who are generally at high risk for sexual victimization are not to be placed into involuntary segregated housing unless they request it or an assessment of all available alternative means of separation has been made. If the facility cannot make an immediate assessment, they may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Alternative placements, according to policy, include but are not limited to, any one or combination of the following temporary options: 1) Moving to a different housing unit; 2) Placement in a small section; 3) Placement in the Medical Pod (if available); and 4) Transfer to another facility. If involuntary PC housing is made, the shift supervisor is required to clearly document 1) The basis for the staff member's concern for the inmate's safety; 2) The other alternative means of separation that were explored; and 3) The reason why no alternative means of separation can be arranged. Access to programs, privileges, education or work opportunities are afforded to that inmate to the extent possible and if the facility restricts the opportunities the facility documents the opportunities that had to be restricted, the duration of the limitation and the reasons for such limitation. Assignment to PC shall not ordinarily exceed 30 days and any assignment to involuntary PC must be reported to the FPCO within 24 hours. If extensions beyond 30 days are necessary, the facility must clearly document the basis for concern and why no other alternatives can be arranged. Extensions beyond 30 days must be approved by the facility administrator within 72 hours of being implemented. Every 15 days, the Shift Supervisor is required to ensure an inmate in involuntary separation from the general population is reviewed, documented and forwarded to the Agency PREA Coordinator.

The Facility Administrator, who is a very articulate and knowledgeable administrator, related that if an inmate were at substantial risk of imminent sexual abuse his facility has different housing options. These include housing in intake and in medical and if the threat is known the threat would be removed from the facility. The inmate fearing for his/her safety may also be transferred to another facility where they may feel safer. Protective Custody may be offered but involuntary protective custody would be rare. He indicated involuntary protective custody isn't something he prefers but may be what must be done to keep the inmate safe. Interviews with random staff also indicated that prior to placing someone in protective custody, they would consider placement in medical or intake and possibly another dorm. The Pre-Audit Questionnaire documented that there were no incidents in which the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. This was also confirmed through Interviews with the PREA Coordinator and PREA Compliance Manager.

Standard 115.63 Reporting to other confinement facilities

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

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

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

The Regional Jail Authority requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred and this notification is as soon as possible and not later than 72 hours

WVRJCA Policy 3052, D. Reporting to Other Facilities, requires that within 72 hours of receiving an allegation that an inmate was sexually abused while confined in another correctional facility, the Administrator of the facility that received the allegation is required to notify in writing, the Administrator, Warden or other appropriate office of the agency where the alleged abuse occurred. In case of an emergency, the Administrator can contact the other facility via phone before forwarding the written report. The Administrator will also notify the RJA Chief of Operations and the RJA PREA Coordinator. The facility will document that it has provided the notification. If the WVRJCA facility Administrator or Central Office receives staff notification, they will ensure the allegation is investigated in accordance with applicable policies.

The Facility Administrator and PREA Compliance Manager confirmed they are aware of the process required for reporting. They indicated that upon receiving a report from another facility that an inmate alleged sexual abuse in this facility, they would immediately initiate an investigation and provide any support to investigators during the process.

Standard 115.64 Staff first responder duties

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

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

The Regional Jail Authority policy addresses first responding and requires and addresses the actions that the first security staff member to respond upon learning of an allegation that an inmate was sexually abused is required and trained to take. WVRJCA 3052, Procedure E. Responding to Reported/Observed Sexual Abuse, A. Allegations of Abuse Occurring within the past 96 Hours, requires that upon learning an inmate was sexually abused within a time period that still allows for the collection of physical evidence, the first security staff to respond to the report will take the following actions as a first responder:

- 1) Ensure the victim’s safety by physically separating the alleged victim and aggressor;
- 2) Immediately escort the victim to the medical unit if medical staff are available; if not, the Shift Supervisor notifies the appropriate medical and mental health staff.
- 3) Attempt to preserve evidence by discouraging the victim from showering, washing, eating, brushing teeth, changing clothes, urinating, defecating or drinking until after evidence collection;
- 4) Ensure the abuser does not take any action that could destroy evidence by prohibiting him/her from showering, washing, eating, brushing teeth, changing clothes, urinating, defecating or drinking until after evidence collection;
- 5) Seal and preserve the potential crime scene (if any)
- 6) If the crime scene cannot be sealed, photograph the scene or videotape the scene and any evidence;

- 7) Restrict entry into the crime scene to the WV State Police, Agency Investigator or medical staff, if needed;
- 8) Log anyone entering the crime scene, including time in and out;
- 9) Maintain the crime scene until released by the WV State Police;

In addition to agency policy, Eastern Regional Jail has developed POST ORDERS, Special Instructions, First Responder Guidelines for Sexual Assaults. These POST ORDERS identify immediate actions to take upon becoming aware of an allegation or incident of sexual assault/sexual abuse. The POST ORDER goes on to get even more specific with topics such as Securing the Scene/Collection of Evidence, Specific Steps to take with the alleged Victim, including the actions medical will take beginning with the initiation and completion of the Health Services Checklist. The checklist again details specific actions for healthcare providers to take in response to the allegation/incident. Specific actions with regard to dealing with the alleged perpetrator, including ensuring protection of potential evidence is covered. Transportation responsibilities and the role of a victim advocate are discussed. Additional actions for responding to victims of sexual abuse are addressed in PRIMECARE Medical, Inc., Policy revised 10/1/11, Procedure in the Event of a Sexual Assault, is detailed for medical staff. Protecting the evidence is discussed in this policy as well as tending the victim medically and through mental health services and the services of a victim advocate.

In the event of a sexual abuse/assault or an allegation of sexual assault, the Shift Supervisor initiates the Shift Supervisor PREA Response Checklist. Medical has a separate PREA checklist that they would also initiate.

Interviewed staff consistently stated they would immediately remove the victim, get the inmate to medical, remove the aggressor, and “lock down” the area, cell or room. Most of the staff related they would get the victim to safe housing, take “sworn” statements and write a report. With prompting they could articulate the importance of requesting the inmate victim not change clothing, brush teeth, take a shower or take any actions to interfere with collecting evidence. It was evident from their responses they would separate the victims from the aggressor and get them to safe housing and medical.

115.65 Coordinated Response

Standard 115.65 Coordinated response

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

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

The facility has a coordinated response plan. Agency policy details the essentials of a coordinated response plan in WVRJCGA 3052, Procedure E., Responding to Reported/Observed Sexual Abuse. This policy requires all facilities to develop a PREA Post Order 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. Policy details the responsibilities of the first responder, either a security first responder or a non-security first responder. The duties of the Shift Supervisor, Administrator, medical and SAFES/SANES are detailed. The facility specific Coordinated Response Plan is detailed in POST ORDERS, First Responder Guidelines for Sexual Assaults. This document goes into great detail about specific actions staff are to take in responding to an allegation of sexual assault. In addition to verbally describing responsibilities the document contains two checklists; one for medical and one for the shift supervisor. Both of these checklists are comprehensive and detailed. Primecare, the contracted health services company has developed a detailed response plan as well for their staff, both medical and mental health staff. Shift Supervisors have a Shift Supervisor’s PREA Checklist. Medical also has a PREA Checklist to ensure that the required actions are taken in response to a sexual assault.

Interviews with random and specialized staff confirmed they are all aware of their responsibilities in the event of a sexual assault in the jail.

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

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

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

This standard is rated "not applicable." The facility has not entered into any collective bargaining agreements. This was confirmed by interviews with the Jail Administrator, PREA Coordinator and PREA Compliance Manager. The administration is able to remove any staff who is alleged to have committed an act of sexual abuse or sexual harassment pending any investigation. This was confirmed through interviews with the facility Administrator.

Standard 115.67 Agency protection against retaliation

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

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

The Regional Jail Authority has a policy to protect all inmates and staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Although there have been no reported cases of retaliation during the past twelve months, the facility has a zero tolerance for any form of retaliation.

WVRJCFA Policy 3052, E. Retaliation, requires each Facility Administrator to ensure all inmates and staff who have been sexually abused or harassed and who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, are protected from retaliation by other inmates or staff. Administrators are required to work with the FPCO or other appropriate staff to monitor for retaliation. The PREA Compliance Officer is responsible for monitoring retaliation. Policy requires, for at least 90 days following a report of sexual abuse, the FPCO will monitor the conduct and treatment of inmates who reported the sexual abuse or who have suffered sexual abuse or who cooperated with investigators. The FPCO is responsible for taking appropriate measures to protect the individual against possible retaliation. Inmates are provided with the opportunity to meet with the FPCO at least monthly. Protection measures may include: 1) Housing or program changes, facility transfers for the inmate suffering the retaliation; 2) Moving the alleged staff

from contact with victims; 3) Providing emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Facility Chief of Security is responsible for monitoring staff who reported the sexual abuse. When a staff is being protected from retaliation the Chief of Security will determine if the initial monitoring needs to be extended beyond 90 days. The facility's obligation to monitor retaliation terminates if the facility determines the underlying allegation is unfounded. Policy 3036-A, Procedure M., Inmate Protection, states that protection of witnesses and the victim is paramount throughout the investigation process. If an individual expresses fear of retaliation, the Authority will take appropriate measures to protect the individual against retaliation. If there is retaliation, staff act promptly to remedy the retaliation. Areas the retaliation monitor will monitor include inmate disciplinary reports, housing or program changes for inmates and negative performance reviews or reassignments of staff. The facility provided a form entitled: "Regional Jail Authority 90 Day Action Follow-Up Form". The form was previously used to document retaliation monitoring. The agency has since developed a Retaliation Monitoring Form that documents the events being checked and provides documentation of the retaliation monitor's contact with the inmate. The facility's Pre-Audit Questionnaire reported there were no incidents of retaliation that occurred in the past twelve (12) months however the FPCO provided samples of monitoring contacts on the required monitoring forms.

Standard 115.68 Post-allegation protective custody

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

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

The facility reported there have been no inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment nor were there any inmates placed in involuntary segregated for longer than 30 days while awaiting alternate placement.

WVARJCF A Policy, L., Protective Custody, requires that use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the following requirements:

- 1) Staff consider the opinion of an inmate who is particularly vulnerable to abuse of who is an alleged victim regarding his/her own safety and place him/her in protective Custody when the victim requests it.
- 2) Alleged victims or inmates who are generally at high risk of sexual victimization will not be placed in involuntary segregated housing unless they request it or unless an assessment of all available alternative means of separation from the likely abusers. If no immediate alternatives are identified the facility may assign inmates to involuntary PC only until an alternative means of separation can be arranged and that assignment will not ordinarily exceed 30 days and at least every 15 days the Shift Supervisor will ensure each inmate in involuntary PC under this policy is reviewed to determine the continuing need for separating from the general population. This review is documented and forwarded to the PREA Compliance Officer and the Agency PREA Coordinator.
- 3) Any assignment to PC must be reported to the PREA Compliance Officer within 24 hours.
- 4) Potential alternative placements can include, but are not limited to moving to a different housing unit; placement in a small section; placement in the medical pod (if available); and transfer to another facility. the basis for the staff member's concern for the inmate's safety; the other alternative means of separation that were explored; and the reason why no alternative means of separation can be arranged.
- 5) If an involuntary PC housing assignment is made the Shift Supervisor will clearly document

- 6) If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.
- 7) Assignments to involuntary protective custody ordinarily will not exceed 30 days however extensions beyond 30 days must be approved by the Facility Administrator within 72 hours of being implemented.

Access to programs, privileges, education or work opportunities will be afforded the inmate to the extent possible and when any are restricted, the facility will document the opportunities that have been limited; reasons for limiting them and the duration of the limitation on the report.

An interview with the Jail Administrator and the PREA Compliance Manger indicated there have been no cases involving involuntary protective custody during the past twelve months. Interviewed staff indicated they would take appropriate actions to move the inmate to a safe place. That safe place may be in another housing unit, although this is limited because inmates are housed, in addition to their victimization screening scores, based on the inmate’s classification. Staff related the inmate could be housed in medical safely or in intake. They also related the inmate could request protective custody. The request is in writing and documents the reasons for requesting it. Involuntary Protective Custody could occur, however the Administrator and other staff indicated that would be rare. None of the interviewed inmates reported having been a victim or having been placed in protective custody.

Standard 115.71 Criminal and administrative agency investigations

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

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

The Regional Jail Authority policy governing the investigation process related to administrative and criminal investigations requires all allegations to be investigated. It also requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The agency also retains written reports of investigations for as long as the alleged abuser is incarcerated or employed by the agency plus five years.

WVRJCFA Policy 3036-A, PREA Investigations, defines a PREA investigation as a formal in-depth inquiry conducted by the Facility PREA Compliance Officer, the Agency PREA Coordinator, A WVRJCFA investigator or other trained staff member as designated by the Agency Chief of Operations. The inquiry will investigate acts, inferences and circumstances surrounding an allegation made by any person, information received in the form of a grievance, third party and anonymous reports or information acquired in the normal routine course of business, by any staff, who by virtue of their position came into possession of the allegation/information, which tends to indicate the possibility of PREA and policy violations or criminal activity on the part of an offender, visitor, employee, volunteer, contractor, or other member of the public. A need for an investigation may result from the occurrence of unusual incidents or allegations of inappropriate or illegal sexual conduct of inmates, staff, contractors or volunteers. Procedures A., General, A., Information, requires the Facility Administrator or Facility Chief of Security to review all PREA allegations and follow current notification processes. Also, policy requires the Facility Administrator to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Chief of Operations will assign a WVRJCFA Investigator to investigate allegations involving staff. Investigators will investigate all allegations involving staff, court complaints, attorney complaints and lawsuits to include all legal allegations filed against the WV Regional Jail Correctional Facility Authority. The PREA Compliance officers will investigate all grievances and allegations of inmate-on-inmate sexual abuse, assault, misconduct or harassment. Investigations are required to be conducted promptly, thoroughly, and objectively for all allegations including third party

and anonymous reports. Policy requires administrative and criminal investigations shall be conducted in accordance with best practice for the investigation of sexual assault and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. The agency's standard of evidence in determining whether an allegation so sexual abuse or sexual harassment is substantiated is a preponderance of the evidence.

Procedure G., Administrative PREA Investigations, requires that when an allegation of sexual abuse is received, a preliminary investigation is conducted by the Facility PREA Compliance Officer or designee immediately after the PREA allegation is reported. If initial review, interview or evidence supports a criminal investigation the FPCO or designee immediately contacts the Chief of Operations. The West Virginia State Police are also notified and a criminal investigation is initiated. In an administrative investigation, the investigator will make every effort to determine whether staff actions or failures to act contributed to the abuse and if staff actions or failures to act contributed to the abuse. A final report of investigation will be completed. Procedure J., Criminal PREA Investigation, states that when probable cause exists that criminal wrongdoing or sexual abuse/assault was committed by an inmate or staff, the West Virginia Police are notified to initiate a criminal investigation. The FPCO Investigator and the WV State Police work together with local county prosecutors to ensure appropriate criminal prosecution of substantiated sexual abuse and staff sexual misconduct. When the quality of the evidence appears to support criminal prosecution, the investigator will conduct compelled interviews only after consultation with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect or witness will be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No inmate alleging sexual abuse is required to submit to a polygraph or other truth telling devices as a condition of proceeding with the investigation.

The format for completing an investigation report are described in Procedure L, Investigation Report Format. The PREA Compliance Manager related the PAQ was in error in the numbers of allegations during the past twelve months. He related there were only three allegations during that time period. One was an allegation that someone tried to touch the inmate (male) in an inappropriate manner. The allegation was reported to and turned over to the West Virginia State Police and the inmate refused to cooperate with them. Another allegation was made by another inmate that two female inmates were in the shower together. Sworn statements by both inmates indicated one inmate was showering and the water was about to turn cold so she called her roommate to hurry into the shower to get the hot water before it was gone. Sworn statements by both inmates indicated the same story. Reviewed video in the dorm could not confirm anything. The inmates were checked by medical, which is protocol in those kinds of allegations. Lastly an inmate reported another inmate tried to insert his finger into his rectum. Sworn statements, reviewed witness statements and reviewed video could not confirm that the incident occurred when and where the inmate alleged it occurred. The inmate was separated and moved to another living unit. The PREA Compliance Manager provided a memo from a West Virginia State Police Supervisor informing Eastern Regional Jail staff to contact him with any allegations that appeared criminal in nature and he would be responsible for assigning a trooper to investigate.

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.

WVRJCFA Policy 3036-A, #10., States the agency shall impose a standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with the Agency PREA Compliance Manager/Officer, who also serves as the facility investigator, and has completed the National Institute of Corrections Specialized Training, PREA: Conducting Sexual Abuse Investigations in Confinement Settings, not once, but twice, confirmed that the standard of evidence he would use to substantiate a case of sexual misconduct is a preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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

The WV Regional Jail Authority has promulgated a policy requiring inmates who make an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

WVRJCFA Policy 3036-A, Procedure O, Notification of Inmates, requires that following an investigation into an inmate's allegation that he/she suffered sexual abuse or sexual harassment in a facility within the WVRJCFA, the Facility PREA Compliance Officer at the facility where the inmate is housed will inform the inmate in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation it requests the relevant information from the investigative agency to inform the inmate. Information given to the inmate is to be documented. Following an inmate's allegation that a staff member has committed sexual abuse against an inmate (unless the facility has determined the allegation is unfounded) inmates are notified whenever: 1) The staff member is no longer posted within the inmate's pod; 2) The staff member is no longer employed at the facility; 3) The facility learns the staff member has been indicted on a charge related to sexual abuse within the facility; 4) The facility learns the alleged abuser had been indicted on a charge related to sexual abuse within the facility; or 5) The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Notifications are required to be documented. The facility's obligation to report under this policy terminates if the inmate is released from the authority's custody. The auditor reviewed the investigation packages. Examples of notifications to the inmates were in the facility investigation packages.

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.

Any staff who violates an agency sexual abuse policy will most likely be placed on administrative leave and if the allegations are substantiated the staff will be sanctioned and the presumptive sanction will be termination. Any staff who resigns while an investigation is underway will not avoid the consequences and the investigation will continue. An interview with the Jail Administrator indicated staff violating agency sexual abuse policies will be terminated. Staff violating agency policies against sexual abuse will be referred for prosecution as well. WVRJACFA Policy 2052, Procedure H., Staff and Inmate Discipline, A., Staff Discipline, requires that when an allegation is made involving a staff member, contract services provider, volunteer or intern or any individual the facility is required to take appropriate remedial measure and consider whether to prohibit further contact with inmates, in the case of any violation of agency sexual abuse or sexual harassment policy. The facility reported on the Pre-Audit Questionnaire that during the past twelve (12) months there were no staff who violated agency/facility sexual abuse or sexual harassment policies.

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.

Any volunteer or contractor who violates an agency sexual abuse policy will immediately be removed from the facility and facility grounds and all contact with inmates ceased. Interviews with the Jail Administrator and PREA Compliance Officer confirmed that if the allegations were substantiated, the contractor or volunteer would be terminated from all future services and referred for prosecution as indicated. There were no occasions since the last PREA Audit in which a contractor or volunteer was alleged to have violated any sexual abuse or sexual harassment policy. Policy requires any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and is required to be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

The Administrator confirmed the corrective actions that would be taken to ensure the contractor or volunteer had no further contact with any inmates. He also indicated that the contractor or volunteer’s organization and/or licensing bodies, if applicable, would be notified and if the allegations were criminal, the contractor or volunteer would be referred for prosecution.

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.

Any inmate who violates an agency sexual abuse or sexual harassment policy will be sanctioned. If the substantiated allegations were of a criminal nature, the inmate will be referred for prosecution. If the allegations were of sexual harassment the inmate may be sanctioned through the inmate disciplinary code. Inmates will be sanctioned only after a finding of guilt in a due process hearing. Sanctions will take into account the mental status of the inmate and will be commensurate with the charges and sanctions given in similar cases. This was confirmed through reviewed policies and interviews with the Jail Administrator and PREA Compliance Officer. WVRJACFA Policy 3052, B., Inmate Discipline, provides that inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process following a full investigation that concluded 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 or harassment 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/her behavior when determining what type of sanction, if any, should be imposed. When an inmate is found guilty of a Class 1 Misconduct related to sexual abuse, the Facility PREA Manager will refer the inmate to the psychologist for evaluation and possible treatment. The facility may discipline 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 shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Interviews with staff confirmed that if the allegations were criminal, the inmate would be referred for prosecution and if not, the inmate would be sanctioned in compliance with the level of offense.

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.

WVRJACFA Policy 3052, J. PREA Screening Instrument, #11., states if the screening indicates that an inmate has experienced prior sexual victimization whether it occurred in an institutional setting or in the community, staff are required to ensure the inmate is offered a follow-up meeting with the facility mental health within 14 days of the intake screening. If the screening indicates an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff are required to ensure that the inmate is offered a follow-up meeting with the facility mental health practitioner within 14 days of intake screening.

Medical staff indicated that their screening is computer based and if an inmate discloses or reports prior sexual victimization, the inmate would be referred to mental health for a follow-up. The referral is computer generated and

PREA Audit Report

initiates a “task” for the mental health staff. The “task” automatically is populated from the screening instrument to the mental health staff, again, as a “task” to be completed. An interview with mental health indicated that she receives a “task” from medical if an inmate discloses prior sexual victimization. If an inmate scores three (3) or more on either the victimization scale of the screening instrument or three (3) or more on the potential predator scale, booking staff related if these scores are attained, they notify medical staff who then generate the “task”. The mental health staff stated when she receives the “task” she sees the inmate for follow-up within one week.

An interview with the facility’s health services administrator and the facility’s mental health professional indicated the medical screening sets up a task for the mental health provider. He indicated he sees them then within a week and as soon as possible if an inmate is a victim of sexual assault or abuse in this facility.

Standard 115.82 Access to emergency medical and mental health services

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

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

The Eastern Regional Jail has procedures to follow in the Event of a Sexual Assault. These are actually delineated in multiple documents including the POST Orders for Responding to Sexual Abuse, the Shift Supervisor’s Checklist and Medical’s Sexual Assault checklist. These documents provide plans for responding immediately to allegations of sexual assault of residents while incarcerated and to minimize medical and psychological trauma. VII. Response, requires response to any allegation of sexual assault must be a coordinated response with the established sexual assault response team. The following are special considerations identified in the procedure for sexual abuse and sexual harassment responses: 1) Trauma experienced by a victim can impact reporting, evidence collection and interviewing; 2) Sensitive nature of alleged incident increases the presence and influence of biases, which impacts reporting, facility response, and retaliation. VIII. Victim, of that same policy affirms that resident victims or sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims are either referred to a community facility for treatment and gathering of evidence or the following guidelines/actions are to be taken in response to sexual abuse: 1) Instruct the victim not to wash, brush their teeth, change clothing, smoke, drink or eat until they have been initially evaluated by a medical forensic examiner; a history is taken and a qualified health care provider will conduct an examination to document the extent of injury. The nurse on duty notifies emergency psychiatric services to evaluate the victim’s safety and needs for emergency measures. The Victim will be transported to the local Emergency Room for further treatment, examination, documentation, collection of forensic evidence and testing for sexual transmitted diseases. Staff will ensure the victim understands there is no costs for the forensic exam and will make the victim aware that a qualified Victim Advocate Counselor can be made available to help him/her if requested. Prophylactic treatment and follow-up for STDs will be offered to the victim if clinically indicated. Treatment should be age appropriate. Emergency contraception is offered consistent with state law and regulations of the jurisdiction. Pregnancy tests are offered when appropriate. Victims with positive tests should receive counseling and have access to all pregnancy related medical services that are lawful in the community. There should be, following medical examination, an evaluation by mental health care staff for crisis intervention counseling and long-term follow-up. The facility provided a Health Services PREA response checklist identifying specific actions for medical staff to take in response to sexual assault. The Shift Supervisor’s Checklist was reviewed as well, in the investigation packages.

victim to the facility's medical unit. If there are no qualified medical or mental health practitioners on duty the shift supervisor will take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff. This policy also requires the victim to be transported to the local Emergency Department for further treatment, examination, documentation, collection of forensic evidence and testing for sexually transmitted diseases.

An interview with the Health Services Administrator's designee indicated facility medical staff are going to provide treatment only for life threatening situations so that they do not interfere with collection of potential evidence and to keep from contaminating the evidence. The inmate will be transferred to the hospital for an exam by a SANE. The hospital would be the local hospital, Berkerly Medical Center.

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

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

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

The facility provides on-going care and treatment to victims of sexual abuse. Interviews with medical and mental health staff confirmed their roles in providing follow-up and on-going treatment and services. The medical staff related they are equipped to provide for any follow-up treatment following the victim's release from the hospital. This includes providing STI prophylaxis and providing female inmates who may become pregnant as a result of a sexual assault with information about all legally available options. Mental health staff indicated they would make themselves, their support and mental health counseling and services following a sexual assault.

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.

WVRJCFA Policy 3052, Procedure G, Data Collection, addresses Sexual Abuse Incident Reporting in Paragraph A., Sexual Abuse Incident Reporting. Policy requires the PREA Compliance Officer review each report of alleged sexual abuse and collect accurate information for every allegation of inmate-on-inmate sexual abuse and staff-on-inmate sexual misconduct and forward to the Chief Correctional Officer and WVRJCFA PREA Coordinator for review. Paragraph B., Incident Reviews, requires each facility to conduct a Sexual Abuse Incident Review after every sexual abuse investigation where the allegation was substantiated or unsubstantiated. Reviews are not required if the allegation has been determined to be unfounded. Policy requires reviews to occur within 30 working days of the receipt of the satisfactory investigation notification from the PREA Audit Report

Facility Investigator, WVRJAFJA Investigator or State Police.

Policy requires the committee to consider whether the allegation or investigation indicates need to change policy or practice to better detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status, or gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess the adequacy of staffing levels during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and; prepare a report of findings to the Facility Compliance Officer, the Jail Administrator and WRJFA PREA Coordinator. The committee also is charged with ensuring any deficiencies in inmate supervision are promptly identified and corrected.

The Incident Review Committee is addressed in Paragraph C., Incident Review Committee. The committee, according to the PREA Compliance Manager, consists of the Administrator, Captain, PREA Compliance Manager, Director of Inmate Services and Medical. The PREA Coordinator reviews all reports of Sexual Abuse and Incident Review from the facilities, as well as all investigations of sexual abuse.

Incident-based data is retained and compiled and aggregated data collected in order to assess and improve the effectiveness of the agency's PREA prevention, detection and response. The incident-based data collected includes at a minimum, the data necessary to answer all the questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

The PREA Compliance Officer described the Incident Review Process. Incident Reviews are documented on a PREA Incident Review Form. The form is a two -page document identifying members of the review team, recommendations related to prevention, detection and response, documentation of the dynamics (motivations involved), as well as a host of questions that essentially dissect the incident. In addition to the dynamics being considered, the review considers physical barriers, staffing levels, deployment of monitoring technology and whether recommendation were implemented and if not, the reasons.

The PREA Compliance Manager provided documentation to confirm the Incident Review process. The Form used by the Regional Jail Authority addresses each of the items in the standard.

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.

Data collection is addressed in WVRJACFA Policy 3052, Procedure G., Data Collection. Each FPCO is required to review each report of alleged sexual abuse and collect accurate information for every allegation of inmate-on-inmate and staff-on-inmate sexual abuse and staff-on-inmate sexual misconduct. Monthly the incident-based data reports are submitted to the WVRJACFA PREA Coordinator by the 7th of the following month. The data collected at a minimum includes the following:

- 1) Total number of allegations of inmate-on-inmate nonconsensual sexual acts and abusive sexual contacts;

- 2) Total number of staff sexual misconduct and staff sexual harassment allegations;
- 3) Each inmate and staff sexual misconduct allegation must include the incident of investigation number and the disposition;
- 4) Dispositions for each allegation are reported as substantiated, unsubstantiated, unfounded or ongoing;
- 5) The statistical portion of the report is completed for substantiated allegations.

The facility provided the auditor documentation of monthly reports that were sent to the agency PREA Coordinator.

Incident-based data collected includes, at a minimum, the data necessary to answer all the questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Data is aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The WVRJCFA PREA Coordinator submits an annual report of the aggregate data to include facility recommendations and corrective actions to the Chief of Operations no later than June 30 of each year. It includes comparisons of the current year's data and corrective actions with those from prior years and includes an assessment of the progress in addressing sexual abuse.

Specific material is redacted when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

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.

Data is aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The WVRJCFA PREA Coordinator submits an annual report of the aggregate data to include facility recommendations and corrective actions to the Chief of Operations no later than June 30 of each year. It includes comparisons of the current year's data and corrective actions with those from prior years and includes an assessment of the progress in addressing sexual abuse. The Data Collection process and rationale are identified in WVRJACFA Policy 3052.

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.

WVRJCFA Policy 3052, C.8, requires the PREA Coordinator to retain and compile incident-based and aggregated data collected to assess and improve the effectiveness of the agency’s PREA prevention, detection and response. All sexual abuse data is required to be maintained for at least 10 years after the date of its initial collection.

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.

Robert Lanier

July 21, 2017

Auditor Signature

Date