

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 16, 2017

Auditor Information			
Auditor name: Jennifer L. Feicht			
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Telephone number: (724) 679-7280			
Date of facility visit: June 7-8, 2016			
Facility Information			
Facility name: North Central Regional Jail			
Facility physical address: 1 Lois Lane Greenwood, WV 26415			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (304) 873-1384			
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: David Farmer			
Number of staff assigned to the facility in the last 12 months: 102			
Designed facility capacity: 400			
Current population of facility: 640			
Facility security levels/inmate custody levels: Minimum to Maximum			
Age range of the population: 18 and above			
Name of PREA Compliance Manager: Paul C. Dodd		Title: Facility PREA Officer	
Email address: Paul.C.Dodd@wv.gov		Telephone number: (304) 873-1384	
Agency Information			
Name of agency: West Virginia Regional Jail Authority			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1325 Virginia St. East, Charleston, WV 25031			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (304) 558-2110			
Agency Chief Executive Officer			
Name: David A. Farmer		Title: Executive Director	
Email address: David.A.Farmer@wv.gov		Telephone number: (304) 558-2110	
Agency-Wide PREA Coordinator			
Name: Louis Armendariz		Title: Sergeant/PREA Coordinator	
Email address: Louis.C.Armendariz@wv.gov		Telephone number: (304) 256-6726	

AUDIT FINDINGS

NARRATIVE

North Central Regional Jail (NCRJ) of the West Virginia Regional Jail Authority (WVRJA) contracted with this auditor to conduct the PREA Audit for the Authority. The onsite portion of this audit was conducted on June 7-8, 2016. This was the eighth audit this auditor has conducted for the WVRJA.

NCRJ was opened in August 2001 and is one of the largest jails in the Authority. This is a four pod facility with a bed space for 400 inmates. However, the population count on the first day of the audit was 640. This count number includes both male and female inmates. This jail houses inmates for nine different, surrounding counties. Those counties include Doddridge, Harrison, Marion, Monongalia, Pleasants, Ritchie, Tyler, Wirt and Wood. Based on the inmate population counts provided for the previous 12 months, it was noted that the counts would fluctuate between 553 at its lowest and 642 at its highest. This is still well above the rated capacity of the facility of 400, which shows the facility staff must be more diligent to identify sexual abuse and sexual harassment incidents.

All regional jails are self funded. The counties listed prior pay a fee for each inmate that is housed at NCRJ. The facility houses pre-trial and sentenced inmates, as well as those that are sentenced to a state facility but are waiting to go and those detained for the U.S. Marshal Service, as long as they have committed a crime.

The morning of the audit began by interviewing staff coming off the night shift for random staff interviews. After those interviews were completed, a meeting was held with the administrative team to discuss the agenda for the day and items that need to be completed.

After the initial interviews and meeting, a full facility tour took place. The auditor viewed all areas of the facility which inmates have access to. The auditor viewed each housing unit and control bubble, central control area, kitchen area, recreation yards, medical/mental health department, booking area, chapel, classrooms and administrative area.

Once the facility tour concluded in the morning, the interviews with staff and inmates continued. The auditor conducted interviews with the following staff member classifications:

- PREA Compliance Officer
- Jail Administrator
- Contracted Medical Services Director
- Security Staff (responsible for conducting investigations)
- Human Resources Manager

There were eleven staff interviews conducted including random staff chosen by the auditor. Other required interviews such as Executive Director, PREA Coordinator and Mental Health Service Provider were conducted prior to this audit during prior PREA audits.

There were twenty-five interviews conducted with inmates in the facility. Inmates were chosen on a random basis. The PREA Compliance Officer provided the auditor with lists of inmates organized by housing unit. The auditor randomly identified inmates from each housing unit and the staff arranged for those inmates to be available for the required interviews.

In addition to the facility tour and staff and inmate interviews, several types of documentation was reviewed while on-site. This included inmate files, personnel files, volunteer files, investigation files and medical files. Numerous items were reviewed by this auditor which the facility had sent prior to the onsite visit.

At the end of the audit, this auditor provided the facility with a list of items, at the exit meeting, which staff could start to work on to correct. This was a follow up, as this auditor indicates deficiencies when they are discovered onsite.

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.
 - 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 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.

North Central Regional Jail (NCRJ)

The North Central Regional Jail houses adult male and adult female inmates. NCRJ has a booking area where offenders are brought initially when they are arrested or returning to the facility from court or appointments. The facility permanently houses both pre-sentence and sentenced individuals from nine counties in north central West Virginia surrounding the facility including Doddridge, Harrison, Marion, Monongalia, Pleasants, Ritchie, Tyler, Wirt and Wood, and those individuals who have been sentenced and are awaiting transfer to a state facility.

SUMMARY OF AUDIT FINDINGS

Click here to enter text.

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.

The West Virginia Regional Jail Authority (WVRJA) has adopted a zero tolerance policy against sexual abuse and sexual harassment, as outlined in Policy# 3052. Specifically the policy articulates the following, "Meeting the objectives of PREA is a priority of the West Virginia Regional Jail and Correctional Facility Authority (WVRJCFA). The WVRJCFA has a zero tolerance for inmate-on-inmate sexual assault or abuse, and staff sexual misconduct or harassment towards inmates. This agency strives 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."

The West Virginia Regional Jail Authority has established a full time position for an agency wide PREA Coordinator. Sergeant Armendariz has been placed into that position and is housed in the Southern Regional Jail. He does travel to the other nine regional jails in the system to assist with investigations, compliance issues, etc.

Additionally, the WVRJA has also appointed one person in each facility to serve as the PREA Compliance Officer (PCO). This position does have other duties. However at the North Central Regional Jail, Sergeant Dodd indicated that he does have the time to complete the necessary tasks of the PREA Compliance Officer and he also indicated that Sergeant Armendariz is always available to answer questions. Other PREA Compliance Officers also assist each other when a situation comes up that requires more than the PCO's single opinion.

Sergeant Armendariz works very hard to ensure that if one facility needs something, that he also provides that to all the other facilities in the system. If assistance is required with investigations, Sgt. Armendariz deploys trained investigators to go to that facility which was requesting the assistance.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The North Central Regional Jail does not contract with any other facility 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.

NCRJ provided the facility staffing plan prior to the onsite audit for this auditor to review. This staffing plan is thorough and comprehensive. It includes all elements required by 115.13(a). Policy #3052 articulates the practice of assessing, determining, and documenting whether adjustments are needed to the staffing plan and the PREA Coordinator will be involved in that process.

The facility conducts "PREA Rounds" as described in 115.13(d). Through interviews at the facility, the Shift Supervisors are identified as the individuals who conduct these rounds on each shift that they work. The Shift Supervisor that was interviewed as part of the PREA audit showed this auditor the paperwork that is completed after each round. As, this Supervisor does not do the same route when conducting these unannounced rounds. He indicated that he thinks that it is important to change it up each time so that no one can predict where he is going.

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.

The North Central Regional Jail does not anyone under the age of 18.

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.

All indications through staff and inmate interviews indicate that staff at NCRJ never do cross gender searches. This is against policy and it has never been the practice of the facility. Female inmates are never restricted from activities as there is always a female staff member on shift that can conduct the pat down searches.

The PREA Coordinator did develop forms in the case that there is ever an instance where there is a cross gender search completed. The PCO will keep that documentation if it is ever needed. Even though this is not a practice at NCRJ, staff have still had training on how to conduct cross-gender pat down searches, and searches of a transgender or intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

While touring the facility, it was noticed that the shower doors in the 2nd tier showers are not long enough to ensure that inmates can shower without staff of the opposite gender viewing their breasts, buttocks, or genitalia when walking up the stairs to the 2nd tier in the housing unit. Additionally, it was noticed that the shower doors on the ground level also were not long enough to stop staff of the opposite gender viewing their breasts, buttocks, or genitalia when walking up the stairs to the 2nd tier in the housing unit.

This situation was resolved as the PREA Coordinator ordered shower curtains that offer a middle section that is high enough on the top end and low enough on the bottom end that ensures that no one walking on the stairs will be able to see anyone showering. The PREA Coordinator and PCO provided this auditor with the order for all the shower curtains and the approved work orders so those can be installed as soon as they arrive at the facility.

It is noted that throughout the entire tour of the housing units, staff made the opposite gender announcement on all housing units. Inmate interviews corroborated this practice. They even went so far as to say that those announcements in the middle of the night are very disruptive.

During the tour of the facility, two items came to light that would need addressed. First it was noted that there was a blind spot in the kitchen area. This blind spot was in the chemical room in the kitchen. Trustee inmates access that room multiple times when they are cleaning up the kitchen area and trays. However, that door is hidden and staff cannot view the door from all spots in the kitchen.

This auditor held a discussion with the PREA Coordinator and the PCO regarding an acceptable fix for the situation. Two remedies were discussed. One was to add another camera to the system and place it where the chemical door was covered at all times. The second was to put up a mirror so that the door was viewable to the common kitchen area.

The facility chose to install the mirror in the kitchen area so that the chemical room door is visible to all staff.

The second issue that came up during the tour of the facility was in the booking area, specifically the transportation office. When inmates are brought in from outside of the facility, they are taken through a man door directly into a gated area. Once the outside door has closed, central control will open the gate that leads to the booking area. The transportation office doorway is in the space between the outside door and the inside gate. While there, this auditor observed that the transportation office door was not shut and secured and no staff member was in the office at the time. Additionally, a facility keyring was laying on the desk in this office and there is no camera coverage of the area. This office also serves as the armory for the facility.

This could lead to a potential problem area should any inmate or detainee get free from the arresting officer while in that small space and is able to get into the transportation office and close the door. This auditor requested that a memo be drawn up and given to all staff that work in that area reminding them of the protocol of securing all doors when staff are not in the room or readily available. The PCO immediately had a memo drawn up and reviewed by this auditor. It made the rules and potential safety issues very clear to staff. This was distributed to all staff that work that office.

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.

During the onsite portion of the audit, this auditor had the opportunity to interview a hearing disabled inmate. In order to do so, the audit was completed on paper with the auditor writing questions and the inmate would write the response. When asked if the staff at the facility assisted him to understand PREA information, the inmate indicated that the staff at NCRJ have ensured that he was able to understand all the information being provided. He indicated that they would ask questions in writing. He also said that the staff turn on the closed captioning on the TV and all videos that they play to inmates, including the PREA video.

Interviews with other staff and inmates also indicated that they will read information regarding PREA to inmates to ensure that they understand how to make a report and who they can talk to.

For individuals who are Limited English Proficient (LEP), the facility does have staff who speak fluent Spanish. For those inmates that speak a language other than English or Spanish, the WVRJA contracts with a language service, Propio.

Because the facility has multiple options for communicating with all inmates, other inmates are never used to be an interpreter for inmates who are reporting sexual abuse or during any investigations.

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)

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The WVRJA has implemented the procedure of asking the three required questions of applicants at the Initial Interview. These questions are asked on a separate paper and kept in the personnel file. If the individual answers “yes” to any of those questions, the interviewer will let them know that they will not be moving forward for employment.

The agency also asks questions in regards to any sexual harassment incidents that the applicant or the employee looking for promotion. The staff will take those incidents into consideration when hiring or promoting. This process is discussed in Policy # 3005, Pg. 2.

NCRJ conducts criminal background checks on all applicants, staff, contractors and volunteers once every five years. The business manager keeps track of this information on a spreadsheet in order to ensure that all background checks are completed within that five year period. This process is found in Policy #3052, Pg. 6. In addition, the WVRJA requires all employees have a continuing affirmative duty to report any incidents of sexual abuse or sexual harassment for which they have been criminally charged for.

Additionally, the NCRJ attempts to contact any previous institutional facilities that the applicant worked at prior to applying at NCRJ. This process is done by mail. When an applicant passes the initial interview, the Business Manager will send out that letter asking for a quick response. The Business Manager will also provide the requested information to any other facilities requesting it. This process can be found in Policy #3052, Pg. 6.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)

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

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Currently there is no indication that there will be any building projects, or substantial expansion or modification of existing facilities. Prior to the audit, there was a new camera system installed in all WVRJA facilities, including NCRJ.

The agency has made note in the policy #3052, that the PREA Coordinator will be a part of those discussions, should they arise.

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)

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All allegations that are reported to the staff at the facility are investigated by the trained investigators in the facility. The facility has a uniform protocol for collecting evidence in the event that the WV State Police are not able to immediately respond. This process is outlined in Policy #3052, Pg. 36. Attached to this policy is the “PREA Checklist” for the facility staff to follow when they receive an allegation of sexual abuse or harassment.

Policy #3052, Pg. 33 articulates that all inmates will be transported to an outside medical facility for a forensic sexual assault examination if it is reported within 96 hours of the incident. For NCRJ, inmates will be taken to United Hospital Services in either Clarksburg or Bridgeport. The medical department has an agreement with this hospital system that the facility will notify the hospital ahead of time when they are taking someone for a forensic medical examination so that the hospital can ensure that there are trained SAFE nurses available.

The overall agency has made great efforts to enlist the services of rape crisis centers across the state. There has been an agreement signed between the WVRJA and all rape crisis centers which have a regional jail in their service area. The rape crisis center that covers NCRJ is Hope, Inc. Hope, Inc., provides medical accompaniment and advocacy services when an inmate is transported to a hospital for a forensic medical examination. Discussion with the rape crisis center provided a number of services provided to inmates, which will be discussed later in this report.

The West Virginia State Police will be the agency that will investigate any allegations that may be criminal in nature. The PREA Coordinator has made numerous requests of the West Virginia State Police to sign a Memorandum of Understanding (MOU). The WV State Police have refused to enter into the agreement every time.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

- Does Not Meet Standard (requires corrective action)

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

The Shift Supervisor is required to ensure that an administrative investigation is started immediately after receiving an allegation. He/She is responsible to complete the PREA Checklist to ensure that no steps are missed. That includes notifying the WV State Police when there is a case of sexual abuse or they believe that the incident could be criminal. This process is found in Policy #3052, Pg. 36.

The agency has developed a "PREA Information" section on the WVRJA's website. This section has direct links to the policies that involve investigations of PREA.

As stated above, the WV State Police are responsible for conducting any criminal investigations that involve PREA. This information is found in Policy #3052. Both agencies have policies in place to govern the conduct of PREA related investigations.

At the time of the audit, policies 3036-A and 3052 were in place and required facility staff to immediately notify the WV State Police, however, this practice was not done appropriately. In order to correct this issue, the PREA Coordinator reinforced the policy and practice with all PCO's. He also reinforced the step of notifying the state police when there was a sexual abuse information. Additionally, the facility had document any time there was an allegation sent to the state police for criminal investigation. The facility then forwarded the "PREA Checklist" to this auditor to verify that the referral was made.

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)

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It is a requirement of all NCRJ new hires that they receive PREA training prior to having any contact with inmates. This has worked very well in order to ensure they have received the information.

The training that is provided to all new hires within the first couple of weeks of work. The PCO provided this auditor with the curriculum that is used for all new hire staff. That training meets all the requirements of 115.31(a). In addition, the training provides information specific to both male inmates and female inmates. Policy #3052 also indicates that the agency shall provide a PREA update on one year and the opposite year, they will provide the full PREA Training. This ensures that staff receive PREA training at least one time per year.

Contractors who are working directly with inmates on an ongoing basis are also required to complete the PREA Basic Training. This includes contractors who work in the kitchen area, as well as the contracted medical providers from Prime Care Medical. In addition to the training at the facility that Prime Care Medical contractors participate in, Prime Care Medical also provides a basic PREA training to their staff at the time of hire and they also provide ongoing training on a yearly basis.

In order to verify that the staff/contractors took and understood the training, they are required to sign a document developed by the PREA Coordinator. This acknowledgement form states that the individual participated in the training and understood the training they received. These forms are kept in the employee's training file.

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.

Policy #3052, Pg. 14 articulates the information about volunteer and contractor training. The policy indicates that the training that the volunteers and contractors receive will be based on the amount of contact that they will have with inmates. The more contact, the more training they will be required to participate in. After the training is provided, each one will be required to complete the PREA Acknowledgement Form. These forms will be kept in the volunteer and contractor files.

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.

During the intake process when an inmate arrives at the facility, they are provided with a PREA information sheet that will be read to them if they are unable to do so. They are required to sign a form indicating that they have received the PREA pamphlet.

To meet the requirement that inmates receive comprehensive education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, inmates are shown a video that was downloaded from the PREA Resource Center (PRC) website. This video meets the requirements of PREA.

During interviews with staff and inmates and review of inmates files, it was discovered that there were some problems with the education that must be provided within 30 days of entering the facility. The inmates were not consistently receiving the education within the first 30 days that they received. The second issue was that staff were having inmates sign the acknowledgement form prior to watching the video. And lastly, no staff members were staying in the room to answer any questions or deal with any emotional issues.

In order to correct these issues of non-compliance, there were a couple of things that the facility put into place to ensure that the standards were met. To address the issue of signing the form prior to watching the video, staff were instructed to ensure that inmates are signing that form AFTER they watched the video.

Secondly, in order to correct the problem of inmates not receiving the video efficiently to meet the 30 day timeframe, the PCO has started to run a weekly report which will show when the inmate arrived at the facility. This will give them a timeline to work in so that all inmates have begun to receive the training in an acceptable amount of time.

And lastly, the facility staff giving the PREA training needs to stay in the room the entire time that the video is playing. The staff member

should watch for those inmates that are not participating. The PREA Coordinator has now made this a standing policy.

This video is available in different formats to provide those with disabilities the opportunity to view the movie.

In order to providing these educational opportunities, the agency has developed other materials to hang throughout the facility. These alternative methods included posters with PREA information, Sinclusion in the inmate handbook.

Standard 115.34 Specialized training: Investigations

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

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

The Shift Supervisors and PREA Compliance Officer at NCRJ each participated in specialized investigations training. In addition, the PREA Coordinator is also trained. These officers each completed the online course through the National Institute of Corrections “Investigating Sexual Abuse in a Confinement Setting”. At the end of the training, each of the Shift Supervisors and the PREA Compliance Officer printed out a certificate of completion and those are kept in the staff training files and the PCO keeps a copy in the PREA file. All newly appointed Shift Supervisors are required to complete this training within three months of accepting the position. This requirement is articulated in Policy #3052, Pg. 15 – Item F. Investigator Training. In addition, the policy indicates that the staff who have completed Specialized Investigations Training will reach annual update training or more frequently if it is determined that the training is needed.

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.

All medical and mental health providers are contracted through Prime Care Medical. As part of the training that these providers receive is a specialized training for medical and mental health care in combination with the training that Prime Care Medical provides on its own. The specialized training that Prime Care Medical has all of its providers complete is through the National Institute of Corrections. This training is titled “Medical Health Care for Sexual Assault Victims in a Confinement Setting” for the medical providers and “Behavioral Health Care for Sexual Assault Victims in a Confinement Setting” for the mental health providers contracted through Prime Care Medical. After each individual has completed the training, they will provide a copy of the certificate of completion to NCRJ and they keep a copy of this for their own records in the medical department. These requirements are defined in Policy #3052, Pg. 15-17.

Additionally the medical department at NCRJ does not conduct forensic examinations at the facility. Forensic examinations are conducted at the local hospitals, United Health Services in Clarksburg or Bridgeport. Therefore, medical staff at the facility do not receive specialized training for forensic medical examinations.

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.

All West Virginia Regional Jails utilize the same PREA Screening Instrument. This tool includes all ten required elements listed in 115.41(d). This tool is utilized for both the 72 hour requirement and the 30 day assessment.

In order to meet the timeframe requirements, the facility has implemented a procedure for completion of the PREA Screening Instrument and it is articulated in Policy #3052, Pg. 17.

When a new reception enters the facility through the booking area, they are processed through the intake screening within a couple of hours, usually less than 8 hours. The PREA Screening Instrument is part of this intake screening. Policy #3052, Pg. 17, states that "Intake screening shall ordinarily take place within 24 hours after arrival at the facility. (115.41(b)). In order for the staff to ensure that this assessment is completed, it is done on pink paper so that it sticks out in the inmate file. Review of the inmate files clearly showed that all initial risk assessments are completed within the first day the inmate is at the facility.

The facility also conducts a second PREA Screening Instrument with each inmate. Review of the inmate files during the onsite visit showed that while these second assessments were being completed for inmate, it is not consistently being conducted within the 30-day timeframe as required. In order to correct this deficiency, a process was developed. The PCO now runs a weekly report through the jail management system to identify the recent intakes for the week who are still at the facility. Those that have not had the 30-day assessment done, will then have it done at that time. The PCO sent this auditor examples of the weekly reports, as well as all completed 30-day PREA Screening Instrument for a one week period. The 30-day PREA Screening Instrument is completed on blue paper so that it is easy to identify in the inmate files.

Policy #3052, Pg. 17, also states "Inmates will also be reassessed whenever an inmate is involved in an incident of sexual abuse and upon transfer to another facility (115.412 (c)(d))". When it is necessary to conduct this assessment, the PCO will complete it with the inmates or will designate someone to do so in his place.

Standard 115.42 Use of screening information

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

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

The PREA Screening Instrument is initially used for housing placement directly after booking and this is approved by the Shift Supervisor according to Policy #3052, Pg. 18-19. After the initial placement, a classification summary will be forwarded to the classification committee to make a permanent placement while assessing where that inmate may be safest. Not only does NCRJ use the PREA Screening Instrument

to impact housing placement, but they utilize it when choosing trustee inmates for work positions, when putting inmates in classes together or in programming together. The facility will ensure that those that have a higher vulnerability towards sexual abuse with those that have a higher propensity towards sexual abusiveness.

During the initial policy review, it was determined that portions of this standard were in policy, but not all. And that the parts that were included were not put into practice at NCRJ. The PREA Coordinator revised PREA policy for the entire agency to meet this standard which indicates that the facility will consider each transgender or intersex individual's placement on a case-by-case basis.

Policy #3052, Pg. 22 outlines that process for determining the gender of individuals. This will be done by the booking officer having a conversation with the inmate about how they perceive themselves. If that does not produce an answer, then the medical department will take over at that point to have a medical based conversation with the individual. The was then reinforced by the staff interviews with booking and medical staff. However, both did indicate that this is such an extreme circumstance, that one of the individuals being interviewed said that they have never seen a transgender or intersex individual in the facility.

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.

It is the policy and practice of the facility not to place alleged victims or those that may be at a higher risk of sexual abuse in involuntary segregated housing. This is made clear in Policy #3052, Pg. 20.

If for any reason, staff or Administrative Segregation Committee will determine that there is no other housing placement available at the moment, then the inmate will be put into involuntary segregated housing. The Administrative Segregation Committee will review all options to determine if there is another option for housing. Once the decision is made, a Lieutenant at the facility will write a memo to the inmate explaining why they are still in segregated housing.

The Administrative Segregation Committee meets every two weeks to review all inmates that are housed in segregation. This is above the standard requirement of reviewing the case once every 30 days.

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.

NCRJ offers multiple ways for inmates to report sexual abuse or sexual harassment. First, inmates may report to any staff member in the PREA Audit Report

facility including officers, medical or mental health staff, chaplain, counselors and administration. These reports will be taken either in writing or verbally. Staff will then create an incident report and make the notification to the Shift Supervisor who will take it from there and start an investigation.

Second, a reporting line has been established that will ring into the PREA Compliance Officer's messages. These can be anonymous. The PCO checks the messages daily. While this is an opportunity for reporting, it does not meet the requirement of an outside organization being utilized as a reporting mechanism. The interview with the PCO revealed that there have been messages related to sexual abuse and harassment, he receives more messages about unrelated topics such as commissary, problems in the housing units, etc.

In order to meet this requirement, the facility relies on Hope, Inc., the local rape crisis center, as their reporting mechanism. Inmates have an opportunity to call the Hope, Inc. center as the number is listed in all housing units. Inmates may also write to Hope, Inc. to ask for assistance. NCRJ provides an envelope with Hope, Inc.'s address already on it. This envelope is provided in the reception package along with all other information that has been given to the inmate during the reception process.

All of these reporting mechanisms are described in Policy #3052, Pg. 24-25.

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.

Policy #3052, Pg. 25-27, articulates the process for inmates to file grievances related to sexual abuse. The facility does not put any timeline for submission when the grievance is related to sexual abuse. Nor does the facility require that an inmate try to make an attempt to resolve this type of grievance with the staff member involved.

The facility ensures that an inmate who alleges sexual abuse does not have to submit the grievance to the staff member who is the subject of the grievance. At NCRJ, staff members do not have permanent posts. Corrections officers rotate the position and pod that they are working in on every shift. So it is easy for victims to submit the grievance to a different staff members. Inmates have the opportunity to directly hand grievances to a staff member or to put the grievance under the door and it will be collected the next time a staff member comes to the sallyport of the pod.

The policy articulates the required timelines for the grievance process listed in the standard. It provides for 90 day time period for the completion of the grievance review and response. The agency is able to claim an extension of up to 70 days as long as the facility notifies the inmate that there is an extension.

This policy also allows for third parties to assist with the preparation of the grievance related to sexual abuse. Additionally third parties may also file a grievance (related to sexual abuse) on behalf of the inmate. When a third party files on behalf of an inmate, it is the policy of the facility that they contact the inmate so that the inmate can give permission to be processed. The inmate does have the option to decline the submission of the grievance and the facility shall document that the inmate declined.

An emergency grievance may be filed regarding the inmate alleging that they are in imminent and substantial risk of sexual abuse. This type of grievance requires the immediate response by the the PCO and the Administrator who are to take immediate action. If the Administrator is unable to take the corrective action, it will then be referred to the agency Chief of Operations for immediate corrective action. The Administrator is required by policy and standard to provide an initial response within 48 hours and a final decision within 5 business days.

Interviews with the Jail Administrator and the PREA Compliance Officer indicated that they have not had a report of sexual abuse come through the grievance process. They will utilize the process established by the agency.

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.

As stated earlier in this report, NCRJ has entered into a (MOU) with the local rape crisis center, Hope, Inc. This agreement is part of a larger agreement with all the regional jails and the rape crisis centers in their areas. Inmates are provided with the phone number of the rape crisis center in every housing unit near the phones. In addition, every inmate is provided with an envelope that is already addressed for the Hope, Inc. center.

Upon discussion with the rape crisis center, it shows that the center does not receive many envelopes requesting assistance. The staff member there indicated she would be surprised if they received 3 or 4 per year. They do receive some phone calls, however, those are usually inmates that have already had some type of contact with the rape crisis center. This could be meeting at the hospital while the center is providing medical accompaniment and advocacy. Although that isn’t usual the way in which they receive that contact as the facility only had one individual sent out to a hospital in 2016. The other option is that they have been involved in an incident and the facility reaches out to the center because the inmate has been involved in a sexual abuse or harassment situation.

Services can be provided either by phone or in person. Usually this is via phone. When that is the case, the inmate is taken to a room that has outside line access and they can speak with the advocate privately. This could be a counselors office or another private room in the building.

Standard 115.54 Third-party reporting

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

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

The overall WV Regional Jail has provided two methods for third party reporting on its agency website under the PREA Information tab.

The following is how the information is displayed on the website at the following web address: <http://www.rja.wv.gov/Pages/PREA.aspx>

REPORTING A SEXUAL ASSAULT

If you were the victim of a sexual assault while in the custody of the regional Jail Authority, any law enforcement agency, or if you know of an incident of sexual assault or abuse of a person in custody; you may report it to the regional Jail Authority by using the following:

Email: RJAPREA@WV.GOV

Call: (304) 256-6727 and ask for the PREA Coordinator

If requested, your anonymity will be protected. Please include the following in your email:

1. Incident that occurred
2. Who was the victim
3. Who is the suspect
4. Time and date of sexual abuse

The information provided on the website is clear and provides multiple ways for individuals or agencies to make reports. This provides the ability to report this anonymously.

Staff interviews and some inmate interviews corroborated this same information. Individuals knew there was reporting information found on the website and that staff must take third party reports. Some of the inmates felt that staff would take an allegation more seriously if it comes from outside the facility.

Standard 115.61 Staff and agency reporting duties

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

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

“All staff members are required to report any knowledge, suspicion or information regarding:

- a. An incident of sexual abuse or sexual harassment that occurred in a facility.
- b. Retaliation against inmates or staff who reported such incident and;
- c. Any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. (115.61(a)).

This piece of policy can be found in Policy #3052, Pg. 27.

All staff interviews were very clear that they were required to report any information regarding PREA to their Shift Supervisor or the facility PREA Compliance Officer. Also, staff were clear that they would need to immediately follow up with a written report that is given to the Shift Supervisor.

Staff interviews also revealed that a majority of the staff was clear that this is not to be discussed with anyone, other than investigators and to be able to make treatment, investigation or other security and management decision. This is also found in Policy #3052, Pg. 28.

Policy #3052 requires that medical and mental health workers notify inmates prior to asking any questions regarding sexual victimization that they are required to report any disclosure of sexual abuse in a confinement setting, but are not required to report sexual victimization which occurred in the community. The interviews with medical and mental health personnel indicated the same practice as described in policy.

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.

Policy #3052, Pg. 28 states, “When facility staff learns that an inmate is subject to risk of sexual abuse, the facility shall take immediate action to protect the inmate.”

This was also reflected in the interviews conducted at the facility with different staff levels. Corrections officers told this auditor that if they had any suspicion or knowledge that there was an inmate who is subject to substantial risk, they would immediately contact the Shift Supervisor to request a bed move for that individual, if that would solve the situation. The Shift Supervisors also indicated that if the corrections officers have enough information to make the call, then they will approve the move and send the move to the PREA Compliance Officer and Classification Committee. The culture for this type of situation is that they would rather be safe than sorry.

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.

During the interview with the Jail Administrator, he discussed the process for notifying another facility when NCRJ staff receive a report about abuse at another facility. Over the past 12 months, NCRJ has only received one report about abuse which occurred at another facility.

Policy #3052, Pg. 28-29, states “1. 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 shall 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 report in writing. The Administrator will also notify the RJA Chief of Operations. (115.63(a)) (115.63(c))

While interviewing the PREA Compliance Officer, it was relayed to this auditor that what usually happens is that the PCO will gather all information needed such as facility name, administrator name, phone number and/or email address and give that information to the Jail Administrator to make the report.

Interviews of the Jail Administrator and PCO relayed to this auditor that there have been 4 reports of abuse at NCRJ from another facility. The PCO also indicated that each of those reports were investigated as directed in policy. All investigation files from the last 12 months were reviewed by this auditor.

That policy, Policy #3052, Pg. 29, states “If a WVRJFCA facility Administrator or the Central Office receives such notification, it shall ensure that the allegation is investigated in accordance with applicable policies. (115.63(d).”

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.

NCRJ has a policy that articulates what a staff member is to do if they are made aware of a sexual abuse, especially within 96 hours of the occurrence, or if the staff member directly observes the abuse. The PREA Compliance Manager has also developed post orders for all positions in the facility that also articulate what each staff member classification is required to do. These post orders were provided to this auditor for review and found to be accurate and appropriate.

This process is articulated in Policy #3052, Pg. 30-32. It states:

“PROCEDURE E: RESPONDING TO REPORTED/OBSERVED SEXUAL ABUSE

All facilities shall develop a PREA post order to coordinate actions taken in response to an incident of sexual abuse, among staff responders, medical and mental health practitioners, investigators and facility leadership. The order will include all post reort actions required by this policy. It must also be approved by the WVRJCFA PREA Coordinator and forwarded to the Chief of Operations. (115.65(a))

- A. Allegations of Abuse Occurring Within the past 96 Hours
 1. Upon learning that an inmate was sexually abused within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to;
 - a. Ensure the victims’ safety by physically separating the alleged victim and the aggressor.
 - b. Immediately escorting the victim to the facility’s medical unit.
 - c. Attempting to preserve any evidence by discouraging the victim from showering, washing, eating, brushing teeth, changing clothes, urinating, defecating or drinking until after evidence collection; (115.64 (a))
 - 1) If the first responder is not a security staff member, the responder shall request the victim not to take actions that could destroy physical evidence and immediately notify security staff. (115.64(b))
 - d. Ensuring that the abuser doesn not take any action that could destroy physical evidence by prohibiting her or him from showering, washing, eating, brushing teeth, changing clothes, urinating, defecating or drinking until after evidence collection; (115.64(a))
 2. Seal and preserve any potential crime scene;
 - a. If the crime scene cannot be secured, the crim scene shall be photographed and/or video taped, and the evidence, if any collected, placed in a paper bag with appropriate Chain of Evidence (Attachment #XX)
 - b. The only persons that should be entering a secured crime scene are the WV State Policepersonnel, Agency Investigator, medical staff as needed.
 - c. A log shall be maintained of anyone entering the crime scene and at what time they entered and departed.
 - d. The area shall remain secured as a crime scene until the State Police releases it.
 - e. The Shift Supervisor/designee shall attempt to to make available to the victim a victim advocate from the rape crisis center. If the rape crisis center is not available to provide the victim advocate services, the Supervisor shall make available a qualified staff member from a community-based organization, or a qualified agency staff member. The Shift Supervisor shall document these efforts. (115.21(d))
 - f. As requested by the victim, the victim advocate, qualified staff member from the community-based organization, or a qualified agency staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. (115.21(e))
 - g. For the purpose of this section a qualified agency staff member or qualified community-based staff member shall be an individual who has been screened for appropriateness to serv in this role and has received education concerning sexual abuse and forensic examination issues in general. (115.21(h))
 3. The Administrator shall immediately notify the Chief of Operations. An agency investigator will ensure the protocol is followed to investigate the sexual abuse, misconduct or assault.
 4. The WV State Police will be notified immediately of the allegations, and requested to begin a criminal investigation.”

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 written their institutional response plan and put it into Policy #3052, Pg. 30. It is also captured on the post orders that are written for NCRJ. Not only do these post orders direct what each classification should be doing when there is an allegation of sexual abuse in the facility.

The policy reads as follows:

“PROCEDURE E: RESPONDING TO REPORTED/OBSERVED SEXUAL ABUSE

All facilities shall develop a PREA post order to coordinate actions taken in response to an incident of sexual abuse, among staff responders, medical and mental health practitioners, investigators and facility leadership. The order will include all post reort actions required by this policy. It must also be approved by the WVRJCF A PREA Coordinator and forwarded to the Chief of Operations. (115.65(a))

B. Allegations of Abuse Occurring Within the past 96 Hours

5. Upon learning that an inmate was sexually abused within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to;
 - e. Ensure the victims' safety by physically separating the alleged victim and the aggressor.
 - f. Immediately escorting the victim to the facility's medical unit.
 - g. Attempting to preserve any evidence by discouraging the victim from showering, washing, eating, brushing teeth, changing clothes, urinating, defecating or drinking until after evidence collection; (115.64 (a))
 - 2) If the first responder is not a security staff member, the responder shall request the victim not to take actions that could destroy physical evidence and immediately notify security staff. (115.64(b))
 - h. Ensuring that the abuser doesn't take any action that could destroy physical evidence by prohibiting her or him from showering, washing, eating, brushing teeth, changing clothes, urinating, defecating or drinking until after evidence collection; (115.64(a))
6. Seal and preserve any potential crime scene;
 - h. If the crime scene cannot be secured, the crim scene shall be photographed and/or video taped, and the evidence, if any collected, placed in a paper bag with appropriate Chain of Evidence (Attachment #XX)
 - i. The only persons that should be entering a secured crime scene are the WV State Policepersonnel, Agency Investigator, medical staff as needed.
 - j. A log shall be maintained of anyone entering the crime scene and at what time they entered and departed.
 - k. The area shall remain secured as a crime scene until the State Police releases it.
 - l. The Shift Supervisor/designee shall attempt to to make available to the victim a victim advocate from the rape crisis center. If the rape crisis center is not available to provide the victim advocate services, the Supervisor shall make available a qualified staff member from a community-based organization, or a qualified agency staff member. The Shift Supervisor shall document these efforts. (115.21(d))
 - m. As requested by the victim, the victim advocate, qualified staff member from the community-based organization, or a qualified agency staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. (115.21(e))
 - n. For the purpose of this section a qualified agency staff member or qualified community-based staff member shall be an individual who has been screened for appropriateness to serv in this role and has received education concerning sexual abuse and forensic examination issues in general. (115.21(h))
7. The Administrator shall immediately notify the Chief of Operations. An agency investigator will ensure the protocol is followed to investigate the sexual abuse, misconduct or assault.
8. The WV State Police will be notified immediately of the allegations, and requested to begin a criminal investigation.”

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.

The West Virginia Regional Jail Authority does not deal with a union, therefore this standard is not applicable to NCRJ.

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 WVRJA has established a policy to ensure that the victim, the reporter, anyone cooperating with the investigation, is not being retaliated against. This monitoring applies to both inmates and staff members involved in the situation.

At the onsite visit with NCRJ, while reviewing investigation files, it became apparent that the facility was not conducting the retaliation monitoring as required. After reviewing investigation files, a conversation with the PCO indicated that the required monitoring is not done on a consistent basis, nor is it documented in a consistent manner. At that point, the PCO was required to develop a tracking system and method for documenting the contacts with those involved.

The PCO did develop a form to use to document the contacts that the PCO has with any inmate being monitored for retaliation. The form also includes a place to document what the content of the conversation was.

The policy was also revised to articulate what the process should look like for both staff and inmates. It can be found in Policy #3052, Pg. 29-30. The policy states:

“E. RETALIATION

1. Each facility Administrator shall ensure that all inmates and staff, who have been sexually abused or harassed, report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, are protected from retaliation by other inmates or staff and shall work with the FPCO or other appropriate staff member to monitor for retaliation. (115.67(a))
2. Protecting Inmates
 - a. For at least 90 days following a report of sexual abuse, the FPCO shall monitor the conduct and treatment of inmate who reported the sexual abuse; and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff.

- b. The FPCO shall include periodic status checks for inmates. This can be accomplished by ensuring that such inmates are provided with the opportunity to meet with the FPCO at least monthly. At the conclusion of the monitoring period the information discussed during the checks will be reviewed and if there is a need to continue the monitoring period, the status checks may be extended beyond 90 days. (115.67(c))
- c. In the event any actual or feared retaliation, the FPCO in conjunction with the facility administrator shall take appropriate measures to protect the individual. The FPCO shall explain actions taken to the facility administrator and WVRJCA PREA Coordinator in writing within 5 days. Protection measures may include, but not be limited to the following: (115.67(b)(e))
 - 1. Disciplinary reports against the person or persons committing retaliation.
 - 2. Housing or program changes, facility transfers for the inmate suffering retaliation or the inmate committing retaliation.
 - 3. Negative performance reviews or reassignments of staff.
 - 4. Removal of alleged staff from contact with victims;
 - 5. Provide emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- 3. Protecting Staff
 - a. The Facility Chief of Security will be responsible for monitoring staff when a staff member is being protected from retaliation and will meet as a minimum monthly with the staff member. The Chief of Security will also determine if the initial monitoring needs to be extended beyond 90 days.
 - b. Any effort to hinder or impede an employee or an inmate from reporting an incident or retaliation by any employee or inmate shall result in disciplinary action.
 - c. The facility's obligation to monitor for retaliation shall terminate if the facility determines that the underlying allegation is unfounded. (115.67(f))

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.

NCRJ staff make every effort not to place victims in involuntary protective custody, the same as they do when there is a new commitment that enters the facility and seems to be at a higher risk for being sexually abused. The staff will only use this option "as a last resort". The facility has a policy articulating this position. It is listed in Policy #3052, Pg. 20-22. And in addition, the practice of not placing victims in involuntary protective custody was verified by numerous staff members during the interviews.

The policy reads as follows:

"K. Protective Custody

- 1. 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. (115.68(a))
- 2. The 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.
- 3. However alleged victims or inmates who are generally at high risk for sexual victimization shall not be placed in involuntary segregated housing unless they request it or an assessment of all available alternatives has been made, there is 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. (115.43(a))
- 4. Alternative placements can include, but are not limited to, any one, or combination of, the following temporary options:
 - a. Moving of a different housing unit;
 - b. Placement in a small section;
 - c. Placement in the Medical Pod (if available);
 - d. Transfer to another facility.

5. If an involuntary PC housing assignment is made the Shift Supervisor shall clearly document the following information:
 - a. The basis for the staff member's concern for the inmate's safety;
 - b. The other alternative means of separation that were explored; and The reason why no alternative means of separation can be arranged.
6. If the Shift Supervisor assigns an inmate to involuntary PC for the purpose of protection from sexual victimization, access to programs, privileges, education, or work opportunities shall be afforded to that inmate to the extent possible. If the facility restricts access to these opportunities, the facility shall document on the report (115.43(b))
 - a. The opportunities that have been limited
 - b. The duration of the limitation; and
 - c. The reasons for such limitations.
7. If no immediate alternatives are identified the facility may assign inmates to involuntary PC only until an alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed 30 days. Any assignment to involuntary PC must be reported to the FPCO within 24 hours. (115.43(c))
8. If an extension of involuntary PC beyond 30 days is necessary, the facility shall clearly document the basis for concern of 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. (115.43(d))
9. At least every 15 days, the Shift Supervisor shall ensure each inmate in involuntary PC under this policy is reviewed to determine whether there is a continuing need for separation from the general population. This review shall be documented on a report that is forwarded to the FPCO and the PREA Coordinator. (115.43(e))
10. This action will be in accordance with the procedures of RJA Policy #10001, Special Management Inmates; and #2001, Classification Committee.

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 overall WVRJA has a comprehensive policy related to both criminal and administrative investigations. Information can be found in Policy #3052, Pg. 36-42.

The policy outlines that all allegations will have an administrative and/or criminal investigations. All will receive administrative investigations. However, not every allegation will be investigated criminally.

When there is an allegation leading to an administrative investigation, it will be conducted by individuals who have received specialized investigations training. At NCRJ, as indicated in 115.34, all Shift Supervisors and the PCO, have received that additional training.

The facility has developed policies and procedures to direct the administrative investigations, which includes collection of evidence, interviewing witnesses and victims and perpetrators and reviewing digital evidence. These procedures are also outlined in the Post Orders that guide the work that all positions in the facility will follow when there is an allegation of sexual abuse.

The PCO, during his interview, indicated that they do everything they can to work with the West Virginia State Police when they investigate an allegation at the facility. He indicated that the state police will provide them with updates to the investigations in terms of sending emails to say where the criminal investigation is. The staff at NCRJ fully cooperate with the WV State Police conducting a criminal investigation.

Initial interviews are conducted by the Shift Supervisors when they receive the allegation. Investigators do not judge the credibility of an inmate or staff member based on their position within the facility. They listen to the interview and make an independent opinion regarding credibility. One investigator did indicate that it is sometimes hard not to judge credibility ahead of time, so he makes a conscious effort to keep an open mind regarding those individuals that are being interviewed.

The administrative investigations impose a standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The administrative investigations are documented in report form. Each investigation will have information from interviews and statements from witnesses and victims and perpetrators. It includes information about the evidence that was used to come to a conclusion regarding the outcome of the investigation.

The policy also instructs that all investigations are kept 5 years past the end of employment or the end of incarceration. And just because someone resigns or is released does not stop the investigation.

In order to keep track of the investigations, the PCO keeps them in a filing cabinet in his office. Additional data is also retained in a filing cabinet in the PCO's office.

To compliment the Policy #3052, the PREA investigations processes are covered more in depth in Policy #3036-A, Pg. 1-23. This policy has a related glossary and the following headings that represent the information covered in that policy.

- A. General Information
- B. Investigators Training
- C. PREA Allegations Involving Staff
- D. Allegations of Sexual Assault or Abuse by Offenders/Inmates
- E. Responders Duties
- F. Investigation Process
- G. Administrative PREA Investigation
- H. Criminal PREA Investigation
- I. Photographs of Injuries
- J. Investigative Reports
- K. RJA Investigators Procedures
- L. Investigation Report Format
- M. Inmate Protection
- N. Filing of Criminal Charges
- O. Notification of Inmates
- P. Inmate Notification Reports

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.

As stated above, the evidentiary standard for administrative investigations used by the RJA is a preponderance of the evidence. This is found in both PREA investigation policies, Policy #3052, Pg. 36-42 and Policy #3036-A, Pg. 1-23.

Policy #3052, Pg. 37, states: 8. The Department shall impose a standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. (115.72(a))

During the interview of the Shift Supervisors and PCO, it was clear that they understood what a preponderance of the evidence is. Also, included in Policy #3036-A, there is a glossary at the beginning of the policy that contains many words and phrases that are specifically related to the administrative and criminal investigations. The definition of preponderance of the evidence can be found in that policy.

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 WVRJA utilizes a form in order to inform victims of numerous occurrences in the investigation of sexual abuse. Direction for notifying inmates is found in Policy #3052, Pg. 37-38 and in Policy 3036-A, Pg.22-23.

During the interview with the PCO and the review of all investigation files regarding PREA, the auditor was informed that the notification was not always done, however, now it is being given to the inmate to sign and be placed in the investigation file. The inmate is offered a copy of the notification form which they signed.

Items listed in Policy #3052 that are to be conveyed to the victim are as follows:

1. If the investigation conclusion was determined to be substantiated, unsubstantiated or unfounded.
2. If the abuser is a staff member, the victim will be notified as follows:
 - a. If the staff member is no longer posted within the inmate's pod;
 - b. If the staff member is no longer employed at the facility;
 - c. If the staff member is no longer employed by the Authority.
3. If the facility learns that the abuser (staff or inmate) has been:
 - a. Indicted on a charge related to sexual abuse within the facility; or
 - b. Convicted on a charge related to sexual abuse within the facility.

During the interview with the PCO, he informed me that if the inmate is transferred to another WVRJA facility, then the notification still must be given. As the PCO, he will contact the PCO of the facility where the victim is currently housed and ask if that PCO would provide the notification to the inmate and return the signed notification form to him. He was also clear that if the victim was released from WVRJA custody, it is no longer his responsibility to provide that notification.

The PCO also provided the statistics for the last 12 months regarding notification of inmates. There were 13 cases in which notification should be made to the victim and there were 13 documented notifications.

Standard 115.76 Disciplinary sanctions for staff

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

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

The PCO indicated at the time of the onsite audit that there had been no allegations that involved staff members. However, NCRJ has removed a contracted kitchen staff worker because of an inappropriate relationship with an Inmate Trustee that worked in the kitchen. He believed that she had also been criminally charged.

The relevant policy that coordinates with this particular standard can be found at Policy #3052, Pg. 41. The policy reads as follows:

Staff members that are the alleged perpetrators will be immediately placed on non-punitive, non-disciplinary suspension pending the outcome of the internal and criminal investigations.

- a. Where evidence suggests that the alleged abuse took place, the staff member shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. (115.76(a))
- b. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. (115.76(b))
- c. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (115.76(c))

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.

As stated above, the NCRJ has had one instance where a contracted kitchen worker had to be terminated for an inappropriate relationship with one of the male Inmate Trustees that worked in the kitchen. This case was prior to the audit or the dates of the materials required for the audit. It was discussed by the Jail Administrator and PCO with this auditor as an example of how the situation was handled.

The policy on corrective action for contractors and volunteers is included in Policy #3052, Pg. 46. The policy states as follows:

“When an allegation is made involving a staff member contract service provider, volunteer, intern or any individual, the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or harassment policies.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. (155.77(a))”

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.

Through the review of the investigation files, and interviews with the PCO and PREA investigators, it is clear that there is a policy and procedure in place for inmate discipline should the investigation find that an inmate has engaged in inmate-on-inmate sexual abuse.

The inmate discipline procedures are included in Policy #3052, Pg. 47. It clearly articulates what the procedure is should this type of abuse

occur. The policy states as follows:

“Inmate Discipline

1. Inmates shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, outlined in Document Number 15003, 15004, 15005 and the Inmate Handbook, following a full investigation that concluded that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. (115.78(a))
2. Sanctions will be 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. (115.78(b))
3. The disciplinary process shall consider 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. (115.78(d))
4. When an inmate is found guilty of a Class 1 Misconduct related to sexual abuse, the Facility PREA Manager shall refer the inmate to the psychologist for evaluation and possible treatment.
5. 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. (115.78(e))
6. For the purpose of disciplinary action, 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. (115.78(f))

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.

As stated prior in this report, medical and mental health services are contracted through Prime Care Medical. Prime Care Medical provides (12) full time nurses and (4) medical assistants. This medical department operates 24/7. The medical department contracts with a physician who comes to the facility (3) days per week, Tuesday, Wednesday and Friday.

Mental health services are subcontracted through PsyMed. This service is once a week unless there is an urgent need, then they will get the Mental Health practitioner for the urgent need. This mental health service is online. The provider does not actually come to the facility. They cover services at several jails. However, starting August 1, 2016, the facility will have a mental health provider onsite (40) hours per week.

Prime Care Medical has incorporated PREA screening questions into their online management system where all files are stored. These initial questions are asked at the time of booking. If the inmate discloses any institutional sexual abuse, the PCO will be notified and the individual will receive an automatic referral to the Mental Health provider. Also an answer from someone that they were the perpetrator of sexual abuse, will result in an automatic referral to the mental health provider. Both of these referrals must occur within (14) days, but usually occur within a one week period.

Both the facility and Prime Care Medical have policies related to PREA. They work in concert with one another. NCRJ’s policy for medical and mental health screenings/services are found in Policy #3052, Pg. 19 & 50. Prime Care Medical’s procedures are found in their policy “Procedure in the Event of a Sexual Assault”.

Both policies discuss the referral to mental health services for those that have experienced sexual victimization or those that have perpetrated sexual abuse. Additionally, Prime Care Medical’s policy is clear that there must be an informed consent signed before the staff may disclose any information about sexual abuse that did not occur in an institutional setting.

In addition, WVRJA has created checklists for all staff who will be involved when a sexual abuse is reported. There is a checklist provided by the facility to the medical department outlining the process. This is completed and returned to the PCO for inclusion in the file.

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.

Prime Care Medical and NCRJ work together when there is an incident of sexual abuse that has occurred within the prior 96 hours. As mentioned in 115.81, the facility provides a "Health Services Checklist" for the medical department to complete, outlining steps that medical personnel should take in this situation.

The medical department and security staff work together when deciding to send an inmate out for a sexual abuse. However, the medical services personnel have the final decision on whether to send to the hospital. The medical staff indicated that in emergency situations such as this, an inmate will be taken to the hospital within an hour. Additionally, it was discussed that while inmates have to pay for medical services provided by Prime Care Medical, those who are victims of sexual abuse receive services free of charge.

The interview with the medical staff indicated that they have not had a situation to send an inmate out to the hospital for a forensic examination since January 2016.

When inmates return from the hospital, all follow up instructions are followed and carried out as written. Information about emergency contraception and sexually transmitted infections is available in the medical department if needed.

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.

As explained in 115.82, all follow up instructions are followed when a victim returns from the hospital. This includes ongoing medical care. Those victims that do not report within the 96 hour timeframe, still have access to medical services provided at the jail. Medical treatment is never withheld from inmates to force participation in investigations.

Additionally, when there is an allegation of sexual abuse, the victim is automatically referred to mental health services, and the medical department provides information about the local rape crisis center, which is also displayed in every housing unit.

All female inmates are given a pregnancy test upon their arrival at the jail. If there is a claim of vaginal penetration, the medical department will perform another pregnancy test. The victim will also be offered tests for sexually transmitted infections, in the case that they do not go to the hospital. The medical department also has resources for all lawful pregnancy related services should a female inmate become pregnant while they are incarcerated.

All services related to sexual abuse will be provided free of charge for the inmate. Conversations with staff indicated that they feel that medical and mental health services are consistent with the community level of care. In the case of mental health services, the facility feels that they are above the community level of care as they only have to wait a week at the most to see someone and in the community it could take 6-8 weeks to get an appointment with a mental health provider.

Standard 115.86 Sexual abuse incident reviews

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

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

The NCRJ is required by policy to conduct a sexual abuse incident review within (15) days of receiving the receipt of a satisfactory investigation. This is quicker than the (30) timeframe in the standards. This process is outlined in Policy #3052, Pg. 43.

The Authority has developed a form to complete during the review to ensure that all elements required are discussed. The facility will complete these reviews on any cases that are substantiated or unsubstantiated. They do not conduct these reviews for cases that are determined unfounded.

Examples of the reports were reviewed and the forms contained on the form and these are kept in the investigation file. The policy indicates what staff members should be in attendance at these meetings. The list in policy includes: Jail Administrator, FPCO, PREA investigator, Facility Health Care Administrator, Counselor, Director of Inmate Services and Chief of Security. The WVRJA PREA Coordinator may participate in these meetings as necessary.

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.

As there are (10) facilities in the WVRJA, each is required to submit monthly reports to the PREA Coordinator. The PREA Coordinator has developed a reporting sheet for use at each facility and the requirements that are reported are also outlined in Policy #3052, Pg. 42-43. These reports are comprehensive and based on data collected in the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. All of this information, compiled into a yearly report, can be found on the agency website, under the PREA Information tab. The address is: www.rja.wv.gov

The policy is clear about the information collected. It reads as follows:

“PROCEDURE F: DATA COLLECTION

A. Sexual Abuse Incident Reporting

1. The FPCO shall 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 PREA Coordinator for review.

2. Monthly incident based data reports shall be submitted to the PREA Coordinator by the 7th of the following month. (ATTACHMENT E) The data collected shall include at a minimum:
 - a. The total number of allegations of Inmate-on-inmate nonconsensual sexual acts and abusive sexual contacts;
 - b. The total number of staff sexual misconduct and staff sexual harassment allegations;
 - c. Each inmate and staff sexual misconduct allegation must include the incident or investigation number and the disposition;
 - d. Dispositions for each allegation shall be reported as substantiated, unsubstantiated, unfounded or ongoing;
 - e. The statistical portion of the report shall be completed for substantiated allegations.

Standard 115.88 Data review for corrective action

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

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

The data collected for the annual report is extensive and provides a great deal of information regarding where the highest and lowest incident rates are for the Authority so that the highest can be focused on in subsequent years. The annual reports found on the agency website (www.rja.wv.gov) are comprehensive and contain a section of information that provides some recommendations for corrective action that can be taken by the Authority, as well as each facility. This auditor would recommend these annual reports as an example of best practices in the field.

As the Authority does not contract with any private facilities for housing of inmates, there is no data to be collected.

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.

At the facility level, PREA information is retained on a password protected computer used by the PREA Compliance Officer. At the Agency level, the information is kept on password protected computer utilized by the WVRJA PREA Compliance Manager.

As stated before, PREA information can be found on the Agency website. The public can find the past annual reports, as well as PREA Audit reports. No information is posted on the website that would personally identify any one individual.

Policy #3052, Pg. 45 states that all incident based and aggregate data will be maintained for at least (10) years after the date of 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.

Jennifer L. Feicht

July 17, 2017

Auditor Signature

Date