

PREA AUDIT REPORT ☐ Interim ☒ Final

ADULT PRISONS & JAILS

Date of report: 11/28/16

Auditor Information			
Auditor name: Paul Perry			
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Email: perry@pcrj.org			
Telephone number: 540-760-6201			
Date of facility visit: October 19-21, 2016			
Facility Information			
Facility name: Middle Peninsula Regional Security Center			
Facility physical address: 170 Oakes Landing Rd., Saluda, VA 23149			
Facility mailing address: (if different from above) P.O. Box 403, Saluda, VA 23149			
Facility telephone number: (804) 758-2338			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County <i>Regional</i>
	<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: Timothy Doss			
Number of staff assigned to the facility in the last 12 months: 79			
Designed facility capacity: 121			
Current population of facility: 207			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 18-72			
Name of PREA Compliance Manager: N/A		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Middle Peninsula Regional Security Center			
Governing authority or parent agency: (if applicable) Middle Peninsula Regional Security Center Authority			
Physical address: 170 Oakes Landing Rd., Saluda VA 23149			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: (804) 758-2338			
Agency Chief Executive Officer			
Name: Timothy Doss		Title: Superintendent	
Email address: tdoss@mprsc.org		Telephone number: (804) 758-2338 ext. 227	
Agency-Wide PREA Coordinator			
Name: Eve Schick		Title: PREA Coordinator	
Email address: yschick@mprsc.org		Telephone number: (804) 758-2338 ext. 251	

AUDIT FINDINGS

NARRATIVE

Prior to the onsite portion of the audit the Auditor sent a notice of the audit dates to be posted in each inmate living unit. The Auditor observed the notice posted in each inmate living unit while touring the facility. The posting included a statement to the inmate population informing them how to confidentially correspond with the Auditor. The Auditor received one confidential correspondence from an inmate incarcerated at the facility. The letter was from an indigent inmate and was not opened by the facility prior to mailing it. The letter mailed to the Auditor praised the efforts of the facility PREA Coordinator. The Auditor did not interview the inmate because the letter stated the inmate did not wish to speak to the Auditor. The letter explained the PREA Coordinator has the “mental and physical ability” to ensure situations would be handled appropriately. The inmate also stated the PREA Coordinator would keep incidents confidential.

The Auditor received the facility’s Pre-Audit Questionnaire from the PREA Coordinator on October 12, 2016. It was followed several days later with attachments. Attachments to the Pre Audit Questionnaire were sent on a “thumb drive” and included 403 electronic attachments. The electronic attachments included the Middle Peninsula Regional Security Center’s policies, staff and inmate rosters, facility diagrams, staffing plan, training reports and numerous other supporting documents.

The Auditor began review of the Pre-Audit Questionnaire prior to the on-site portion of the audit. During this review the Auditor contacted the PREA Coordinator multiple times with questions, comments, and recommendations. The PREA Coordinator responded quickly to each question, comment, recommendation and request made by the Auditor. The Auditor made recommendations for the content posted on the facility’s website and had several questions regarding the Pre-Audit Questionnaire. The PREA Coordinator responded quickly to the Auditors inquiries. The Auditor provided a plan for the on-site portion of the audit to the PREA Coordinator through email 5 days prior to the audit.

Prior to arriving at the Middle Peninsula Regional Security Center the Auditor contacted the Sexual Assault Nurse Examiner. The Auditor conducted a telephone interview with the SANE. The SANE informed the Auditor a Memorandum of Understanding has been entered into between the Middle Peninsula Regional Security Center and the Walter Reed Hospital. The Auditor was informed that forensic services has not been necessary to date. Inmates are transported to the hospital where 24 hour coverage of Sexual Assault Nurse Examiners is maintained. The SANE informed the Auditor there is a mobile unit who conducts forensic examinations if needed. The Sexual Assault Nurse Examiner contacts an advocate with the Laurel Shelter if an inmate victim requests an advocate’s presence during the examination.

The Auditor also reviewed the facility’s Prison Rape Elimination Act information on the facility’s website. The website includes a “PREA” link. The link includes a description of the Prison Rape Elimination Act, the facility’s zero tolerance policy, directions for reporting sexual assault, PREA Report Form, 2013 through 2015 sexual assault data, and the facility’s annual comparison of data. The website includes sexual assault and sexual harassment investigative responsibilities. The information published on the facility’s website is aggregated annually from January 1 to December 31 of each year. The facility has not published 2016 data as it aggregates data after December 31st.

The Auditor arrived at the Middle Peninsul Regional Security Center on October 19, 2016 to begin the on-site portion of the audit. Prior to beginning the audit, the Auditor spoke to the Superintendent, Assistant Superintendent and PREA Coordinator. Each was aware of the Auditor’s intentions and audit plan. The Auditor explained he will remain flexible so normal operations are not disturbed. The Auditor explained he will take a detailed tour of the facility and may require additional escorts to various areas during the audit. After speaking to the Superintendent and Assistant Superintendent a tour was provided by the PREA Coordinator.

The Auditor toured the facility from approximately 8:15 a.m. to 10:15 a.m. The Auditor was escorted through and observed all areas of the facility. The Auditor toured administrative areas, visitation, library, GED classroom, records office, Shift Commander area, Counselors area, indoor and outdoor recreation, all inmate living units, booking, property, intake sally port, medical, medical housing, laundry, kitchen, main control center, secondary control center, work release area, officer break room, training room, and maintenance shop. While touring the facility the Auditor looked for blind spots, assessed supervision levels, observed camera placements in the facility, conducted informal interviews with staff and inmates and observed posted Prison Rape Elimination Act material. PREA material was located in all areas of the facility. Posters were placed in areas where inmates could read them inconspicuously without ridicule from other inmates. Posters were observed next to inmate televisions, visible from cells, on walls at the ends of corridors and above visitation booths. The PREA Coordinator stated she wanted to ensure inmates could read the material without other inmates knowing it was being read. Posters placed in the library, GED classroom and counseling rooms were placed specifically for privacy and individual help for inmates who may have questions or need assistance reading or understanding the information posted.

Staff were observed by the Auditor making opposite gender announcements when entering inmate living areas during the facility tour. Inmate restrooms and showers within the facility provide a private place where the inmate population can utilize without staff of the opposite gender viewing their breast, buttocks or genital areas. The Auditor informally interviewed 20 inmates during the facility tour. Informal interviews were conducted with 10 staff members, 1 contractor and 1 volunteer.

The Auditor attended a shift briefing and visited with both day and night shifts. In addition to the electronic documentation provided to the Auditor, the facility produced supportive documentation in PREA folders. Supportive documentation included, but was not limited to,

policy and procedures, staffing plan, diagrams, handbooks, training records, employee records, medical records, classification records, investigative files and facility logs. The Auditor reviewed 10 randomly chosen inmate records and medical records. The Auditor also requested additional supportive records from the PREA Coordinator. The Auditor reviewed staff personnel records and investigative files. Supportive documentation was reviewed to determine the facility's level of compliance in prevention, detection, and response to sexual abuse, training and education, risk screening, reporting, investigations, inmate discipline, medical and mental health care, and data collection, review and reporting.

Fourteen staff members were chosen by the Auditor for specialized staff interviews. The Auditor conducted random staff interviews with 10 randomly chosen staff members and randomly chose 13 inmates for interviews. The Auditor also spoke to one inmate on the last day of the audit who was accepted into the facility as a courtesy hold for another facility. There were no transgender inmates currently housed in the facility for the Auditor to interview. There were also no inmates housed in the facility who had reported an allegation of sexual abuse or sexual assault. The facility housed one inmate in the medical housing area who was blind. The Auditor did interview the blind inmate as he agreed to such. In addition, the Auditor interviewed one inmate who reported victimization suffered at another facility and one who reported prior victimization suffered in the community. No inmate refused to speak to the Auditor.

The Auditor conducted specialized staff interviews with mental health counselors, contract staff, human resources, sexual assault investigator, classification, segregation officer, incident review team member, first responder, nurses, volunteers, programs, and first line, intermediate and high level supervisors. Some specialized staff were also interviewed regarding first responder duties for security and non-security staff, depending on their positions within the facility.

The Auditor concluded with meeting the Superintendent, Assistant Superintendent and PREA Coordinator. The Superintendent was informed his staff were very friendly and receptive of the Auditor. He was notified the inmate population appeared to be well managed and knowledgeable regarding the facility's Prison Rape Elimination Act efforts. The facility sanitation was maintained at a high level. While touring the facility the Auditor observed staff interacting with the inmate population. All interactions observed by the Auditor were professional and the staff and inmates appear to have a good rapport. The inmates spoken to by the Auditor all felt safe in the facility and stated they trust the staff to handle any incidents within the facility. The Auditor received no typical complaints from the inmate population. All inmates spoken to praised facility staff and the general consensus perceived by the Auditor was the facility is proactive and ensures inmate complaints are addressed.

The random staff and specialized staff interviewed were from various shifts. Staff interviewed by the Auditor were knowledgeable in their duties and responsibilities regarding the facility's Prison Rape Elimination Act policies. Staff were friendly and appeared willing to speak to the Auditor. While touring staff greeted and initiated conversations. The Auditor confirmed all staff received PREA training through staff training records.

The Auditor perceived the inmate population to be well controlled. Inmates stated they felt safe in the facility and they trusted staff to handle any incidents or issues they may face. Inmates informed the Auditor the facility is generally quiet and well managed. The Auditor observed staff interacting professionally with the inmate population. Inmates were respectful and spoke willingly to the Auditor.

Command staff support the efforts of the PREA Coordinator and maintain a positive approach to compliance with the Prison Rape Elimination Act standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Middle Peninsula Regional Security Center is located at 170 Oakes Landing Road, Saluda, VA 23149. The facility is approximately 15 minutes (driving) to the Rappahannock River on the east. The historic town of Gloucester, Virginia is located to the south of the facility approximately 20 minutes. It is approximately a 32 minute drive to the north to the historic town of Tappahannock, Virginia. Eighteen minutes to the west sits the town of West Point, Virginia, home of the most decorated Marine in history, General Lewis"Chesty" Puller.

The Middle Peninsula Regional Security Center serves the counties of Essex, King and Queen, King William, Middlesex, and Matthews. Representatives from each jurisdiction make up the Middle Peninsula Regional Security Center Authority. The Middle Peninsula Regional Security Center Authority maintains two buildings on a 5 acre parcel. One building is the current regional jail while the other is the "old jail." The "old jail" is not currently operational. The Authority owns an additional 70 acre parcel to the east of the jail. The Middle Peninsula Regional Jail totals 56,384 square footage. The first floor is 43,636 while the second floor is 18,518 square feet. The second floor of the facility is non-living space. The facility houses both local and state inmates.

The facility is comprised of 9 inmate living units. There are 4 multiple occupancy living units, 2 single cell living units and 3 open dormitory housing units. There descriptions are as follows:

Male minimum custody (K pod) includes 28 double cells with 4 – five man cells adjacent to a dayroom. All cells in the living unit have a toilet and sink inside the cell. These cells will be referred to as "wet cells" for the duration of this report. The dayroom includes a water fountain, sink and toilet with a half wall. All showers adjacent to the dayroom include shower curtains for private use. Shower curtains are designed where staff can see below the knees and from shoulders up while in use. Access to all cells is controlled from a secondary control center. There are 6 phones in the dayroom for inmate usage. Twelve cameras are placed throughout the dayroom ceilings and walls. Supervision in the unit is conducted remotely with twice hourly security checks.

Male medium custody (M pod) includes 12 double "wet cells" adjacent to a dayroom. The dayroom has adjacent showers with shower curtains for private use. Shower curtains include a clear bottom and clear top where the inmate's lower legs and upper torso is visible. Three cameras monitor inmate's dayroom activities. Three phones are located in the dayroom for inmate usage. Access to all cells is controlled from a secondary control center. Supervision is conducted remotely by staff while performing twice hourly security checks throughout the unit.

Male maximum custody (L pod) includes 12 double "wet cells" adjacent to a dayroom. L pod is located adjacent to M pod, designed with reverse layout plans and divided by a wall. Showers are adjacent to the dayroom. All showers include the clear top and clear bottom shower curtain. There are 3 phones in the dayroom for inmate usage. Three cameras monitor inmate dayroom activities. Staff perform twice hourly security checks within the living unit. Access to cells is controlled by a secondary control center.

Female medium, minimum and maximum custody (H pod) includes 4 double cells, 1 single cell and 6 beds in the dayroom. All double cells and the single cell are "wet cells." There is a shower and a toilet adjacent to the dayroom. Both the toilet and shower has a curtain for private usage. There are 3 phones in the dayroom for inmate usage. Two cameras monitor inmate dayroom activities. Supervision is conducted remotely with twice hourly security checks. Access to cells is controlled by the main Control Center.

Male Special Housing (N pod) is comprised of 3 single cells. All 3 cells adjacent to the dayroom are "wet cells." There is one shower adjacent to the dayroom that includes the clear top and clear bottom shower curtain. One phone is located in the dayroom for inmate usage. Two cameras monitor inmate dayroom activities. Staff supervision is remote with twice hourly security checks. Access to Special Housing cells is controlled by the main Control Center.

Male Restrictive Housing (D pod) includes 5 single cells. All 5 cells adjacent to a dayroom are "wet cells." There is one shower adjacent to the dayroom. This shower does not include a shower curtain. The shower is strategically placed off the corner of the dayroom. Only one inmate has access to the dayroom at any given time. The shower cannot be viewed by either of the two cameras that monitor dayroom activities. The shower is also not visible from inmate cells or windows from the corridor. One phone is located in the dayroom for inmate usage. Supervision is remote with twice hourly security checks.

Male Trustee (T pod) is an open dormitory style living unit. There are 54 inmate beds in the dormitory. A full wall divides the shower and toilet area from inmate bed spaces. There are 3 toilets and 4 showers behind the wall with divider walls between each. The 4 showers have clear top and clear bottom shower curtains. Three sinks are located adjacent to the dayroom. Inmates have access to 3 telephones located on the dayroom wall. Staff perform remote supervision with twice hourly security checks supplemented with 4 cameras.

Female Dorm (F pod) is an open dormitory style living unit. There are 20 beds located in the dormitory. Two toilets are adjacent to the dayroom with curtains for private usage. There are 2 showers with curtains adjacent to the dayroom. The dayroom also includes 3 phones and 2 sinks. Staff perform remote supervision with twice hourly security checks. Supervision is supplemented with 2 dayroom cameras.

Work Release (W pod) is an open dormitory style living unit. The design layout of W pod is similar to the male trustee pod. There are 58 beds in the open dormitory with 4 cameras viewing dayroom activities. There are 3 toilets and 3 showers behind a full wall. Each is

separated with a divider wall. Showers include clear top and clear bottom shower curtains. Three phones are available to the inmates in the dayroom. The dayroom also includes 3 sinks. Supervision is conducted remotely with twice hourly security checks.

In addition to the above listed living units the facility has 1 special purpose “wet cell” located adjacent to the minimum living unit and 1 special purpose “wet cell” adjacent to the maximum living unit. The facility maintains two “wet cells” in the medical area for inmates who cannot be housed in the general population for medical reasons.

The facility has one non-contact visitation area. The visitation area has 11 booths which allow public access through the administration building while the inmates enter from the secured area of the facility. A camera is located in the public and inmate side of visitation. The main Control Center controls access to both the public and inmate access doors. Visitation is operational Monday, Wednesday, Thursday and Friday from 9:00 a.m. to 11:00 a.m. and 1:00 p.m. to 4:00 p.m. The facility allows contact visitation for special occasions such as child birth.

The facility maintains an inmate library in which 2 inmates may enter at any time. The library also doubles as a programs classroom. There is one camera that monitors activity within the library. There is a large window that allows the main Control Center visibility and staff walking through a corridor visibility inside. Next to the library is a GED classroom which is also monitored by a camera.

There is an indoor and outdoor recreation yard. The maximum amount of inmates allowed to utilize either recreation yard at a time is 15. Both the indoor and outdoor recreation yards are monitored by two cameras that view all areas of the recreation yard. The indoor recreation yard maintains 2 toilets and 2 showers that allow private usage. The indoor recreation yard also doubles to house “weekenders.”

The facility’s intake area includes a classification office, medical and mental health room and 8 multiple occupancy cells. Five of the multiple occupancy cells are camera cells viewable by the intake staff and the main Control Center. All camera monitors in the intake area and the main Control Center include blocked spots over the toilet area so staff cannot observe inmate’s private areas while utilizing the toilet. There is a shower with a door in the intake area. A television is located in the intake for inmates to view a PREA video played by the intake officer. The intake area has 3 cameras in the general booking area. Toilets inside the cells are located behind half walls. Access to the inmate property room is located in the intake area. Inmates are brought in through a sallyport area accessible to transporting officers. The sallyport allows direct access to one cell in the event an inmate cannot begin the booking process immediately. The facility staffs the intake area with male and female staff. A female and a male staff member is always available on shift in the event one is needed.

The facility medical area includes a treatment/examination room, records room, pharmacy, nurses station, 2 offices and a nurse’s station. Medical services are provided by Middle Peninsula Regional Security Center staff. The facility contracts with a Physician, Psychiatrist, Dentist and Optometrist. The Physician provides services weekly, Psychiatrist monthly, Dentist monthly and the Optometrist as needed. The medical area has a CCTV monitor to view inmates in the 5 booking camera cells and the 2 medical cells. There are two medical cells adjacent to the medical area. The medical cells are utilized to house inmates with special medical problems who otherwise could not be housed with the general population. There is no dental lab in the medical area as all inmates are transported to the Dentist. There is no infirmary at the facility. The facility medical department does not operate 24 hours each day but has nurses on call during nights. In the event of emergencies the facility utilizes 911.

There is a laundry room with one large washer and one small washer. The laundry room includes 2 large dryers. Up to two inmates work in the laundry room. The main Control Center monitors inmates working in the laundry on the one camera in the laundry room ceiling. All areas of the laundry room are visible on the camera. The laundry room door remains open so staff can observe inmate workers while conducting twice hourly checks and touring the facility.

The facility kitchen includes a dry storage area, one walk-in refrigerator and one walk-in freezer. Food service is contracted through the Trinity Service Group. One trinity employee and 2 Middle Peninsula Regional Security Center staff operate the facility’s food services. Signs are posted on doors which require direct supervision if more than one inmate enters the refrigerator or freezer. The dry storage area is monitored by a camera. There are 6 cameras that monitor all kitchen areas. Five to seven inmates work in the kitchen.

The “hub” of the facility is the main Control Center. The Control Center is operational 24/7. One staff member on each shift is assigned to the Control Center. Facility doors, living unit lights and cell sink water is controlled by touch screen technology in the Control Center. All facility cameras are viewable through monitors in the Control Center. All cell toilets viewable by cameras include a grey square in the camera software so the inmate’s private areas are not visible to staff.

Administration areas include a lobby, offices, Armory, staff break room, Training Room and locker rooms. The “Old Jail” includes an area where work release inmates change in and out of work clothes. The facility maintenance area is located outside of the secure perimeter of the facility. Maintenance operations are supervised by a civilian maintenance supervisor and one maintenance officer. Maintenance personnel supervise up to 4 inmate workers.

The Auditor did notice various blind spots within the facility. Blind spots within the facility have been address by the Middle Peninsula Regional Security Center. The Auditor observed signs requiring direct supervision of staff if more than one inmate enters those areas. The Auditor observed signs restricting inmate access in areas. The facility upgraded its video monitoring technology in 2014 to include

additional cameras to monitor blind spots. There are 106 cameras that monitor various areas throughout the facility. Cameras monitor booking, medical, gymnasiums, corridors, dayrooms, kitchen, classrooms, library, sallyports, special purpose cells and blind spots.

During the audit the age ratio of the facility ranged from 18 to 72. The average length of stay at the time of the audit was 45 days. At the time of the audit there were 207 inmates confined in the facility, 171 males and 36 females. The racial demographics were calculated utilizing an inmate roster printed on the first day of the audit.

The racial demographics were as follows:

American Indian	1
African American	106
Caucasian	98
Hispanic	1
Unknown	1
Total	207

American Indian Males	1	American Indian Females	0
African American Males	91	African American Females	15
Caucasian Males	77	Caucasian Females	21
Hispanic Males	1	Hispanic Females	0
Unknown Males	1	Unknown Females	0
Total Males	171	Total Females	36

Utilizing the same printed inmate roster the age demographics of the facility were as follows:

Age Range	Percentile
18-24	15%
25-29	18.8%
30-39	35.7%
40-49	17%
50-59	11%
60-69	2%
70-79	.5%
80+	0%

Age	Male	Female	AA Male	AAFemale	White Male	White Female	Other Male	Other Female
18-24	26	5	13	2	12	3	1	0
25-29	33	6	22	4	11	2	0	0
30-39	59	15	31	3	26	12	2	0
40-49	32	3	14	1	18	2	0	0
50-59	17	6	11	4	6	2	0	0
60-69	3	1	0	1	3	0	0	0
70-79	1	0	0	0	1	0	0	0
80+	0	0	0	0	0	0	0	0
Total	171	36	91	15	77	21	3	0

SUMMARY OF AUDIT FINDINGS

The Auditor made recommendations of several minor policy changes prior to the on-site portion of the audit. The facility responded to the Auditor's requests and developed a change to policy. The Auditor found the facility showed substantial compliance with 40 (all applicable) of the PREA Standards.

The Auditor found standard 115.12 (Contracting with other entities for confinement of inmates) not applicable to the Middle Peninsula Regional Security Center. The Middle Peninsula Regional Security Center does not contract with other entities for the confinement of its inmates.

The Auditor found standard 115.14 (Youthful inmates) not applicable as the Middle Peninsula Regional Security Center maintains a Memorandum of Understanding with the Northern Neck Regional Jail to house its youthful inmates.

The facility does not have administrative procedures to address inmate grievances regarding sexual abuse. The facility has other means available for inmate reporting. The Auditor found standard 115.52 does not apply to the Middle Peninsula Regional Security Center.

The Auditor made several recommendations to the PREA Coordinator in continuing efforts to comply with the Prison Rape Elimination Act of 2003. These were merely recommendations of practices, updates to reports, tracking mechanisms, and website reporting. The Auditor clarified interpretation questions the PREA Coordinator had. The facility maintains a positive culture towards prevention, detection, and response to sexual abuse and sexual assault.

Number of standards exceeded: 0

Number of standards met: 40

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.

Auditor Discussion:

The Auditor viewed facility policy which stipulates a zero tolerance toward sexual abuse of inmates, staff-on-inmate sexual misconduct, and inmate-on-inmate sexual misconduct. Facility policy includes the Middle Peninsula Regional Security Center's approach to prevention, detection, and response to sexual abuse and sexual harassment throughout the 51 page policy. Policy includes definitions of prohibited behaviors. Definitions listed in policy include; sexual abuse, sexual assault, sexual harassment, sexual misconduct, and voyeurism. Furthermore, the facility's Prison Rape Elimination Act policy includes definitions of carnal knowledge and rape as defined in Virginia Code Sections 18.2-64.2 and 18.2-61. Facility policy includes discipline sanctions for those engaging in the prohibited sexual behaviors on pg. 42 – 43.

The Middle Peninsula Regional Security Center operates one facility and employs a PREA Coordinator. The facility's PREA Coordinator reports directly to the Assistant Superintendent. The PREA Coordinator feels she has sufficient time and authority to develop, implement and oversee the Middle Peninsula Regional Security Center's PREA compliance efforts.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 1-51
Middle Peninsula Regional Security Center's Organizational Chart
Interview with PREA Coordinator
Interviews with Inmates
Staff Training Records
Inmate Education Records
Letter from Inmate
Training Records

Analysis/Reasoning

The Auditor established the facility has a zero tolerance culture through interviews with staff and inmates. Inmates informed the Auditor staff take allegations serious and ensure incidents of sexual abuse and sexual harassment are investigated. The Auditor verified allegations were correctly handled by staff. The facility's PREA policy includes its approach to prevention, detection and response to sexual abuse/harassment. The pre-audit response of the PREA Coordinator assisted the Auditor in determining her position as having sufficient time and effort to oversee compliance with PREA standards. A letter was sent to the Auditor from an inmate who praised the efforts of the PREA Coordinator. The Auditor reviewed documentation that every staff member has received PREA training and every inmate has received PREA education.

Conclusion:

Inmates informed the Auditor they feel safe in the facility and trust staff to handle allegations of sexual abuse and sexual harassment. Inmates also informed the Auditor they "trust" staff. PREA information, including the facility's zero tolerance approach, is strategically posted throughout the facility. Staff and inmates are fully aware of the facility's zero tolerance policy. The Auditor determined the Middle Peninsula Regional Security Center meets all the requirements of PREA Standard 115.11.

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.

Not Applicable

The Middle Peninsula Regional Security Center does not contract for confinement of its inmates with other agencies.

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.

Auditor Discussion:

Policy requires the facility to comply with a staffing plan that provides for adequate staffing levels and video monitoring to protect inmates against sexual abuse. Policy requires the Superintendent or his designee and the PREA Coordinator to assess, determine and document adjustments to the staffing plan, video monitoring capabilities, and available resources. The Auditor reviewed the facility's 2016 staffing plan which appears adequate for providing sufficient staffing of the facility. The approved 2016 staffing plan added 3 additional officers to each shift and includes provisions of "on call" staff to cover shift shortages.

During the tour the Auditor observed sufficient staffing to supervise the inmate population. Additional cameras were added in 2014 to further protect inmates from sexual abuse. The Auditor observed cameras in living unit dayrooms, corridors, booking, laundry, kitchen, library, program areas, visitation, counseling areas, and medical. Documentation was reviewed showing the facility considered blind spots when adding new cameras in 2014. The facility has no findings of inadequacy by a governing body. Daily deviations of the staffing plan are documented by the Shift Commander on the Shift Commander's Log on each shift.

The PREA Coordinator participates in decisions that consider adjustments to the staffing plan. The PREA Coordinator participates in the decisions with the Superintendent and Assistant Superintendent and documents the meeting on a letter signed by the 3 participants. The meeting occurs annually.

Intermediate level supervisors are required to make unannounced rounds throughout the facility to deter sexual abuse and sexual harassment. These rounds are documented in the Shift Commander's Log on both day and night shifts. Facility policy also prohibits all staff from alerting others of supervisory rounds.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 8 - 9

MPRSC Staffing Plan

Annual Staffing Plan Review Letter

Shift Commander's Log

Staff and inmate interviews

Analysis/Reasoning

While touring the facility the Auditor observed sufficient staff to assist in preventing, detecting and responding to allegations of sexual assault and sexual harassment. Supervisory staff were observed making unannounced rounds in inmate living units. Supervisors are aware of the facility policy prohibiting staff from alerting other staff of supervisory rounds. Supervisors informed the Auditor they conduct rounds at irregular intervals with no discernible pattern. Supervisors stated they would hold staff accountable if detected alerting other staff of supervisory rounds. Subordinate staff are aware of the facility policy prohibiting others of supervisory rounds.

Conclusion:

The staffing plan reviewed by the Auditor was sufficient to meet all elements of standard 115.13. Inmates informed the Auditor they feel safe in the facility and are confident in staff abilities. The Auditor reviewed Shift Commander Logs with daily deviations of shift personnel. Inmates informed the Auditor staff do make unannounced rounds in inmate living units. The Auditor found the Middle Peninsula Regional Security Center meets PREA standard 115.13.

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.

Auditor Discussion:

Facility policy states the Middle Peninsula Regional Security Center does not house youthful inmates.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 10

Memorandum of Understanding

Intake Records

Population Reports

Analysis/Reasoning:

Population reports, intake records and interviews with staff reveal the facility has not housed a youthful inmate during this audit period.

Conclusion:

The Middle Peninsula Regional Security Center has a Memorandum of Understanding with the Northern Neck Regional Jail to house any youthful inmates taken into custody. The Auditor determined this standard non-applicable to the Middle Peninsula Regional Security Center as a youthful inmate is immediately transported to the Northern Neck Regional Jail.

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.

Auditor Discussion:

Facility policy prohibits cross-gender searches of female inmates. The policy also requires all visual body searches to be performed by a staff member of the same sex as the inmate. The policy addresses cross-gender searches of inmates in exigent circumstances. Policy requires general searches of inmates be conducted by staff of the same gender as the inmate being searched, if practical. The facility maintains female security staff on all shifts and prohibits male security staff from performing cross gender pat-down searches of female inmates. There are male and female staff working in the booking area on all shifts. Policy requires cross-gender searches to be documented on a facility Incident Report, to include justification for the search. The facility reported no cross-gender strip or cross gender visual body cavity searches in the past 12 months. There were no reported incidents of medical staff performing such searches in the past 12 months.

Facility policy and practice enables inmates the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. The policy requires any staff member of opposite gender to announce his/her presence when entering an inmate living unit. The Auditor observed signs posted at the entrance of each inmate living unit reminding staff to make opposite gender announcements when entering.

Female inmates in the facility are afforded the same programming and out of cell activities as male inmates. Female inmates informed the auditor they are never restricted access because a same sex staff member is not present to conduct a pat-down search. The facility maintains female staff on every shift. There were no reported incidents of a male staff member conducting a pat-down search of a female inmate. Both staff and inmate interviews revealed male staff do not perform cross-gender pat-down searches of female inmates.

The facility maintains a Memorandum of Understanding with the Northern Neck Regional Jail to house its transgender inmates. The Auditor reviewed training documents of all staff receiving training to conduct cross-gender searches and searches of transgender and intersex inmates.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 10 - 11
Memorandum of Understanding with the Northern Neck Regional Jail
Shift Rosters
Training Lesson Plans – Searches
Training Attendance Rosters
Training Curriculum
Staff and Inmate Interviews

Analysis/Reasoning

There were no incidents of cross-gender or transgender searches for the Auditor to review. All transgender inmates are transported directly to the Northern Neck Regional Jail for their incarceration. The Auditor did review shift rosters which included female and male staff on each shift. The Auditor observed both male and female staff on each shift visited. The facility purposely maintains staffing levels at approximately 53% male and 47% female to ensure adequate coverage of both the male and female inmate populations, and to eliminate the need for cross gender viewing and searches. The Auditor verified through training records every security staff member received training to conduct cross-gender searches and searches of transgender and intersex inmates. No staff member or inmate has witnessed or heard of an incident in which a cross-gender strip search was conducted at the Middle Peninsula Regional Security Center.

Observations were made of shower and toilet areas in each inmate living unit. Both shower and toilet areas provide privacy so staff members of the opposite sex cannot view the inmate's private areas. All camera monitors include a gray spot on the monitor so staff cannot view inmate private areas while utilizing toilets. Inmates informed the Auditor they can shower privately and are never in full naked view in front of staff of the opposite gender. All inmates interviewed by the Auditor informed they hear staff making opposite gender

announcements when entering living units. Staff were observed making opposite gender announcement while the Auditor toured the facility.

The training curriculum reviewed included professional and respectful treatment of transgender and intersex inmates. Staff informed the Auditor they would contact medical staff if they were unsure of an inmates gender. Staff are aware facility policy prohibits them from searching a transgender or intersex inmate for the sole purpose of determining gender.

Conclusion:

The facility's policy meets the elements of this standard. Staff have been trained and understand their responsibilities regarding cross-gender searches. Inmate and staff interviews reveal the facility complies with cross-gender searches. The physical plant of the facility provides areas for inmates to shower and toilet privately. The Auditor determined the facility meets all requirements of PREA standard 115.15.

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.

Auditor Discussion:

Facility policy mandates inmates with disabilities equal opportunities to participate in all aspects of the facility's prevention, detection and response to sexual abuse/harassment information and education. The facility provides PREA material to inmates who are deaf or hard of hearing, blind or low vision, and those with intellectual, psychiatric or speech disabilities. Information is provided through closed captioned video, in writing, interpreted through a language line or directly read by a staff member to the inmate. The agency provides interpretative services with a language line service through Language Line Services, Inc. Teletype phone is also maintained for the use of hearing impaired inmates. Facility policy prohibits the use of inmate interpreters unless a delay would compromise an inmate's safety, the performance of first-response duties or the investigation of an inmate's allegations.

Evidence Relied Upon:

Policy - Prison Rape Elimination Act pg. 12 - 13
Initial PREA Information
Language Line Services, Inc.
PREA Brochure
PREA Video
PREA Orientation Acknowledgement
Comprehensive Inmate PREA Training

Analysis/Reasoning:

Facility procedures are sufficient to ensure all inmates with disabilities benefit from the facility's PREA prevention, detection and response information and education. The Auditor interviewed one inmate who was blind. The inmate informed the Auditor staff were very helpful to him and read all information that was not discussed on the PREA education video. The inmate was able to communicate the facility's zero tolerance policy, how to report sexual assault/harassment and other aspects of the facility's PREA efforts when asked by the Auditor.

The facility's written PREA material is in English and Spanish. Posters throughout the facility are also bilingual. The PREA educational video is closed captioned for the hard of hearing or deaf. The facility maintains the closed captioned video in English and Spanish versions. The Classification Officer discusses PREA material with each inmate booked into the facility to ensure they understand the PREA material.

In the event an inmate speaks a specialized vocabulary the facility utilizes interpreters through the Language Line telephone services. The facility maintains Spanish speaking staff and one staff who performs sign language. Interviews with staff and inmates reveal the facility does not utilize inmate interpreters for PREA related information, education or investigations.

Conclusion:

The facility's PREA procedures and materials are sufficient to ensure all inmates benefit. Interviews with inmates reveal they are aware of the Middle Peninsula Regional Security Center's PREA practices, information and education. The Auditor determined the facility meets PREA standard 115.16.

Standard 115.17 Hiring and promotion decisions

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

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

Auditor Discussion:

Policy prohibits the hiring or promotion of anyone who may have inmate contact and prohibits enlisting contractors who may have inmate contact who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The policy also prohibits hiring those persons who have been convicted or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Policy also prohibits hiring those who have been civilly or administratively adjudicated to have engaged in these activities. All applicants are asked questions regarding sexual abuse and sexual harassment as listed in PREA Standard 115.17 (a) during the pre employment process.

Before hiring new employees the agency performs a criminal background check through the Virginia Criminal Information Network and the National Crime Information Center. All applicants, staff, contractors, and volunteers sign a Sexual Misconduct Information Release Form authorizing the facility to conduct a criminal history record check. Policy requires the facility to make its best efforts to contact all prior institutional employers prior to hiring an individual. Background record checks are conducted on contractors and volunteers prior to enlisting services. Policy requires the PREA Coordinator to conduct background record checks of employees and contractors at least every five years.

The facility is required by policy to report substantiated allegations of sexual abuse or sexual harassment upon receiving a request from an institutional employer involving a former Middle Peninsula Regional Security Center employee. The facility's Prison Rape Elimination Act policy informs staff material omissions regarding sexual misconduct, or the provisions of materially false information, shall be grounds for termination.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 13 - 15
Sexual Misconduct Information Release Forms
Employment Application
Employee Files
Staff Interviews

Analysis/Reasoning:

The Auditor interviewed staff who perform background checks and staff who participate in the hiring process. The Auditor reviewed records documenting all staff and contractors have had criminal record background checks conducted. There were no staff promoted within the last 12 months.

Prior to offering employment the applicant completes a form documenting information regarding prior sexual abuse/harassment as required by PREA standard 115.17 (a)(b). The Auditor reviewed the files of the five most recent hired employees. One of the five had previous experience with another regional jail. The facility documented its effort to contact the regional jail to determine information on substantiated allegations of sexual abuse or resignation pending an investigation regarding sexual abuse.

The facility imposes a continuing affirmative duty upon staff to disclose information related to sexual misconduct.

Conclusion:

The Middle Peninsula Regional Security Center makes appropriate efforts to uncover previous acts of sexual abuse/harassment before hiring staff or enlisting the services of contractors. Appropriate attempts are also made in an attempt to discover sexual misconduct of current employees. The facility has procedures in place to ensure compliance with all requirements of PREA standard 115.17. The Auditor determined the facility meets the requirements of this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

Auditor Discussion:

Facility policy mandates the agency considers the effects of design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The Prison Rape Elimination Act policy also mandates the facility to consider how video and electronic monitoring systems may enhance the agency's ability to protect inmates.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 15
Video Monitoring System Diagram
Camera Upgrade Documentation
Auditor Observation

Analysis/Reasoning:

The Middle Peninsula Regional Security Center has not designed or acquired any new facility during this audit period. There were no physical plant modifications of the current facility. In 2014 the facility upgraded its video monitoring technology equipment. The upgrade from analog to digital included the addition of cameras. Documentation reviewed by the auditor revealed the facility discussed the coverage of blind spots. Additional cameras were installed in blind spot areas.

Conclusion:

The facility considers the effects of design, acquisition, expansion, or modification upon the facility's ability to protect inmates from sexual abuse. The facility also considers how video monitoring technology enhances the protection of inmates. The Auditor determined the facility meets PREA Standard 115.18.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

corrective actions taken by the facility.

Auditor Discussion:

Middle Peninsula Regional Security Center policy requires transporting inmate victims of sexual abuse to the Riverside Walter Reed Hospital if the incident is reported or discovered within a time period allowing for the collection of usable forensic evidence. Policy allows for Middle Peninsula Regional Security Center's, Sexual Assault Investigators to conduct administrative investigations only. All criminal investigations and evidence collection are conducted by the Middlesex County Sheriff's Office investigators.

Sexual abuse allegations received or incidents of sexual abuse that occur within the Middle Peninsula Regional Security Center where the evidence of conduct supports criminal behavior are referred to the Middlesex County Sheriff's Office for investigation. Forensic evidence collection is performed by a Sexual Assault Nurse Examiner from the Riverside Walter Reed Hospital in Gloucester, Virginia. The forensic examination takes place at the Riverside Walter Reed Hospital. The SANE follows a uniformed evidence protocol when collecting evidence. The facility had no allegation of inmate-on-inmate sexual assault requiring transportation to the hospital during this audit period.

The Middle Peninsula Regional Security Center has not housed a youthful offender during this audit period and maintains a Memorandum of Understanding with the Northern Neck Regional Jail to house youthful offenders.

No state entity or U. S. Department of Justice component is responsible for conducting sexual assault investigations at the Middle Peninsula Regional Security Center.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 15 – 17
Riverside Health Systems Policy – Forensic Nurse Examiner
Riverside Health Systems Policy – Disposition of Evidence in Criminal Cases
MOU – Riverside Walter Reed Hospital
MOU – Middlesex County Sheriff's Office
MOU – Laurel Shelter, Inc.
Victim Advocate Credentials
Interview with Sexual Assault Nurse Examiner
PREA Handout

Analysis/Reasoning

The agency is responsible for conducting administrative investigations. Usable physical evidence is collected by the Middlesex County Sheriff's Office investigator. The facility secures the incident scene and allows entry only to the Middlesex County Sheriff's Office Investigator. A facility log is maintained to document actions within the scene. Forensic examinations are conducted by a Sexual Assault Nurse Examiner. The Auditor reviewed the Riverside Health Systems policy for forensic nurse examinations and disposition of evidence in criminal cases. The protocol maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

The Auditor contacted the Sexual Assault Nurse Examiner prior to the audit. The SANE informed the Auditor of the evidence collection process. Coverage of Sexual Assault Nurse Examiners is 24/7 within the Riverside Walter Reed Hospital. In the event evidence collection must take place elsewhere the hospital maintains a mobile Sexual Assault Nurse Examiner. Facility policy prohibits charging inmates a monetary fee for the examination. The Sexual Assault Nurse Examiner informed the Auditor she contacts the Laurel Shelter for a victim advocate to accompany the victim. The victim advocate is allowed to accompany the victim during the entirety of the examination and the investigatory interview conducted by the Middlesex County Sheriff's Office. In the event a victim advocate with the Laurel Shelter is not available the facility maintains 2 mental health professionals from the local Community Services Board in the facility. Both mental health professionals have received certification as victim advocates. Their usage as victim advocacy is utilized as a "last resort."

The facility maintains a Memorandum of Understanding with the Middlesex County Sheriff's Office for conducting sexual abuse investigations within the facility. The Auditor reviewed the memorandum which requires the Middlesex County Sheriff's Office to follow a uniform evidence protocol that maximizes obtaining usable physical evidence, allow a victim advocate to be present during the forensic evidence collection and investigatory interviews and show compassion and sensitivity to the victim.

The inmate population interviewed by the Auditor were aware of services provided by the Laurel Shelter. Posters including information about the Laurel Shelter were observed throughout the facility, including in inmate living units. Information about the Laurel Shelter is also provided to the inmate population in the PREA Handout. The PREA Handout includes a statement to the inmate population informing them the services are rendered free of costs.

Conclusion:

The facility maintains appropriate Memorandums of Understanding with the Laurel Shelter for victim advocacy and Middlesex County Sheriff's Office for investigations. Forensic examinations are conducted to maximize usable evidence. The Auditor observed significant

evidence to determine the facility meets all elements of this standard.

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.

Auditor Discussion:

The Middle Peninsula Regional Security Center's policy requires all allegations of sexual abuse and sexual harassment are investigated. The MPRSC conducts administrative investigations while the Middlesex County Sheriff's Office conducts criminal investigations. The facility website includes the facility's policy to refer criminal acts of sexual abuse to local law enforcement for investigation.

The facility's annual report published on its website included 3 allegations of inmate on inmate sexual abuse/harassment. There were no reported staff-on-inmate sexual abuse or sexual harassment incidents. Of the 3 incidents reported on the facility's website, 2 were unfounded while the other was founded. The founded incident was an incident of abusive inmate-on-inmate sexual contact. The Auditor reviewed documentation showing the incident was referred to the Middlesex County Sheriff's Office for investigation.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 17 - 18.
Middle Peninsula Regional Security Center's Website
Investigative Reports
Interviews with Investigators

Analysis/Reasoning:

The Auditor reviewed the investigative report of a founded inmate-on-inmate sexual contact incident. The report noted referral to the Middlesex County Sheriff's Office for criminal investigation. The Auditor interviewed one Middle Peninsula Regional Security Center sexual assault investigator. The investigator contacts the Middlesex Sheriff's Office directly to make the referral. The investigator informed the Auditor referrals are documented in investigative reports. The Auditor was also informed all allegations are investigated. No state entity or U. S. Department of Justice component is responsible for conducting sexual assault investigations at the Middle Peninsula Regional Security Center.

Conclusion:

Middle Peninsula Regional Security Center employees document and make referrals of criminal acts of sexual abuse and sexual harassment to the Middlesex County Sheriff's Office investigators. Every allegation is investigated to the fullest extent. The Auditor determined the facility meets the requirements of PREA standard 115.22.

Standard 115.31 Employee training

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

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

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

Auditor Discussion:

The Middle Peninsula Regional Security Center policy requires all staff to be trained on the elements listed in PREA Standard 115.31 (a) 1-10. The facility's training curriculum, lesson plans and Power Point presentations were reviewed by the Auditor. The training provided to all staff was indepth and included 44 Power Point slides with 18 pages of lesson plans. The curriculum was tailored to both male and female inmates. The Auditor observed staff signatures denoting their understanding of the training they received. Policy requires staff to receive refresher training every two years while receiving refresher information in between those years.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 18 - 19
Training Curriculum
Lesson Plans and PowerPoints
Training Rosters 2015 and 2016
Staff Interviews

Analysis/Reasoning:

The Auditor reviewed the training documents of all Middle Peninsula Regional Security Center staff. Each employee signed a Staff Training Acknowledgment form denoting his/her understanding of the training received. The training curriculum reviewed by the Auditor meets all elements of PREA standard 115.31(a)1-10.

The Auditor interviewed random and specialized employees. Each was asked questions regarding the PREA training they received. Middle Peninsula Regional Security Center staff retained the training and were able to answer the Auditor's specific questions about the facility's zero tolerance policy, employee responsibilities, right to be free from sexual abuse/harassment and retaliation, sexual abuse dynamics, reactions of victims, detection and response, avoiding inappropriate relationships, communicating with LGBTI inmates, and compliance with relevant mandatory reporting laws. The facility reported 71 staff members (current staffing number) have received PREA training.

Conclusion:

The Auditor found the Middle Peninsula Regional Security Center meets the requirements of PREA Standard 115.31. Both security and non-security staff have been trained and understand the training they received.

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.

Auditor Discussion:

Facility policy mandates all volunteers and contractors who have inmate contact receive training based on the level of service provided. The facility reported 51 current volunteers and contractors have been trained in their responsibilities under the facility's prevention, detection and response policies. All volunteers and contractors must read the facility's "Prison Rape Elimination Act: Your Role in Preventing, Detecting, Responding" brochure.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 20
Volunteer and Contractor Training Curricula
Interviews with Volunteers and Contractors
Training Records
PREA Audit Report

Analysis/Reasoning:

The Auditor reviewed training acknowledgment forms of 38 building and maintenance, 4 doctors, 3 x-ray technicians and 4 food service contractors. There were 43 training acknowledgment forms of volunteers reviewed by the Auditor. In addition to the brochure, contractors who perform regular duties in the facility receive the PREA training provided to all employees. Each volunteer and contractor is required to read and sign a Training Acknowledgment Form acknowledging their understanding of the policies they have read.

The Auditor interviewed both contract and volunteer personnel. Each interviewed by the Auditor was able to articulate their responsibilities of the training they received.

Conclusion:

The facility provided documentation showing all volunteers and contractors received PREA training and signed an acknowledgment of understanding. Volunteers and contractors articulated their understanding of the facility's zero tolerance policy and how to report incidents. The Auditor found the facility meets the requirements of this standard.

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.

Auditor Discussion:

Facility policy requires inmates to receive PREA related information during the booking process. Policy also requires the Classification Officer to give each inmate a verbal PREA orientation during the booking process. This allows each inmate the opportunity to privately ask questions or address concerns. Before an inmate is assigned to a living unit he/she is provided comprehensive education by a Booking Officer. The comprehensive inmate education occurs within 30 days of intake. The facility mandates information be readily available or visible to the inmate population through posters, Inmate Handbook or other written form. Each inmate signs a form acknowledging his/her participation in the comprehensive education.

The initial and comprehensive education is provided in multiple formats. Initial information is provided in English and Spanish. The facility contracts with Language Line, Inc. for other languages. The facility's PREA education video is provided in English and Spanish with closed captioned for the hard of hearing.

In the past 12 months 1676 inmates received initial PREA information. Of the 1676 inmate there were 561 who were in the facility for more than 30 days who received the comprehensive education.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 20 - 22
PREA Orientation Acknowledgment
PREA Brochure
PREA Video
Inmate Handbook
Staff Interviews
Inmate Interviews

Analysis/Reasoning:

Inmates are provided a PREA Brochure and Inmate Handbook upon intake. Both include information regarding the facility's zero tolerance policy and how to report sexual abuse and sexual harassment incidents. Inmates are provided comprehensive education prior to assignment in a living unit. The comprehensive education occurs within 72 hours of arrival and is provided in video format. The video includes information regarding an inmate's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The comprehensive education video includes information for response to sexual abuse and sexual harassment.

The facility's comprehensive education is provided by closed captioned video in English and Spanish. The Classification Officer also provides PREA education one-on-one with each inmate booked into the facility. Each inmate signs an acknowledgment form denoting their participation. The facility makes key information readily available through posters, PREA Brochure and in the Inmate Handbook. Posters are in all areas of the facility in which inmates utilize.

Interviews with inmates reveal they receive initial and comprehensive education. One inmate the Auditor interviewed had been booked into the facility multiple times. The inmate informed the Auditor the PREA information and education was provided each time. The Auditor also interviewed an inmate currently undergoing the booking process. The inmate informed the Auditor she received her PREA information as soon as she arrived. One blind inmate was interviewed by the Auditor. The blind inmate was able to answer the Auditors questions regarding the facility's PREA efforts. The inmate stated staff were "really helpful" in making sure he received the information and education and that he understood.

Conclusion:

The facility provides and ensures all inmates benefit from PREA information and comprehensive education. Inmates informed the Auditor they have PREA material constantly available. The Auditor observed continuously available material posted throughout the facility. The Middle Peninsula Regional Security Center is not required to educate inmates transferring because it only operates one facility. The Auditor determined the inmate population was educated in the facility's PREA efforts and found the facility meets all requirements of PREA Standard 115.33.

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.

Auditor Discussion:

Facility policy requires special training for sexual assault investigators. Policy requires all investigators be trained for techniques for interviewing sexual assault victims, use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation is maintained in employee training records at the facility.

The agency has 3 trained sexual assault investigators. One investigator completed the National Institute of Corrections, "Investigating Sexual Abuse in a Confinement Setting" course and attended a "Basic Investigator" course hosted by MPRSC. The other 2 investigators attended a course at the Rappahannock Regional Criminal Justice Academy titled, "PREA Investigator". No state entity or Department of Justice component conducts investigations in the facility.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 22
Training Records
Training Curriculum
Interviews with Investigators

Analysis/Reasoning:

The Auditor interviewed the sexual assault investigator who has conducted the majority of investigations at the facility. The investigator clearly articulated proper use of Miranda and Garrity warnings, evidence to substantiate a case for prosecution and investigative findings, techniques for interviewing sexual assault victims and the facility's evidence collection protocol. The Auditor reviewed the training certificates of all 3 of the facility's sexual assault investigators. The Auditor also reviewed the training curricula of both sexual assault investigator courses. The Auditor verified all 3 investigators received the general training all employees receive.

Conclusion:

The Auditor found the facility meets the requirements of this standard as each facility sexual assault investigator has been properly trained to investigate sexual abuse allegations.

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.

Auditor Discussion:

Policy requires medical and mental health staff receive specialized training in addition to training mandated for employees. The training includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 23
Training Records
Training Curriculum
Interviews with Medical Staff

Analysis/Reasoning:

The Auditor reviewed training documentation of 14 medical and contract medical and mental health staff. Each Middle Peninsula Regional Security Center medical staff and contract personnel completed the National Institute of Corrections', Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The National Institute of Corrections course was designed specifically to meet the requirements of PREA standard 115.35.

No medical staff employed by the facility conducts forensic examinations. Forensic examinations are conducted by a Sexual Assault Nurse Examiner at the Riverside Walter Reed Hospital. Though forensic examinations are not conducted by Middle Peninsula Regional Security Center staff the contract physician has received certification to do so. The Auditor reviewed training records of all MPRSC staff and contract medical and mental health professionals. In addition to the National Institute of Corrections training each completed the training provided to all employees and/or contractors.

The Auditor interviewed 3 MPRSC medical and 3 contract mental health professionals. Each was knowledgeable in detecting and assessing signs of sexual abuse/harassment, preserving physical evidence, responding effectively and professionally to victims and how and to whom to report allegations or suspicions of sexual assault/harassment.

Conclusion:

The Auditor verified that medical and mental health personnel received training as mandated by this standard. The Middle Peninsula Regional Security Center meets the requirements of PREA standard 115.35.

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.

Auditor Discussion:

The facility has a policy which requires all inmates be assessed during intake for their risk of being sexually abused or sexually abusive toward other inmates. The screening ordinarily occurs within hours after arriving to the facility. The objective classification considers mental, physical, or developmental disabilities, age, physical build, previous incarcerations, exclusive nonviolent criminal history, prior convictions for sex offenses against an adult or child, perceptions of being gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous experiences of sexual victimization, the inmate's own perception of vulnerability, and incarceration solely for civil immigration purposes. The objective screening instrument also evaluates prior acts of sexual abuse, prior convictions for violent offenses, and prior institutional violence or sexual abuse. No inmate had been disciplined in the past 12 months for refusing to answer the intake questions; policy prohibits discipline action for such.

The facility's Prison Rape Elimination Act policy requires a reassessment of an inmate's risk of victimization within 30 days of his/her booking date. Policy requires the assessment based upon additional information received by the facility since intake, or due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Policy also limits information gained from the initial intake assessment to those with a need to know.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 24-25
Classification and Intake Documents
30 Day Assessment Form
Discipline Records
Interviews with Intake/Classification Personnel
Interviews with Inmates

Analysis/Reasoning:

The Auditor reviewed records provided by the facility. In addition, the Auditor pulled 10 random inmate classification records while in the records office. All classification records reviewed by the Auditor considered all elements of PREA standard 115.41 (d)1-10 and (e). Each file reviewed by the Auditor included a 30 day reassessment.

Classification staff informed the Auditor she probes for more information when an inmate answers yes to any of the initial intake questions. Classification attempt to gain as much information possible to aid in their determination of vulnerability or aggressiveness. The facility had no inmate identified at risk of sexual victimization during the audit. There was also no 30 day assessment conducted which changed an inmate's level of risk of victimization.

Interviews with intake and classification staff and inmates revealed inmates are not disciplined for refusing to answer initial intake questions. Inmates informed the Auditor they recall answering questions during the intake process based on information required in PREA standard 115.41(d)1-10 and (e). In addition to classification questioning medical personnel assigned to the booking area also consider and ask questions regarding sexual victimization during the booking process.

Information regarding sexual victimization and sexual abusiveness is maintained electronically in the Offender Management System. Access rights in the Offender Management System are restricted with passwords to staff with a need to know. Only select staff have the ability to access the classification portion of the Offender Management System. Information regarding sexual victimization maintained in medical records is only accessible to medical and mental health staff.

Conclusion:

The facility is considering the information required in PREA standard 115.41 (d)1-10 and (e) to determine an inmate's risk of sexual abusiveness or aggressiveness. The Middle Peninsula Regional Security Center maintains controls to ensure information obtained at booking is limited to select staff with a need to know. The Auditor determined the facility meets PREA standard 115.41.

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.

Auditor Discussion:

The Auditor reviewed facility policy which requires risk screening information be used for housing, bed, work, education, and programming assignments. This information is used to keep separate those at high risk of sexual victimization from those at high risk of sexual abusiveness. Policy mandates classification staff make individualized determinations to ensure the safety of each inmate. The facility does not house transgender or intersex inmates. Policy prohibits placing gay, lesbian, bisexual, transgender and intersex inmates in dedicated living units.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 26

Inmate Records

Housing Logs

MOU – Northern Neck Regional Jail

Inmate Interviews

Staff Interviews

Analysis/Reasoning:

There were no inmates identified at risk of sexual victimization at the time of the audit. The facility maintains a Memorandum of Understanding with the Northern Neck Regional Jail to house transgender and intersex inmates. Classification documents reveal the facility considers the information obtained from the initial classification assessment to make individualized determinations to ensure the safety of each inmate.

Random inmates interviewed by the Auditor stated they were asked questions during booking about their sexual preference and if they identified as transgender or intersex.

Conclusion:

The facility is making individualized determinations on each inmate entering the facility. The facility maintains procedures to ensure abusers will be separated from victims. The Auditor determined the facility meets the requirements of this standard.

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.

Auditor Discussion:

Facility policy prohibits placing those at high risk of sexual victimization in involuntary segregation unless all available alternatives have been made with a determination that no available alternative means of separation exist. Policy allows the facility to place a high risk inmate in involuntary segregation for less than 24 hours until an assessment can be conducted. Any restrictions to programs, privileges, education, or work opportunities are documented with the duration, reasons and opportunities restricted.

Facility policy also requires involuntary segregation of a high risk inmate only until an alternative means of separation from abusers can be arranged. This period of involuntary segregation shall not exceed 30 days. In this event the facility documents the basis for concern for the inmate's safety and the reason why no alternative means of separation can be arranged. A requirement exists in the policy to afford each such inmate a 30 day review to assess a continued need of separation from the general population.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 27-28

Housing Records

MOU – Northern Neck Regional Jail

Interviews with staff

Analysis/Reasoning:

There were no inmates identified at high risk of sexual victimization during the audit. The facility has not placed an inmate at high risk of sexual victimization in involuntary segregation. Inmates in segregation are afforded programs, privileges, education and work opportunities to the extent possible. Housing records reveal no inmate determined at high risk of victimization was placed involuntarily in segregation.

Classification staff informed the Auditor she would not leave an inmate identified at high risk of sexual victimization in involuntary segregation for more than 30 days.

Conclusion:

The facility has not placed an inmate in involuntary segregation for protection from sexual victimization. Appropriate controls exist to ensure adherence to PREA standard 115.43. The Auditor found the facility meets the requirements of PREA standard 115.43.

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.

Auditor Discussion:

The Middle Peninsula Regional Security Center provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by inmates or staff, and staff neglect or violation of responsibilities which may have contributed to sexual abuse/harassment. Inmates at MPRSC can report by writing or verbally informing any staff member, utilizing the PREA Hotline, writing or verbally informing a third party, writing the Superintendent, any other command staff member, or the PREA Coordinator in a sealed envelope. Facility policy requires staff to accept reports made verbally, in writing, anonymously and from third parties and requires staff to document such reports promptly. Staff can privately report incidents of sexual abuse or sexual harassment either by verbally informing or writing any facility supervisor at any level of the chain of command. Staff also have the option of informing the PREA Coordinator directly or in writing. The facility also has a secure box next to the medical area where inmates may submit a complaint of sexual abuse or sexual harassment. The PREA Coordinator checks the box Monday through Friday.

The facility maintains an internal reporting avenue through its telephone system. Prior to an inmate placing a phone call, the system informs inmates how to report sexual assault or sexual harassment. When inmates report incidents through this system an email is generated and

sent directly to the PREA Coordinator and the Assistant Superintendent. The system generated email is sent directly to the PREA Coordinator and Assistant Superintendent's email which is linked to their cell phones, accessible 24/7.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 28-29

MOU – Laurel Shelter

PREA Brochure

PREA Orientation Acknowledgment

Inmate Correspondence Forms

Incident Reports

Inmate Handbook

Inmate Interviews

Staff Interviews

Analysis/Reasoning:

The Auditor reviewed documentation of both written and verbal allegations made to staff. Verbal reports made to staff were put into writing by staff. Staff immediately reported the incident and submitted a written report before the end of shift. Inmates were aware of their reporting avenues. Staff informed the Auditor of their private reporting avenues. The facility has a Memorandum of Understanding with the Laurel Shelter who maintains a hotline number for inmates to report allegations of sexual abuse and sexual harassment. Inmates were aware of this number and informed the Auditor they may remain anonymous when reporting any allegation of sexual abuse or sexual harassment.

The PREA Coordinator's office is located in the medical area. This adds an additional private opportunity for inmates to report sexual abuse or sexual harassment.

The facility does not house inmates solely for civil immigration purposes.

The facility has posters in each inmate living unit, intake area and other areas of the facility informing the inmate population how to report sexual abuse and sexual harassment allegations. The Auditor observed the posters and the hotline number in various areas. Methods of reporting are readily available to the inmates in the PREA Brochure and Inmate Handbook. Inmates interviewed by the Auditor felt confident they could inform a staff member of sexual abuse or sexual harassment and facility staff would ensure the allegation would be handled appropriately.

Conclusion:

The Middle Peninsula Regional Security Center provides ample avenues for inmates to report sexual abuse and sexual assault allegations. Both staff and inmates are aware of reporting avenues. Staff understand their reporting responsibilities as required by this standard. The Auditor determined the facility meets PREA standard 115.51.

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.

Auditor Discussion:

The Middle Peninsula Regional Security Center does not have administrative procedures to address inmate grievances regarding sexual abuse.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 31

Inmate Interviews

PREA Audit Report

Analysis/Reasoning:

The Auditor reviewed facility policy which does not address response to sexual abuse through the grievance mechanism. Inmates wishing to report a sexual abuse incident must do so on an inmate request form, verbally, through the hotline or by notifying a third party person. Inmates interviewed by the Auditor were aware of the facility's reporting avenues.

Conclusion:

The Auditor determined this standard does not apply to the Middle Peninsula Regional Security Center as it does not have administrative procedures to address inmate grievances related to sexual abuse.

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.

Auditor Discussion:

The facility has a policy requiring inmates access to community service providers who perform emotional support services to inmate victims of sexual abuse. The facility maintains a Memorandum of Understanding with the Laurel Shelter to provide emotional support services.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 31-32
PREA Handbook
MOU – Laurel Shelter
Inmate Interviews
Staff Interviews

Analysis/Reasoning:

The Laurel Shelter provides a toll free hotline number for the inmate population for victim advocacy. The facility has included the address and phone number of the Laurel Shelter in the PREA Brochure and on posters throughout the facility. Inmates are informed communications with the Laurel Shelter are confidential and the phone number is not monitored or recorded. The facility treats all written communications with the Laurel Shelter as privileged correspondence. The facility allows confidential meetings with the advocate and inmate when requested by the Laurel Shelter.

All staff and inmates interviewed were aware the Laurel Shelter provides victim advocates for emotional support services to the inmate population. To date no inmate has requested emotional support services from the Laurel Shelter.

Conclusion:

The Auditor determined the facility meets the requirements of this standard.

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.

Auditor Discussion:

Facility policy mandates MPRSC staff to accept third party reports both verbally and in writing. The policy requires information regarding third party reporting be published on its website.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 32

Inmate Interviews

Facility Website

Analysis/Reasoning:

The Middle Peninsula Security Center Website informs the public to write the facility or contact the Laurel Shelter. The address of the facility and the address and phone number of the Laurel Shelter is provided. The website also includes a "PREA Report form". The form allows the public to electronically report an allegation of sexual abuse and sexual harassment. The public is informed they can remain anonymous when filing a report. The Auditor submitted a test report to the facility on a Sunday evening at 5:03 p.m.. The facility notified the Auditor at 5:34 p.m. of receipt of the test.

There were no third party complaints made on behalf of an inmate reported to the facility in the past 12 months.

Conclusion:

Inmates are aware of third party reporting procedures. The facility maintains third party reporting procedures as required by this standard. The Auditor found the facility meets the requirements of PREA standard 115.54.

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.

Auditor Discussion:

The facility policy requires all staff, volunteers and contractors to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The policy requires staff to immediately report knowledge of retaliation against inmates or staff and any staff neglect or violation that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Staff are prohibited from informing anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

Medical and mental health practitioners in the facility are required to report incidents of sexual abuse unless otherwise precluded by Federal, State, or local law. Medical and mental health practitioners are required by policy to inform inmates of their duty to report and limitations of confidentiality at the initiation of services.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 32-34

Investigative Reports

Incident Reports

Confidential PREA Mailbox
Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed documentation in which staff immediately reported allegations verbally provided by inmates. All staff interviewed by the Auditor articulated the facility's requirement to immediately report information regarding sexual abuse, sexual harassment, retaliation and staff neglect or violation of responsibilities which may have contributed. Staff were well aware of the facility's requirement to maintain confidentiality regarding a sexual abuse or sexual harassment incident.

All medical staff and mental health contractors interviewed informed the Auditor they are considered mandatory reporters. Medical and mental health practitioners provide limitations of confidentiality at the initiation of services. In addition to the information provided, the Auditor reviewed several medical files randomly selected while in the medical section. The Auditor also reviewed the files of several inmates who have experienced sexual victimization. Signed informed consent forms were observed in the medical records. The Auditor observed confidentiality limitations on those forms.

The facility does not house inmates under the age of 18.

Conclusion:

All staff, including medical and mental health practitioners are aware of the facility's reporting and confidentiality requirements. The Auditor determined the MPRSC meets the requirements of this standard.

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.

Auditor Discussion:

Facility policy requires staff to take immediate steps to ensure the safety of an inmate who is at substantial risk of imminent sexual abuse.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 34

Classification Documents

Staff Interviews

Analysis/Reasoning:

The facility reported no inmate was determined at substantial risk of imminent sexual abuse in the last 12 months. All staff interviewed by the Auditor informed they would immediately separate the intended victim from the population and inform their supervisor. Classification staff informed another housing assignment would be made if warranted. Supervisory staff informed the Auditor they have authority to move the inmate to another housing assignment. The facility has various areas to ensure inmates who may be at substantial risk of imminent sexual abuse are protected. If needed the facility would request another agency accept the inmate as a "courtesy hold."

Conclusion:

The facility has procedures in place to protect inmates who are at substantial risk of imminent sexual abuse. The Auditor found the facility meets the requirements of PREA standard 115.62.

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.

Auditor Discussion:

Middle Peninsula Regional Security Center policy requires the Superintendent notify the other facility where a sexual abuse incident occurred. MPRSC policy mandates the notification be made within 72 hours after receiving the allegation. When receiving notification from another facility that a MPRSC inmate alleged sexual abuse the Superintendent ensures the allegation is investigated.

Evidence Relied Upon:

Policy - Prison Rape Elimination Act pg. 34-35
Documentation of Notification to Another Agency

Analysis/Reasoning:

The Middle Peninsula Regional Security Center has received 2 notifications from other agencies that a MPRSC inmate had alleged sexual abuse. Both incidents were investigated and unfounded by the facility. The Auditor reviewed one incident in which an inmate claimed he was sexually abused at another facility. In the absence of the Superintendent, the Assistant Superintendent notified the other agency by telephone on the same day the allegation was received by the MPRSC.

During the audit the facility received 2 additional sexual abuse allegations in which both inmates claimed occurred at another facility. The Superintendent notified both facilities by telephone on the days the allegations were made. The Superintendent followed his phone call with an email to the agency head of the other facilities. The Auditor spoke to one of the inmates alleging sexual abuse suffered at another facility. The inmate did report the allegation to the other facility prior to transportation.

Conclusion:

The Auditor determined the Middle Peninsula Regional Security Center meets the requirements of PREA standard 115.63.

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.

Auditor Discussion:

Facility policy mandates first responders separate the alleged victim and abuser and preserve and protect the crime scene until Middlesex County Sheriff's Office can collect evidence. The Prison Rape Elimination Act policy also requires first responders to request the victim and ensure the abuser not take actions to destroy physical evidence. Non-security staff are required to request the victim not take actions to destroy evidence and inform a security staff member.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 35-36

Shift Commander PREA Checklist

First Responder PREA Checklist

Training Records

Interviews with Staff

Interviews with Inmates

Interviews with Contractors

Interviews with Volunteers

Analysis/Reasoning:

The Auditor interviewed both security and non-security staff who potentially would be first responders. Security staff informed the Auditor they notify their supervisor, separate the victim from the abuser, secure the crime scene and request the victim not bath, brush their teeth, change clothes, use the bathroom, drink or eat. Security staff informed the Auditor they would ensure the abuser not perform those actions. Non-security staff interviewed by the Auditor informed they would make sure the victim was separated, notify security staff member and request the victim not take actions to destroy evidence. Supervisors interviewed by the Auditor informed they would ensure the victim was separated from the abuser and notify medical staff. Supervisors are aware of first responder duties which include requesting and ensuring evidence is not destroyed. The Auditor verified all staff, volunteers and contractors were trained in first responder duties.

The facility reported no incident in which staff first responder duties were initiated.

Conclusion:

Security and non-security staff, volunteers and contractors at the Middle Peninsula Regional Security Center understand their first responder duties. Interviews with staff, volunteers and contractors verify they are knowledgeable in those duties. The Auditor found the facility meets the requirements of PREA standard 115.64.

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.

Auditor Discussion:

Policy includes coordinated sexual abuse response steps for first responders, medical and mental health practitioners, investigators and facility leadership.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 36

Coordinated Response Plan

Staff Interviews

Analysis/Reasoning:

The facility does have a written coordinated response plan. The plan includes the response actions of first responders, medical and mental health practitioners, sexual assault investigators and facility command staff. Actions staff must take following a sexual abuse incident are included within the plan. The Auditor conducted interviews with various staff who perform the roles as written in the plan. Each staff member was knowledgeable with his/her duties in accordance with the coordinated response plan.

Conclusion:

Facility staff articulated their duties as included in the written coordinated response plan. The Auditor determined the facility meets PREA standard 115.65.

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.

Auditor Discussion:

No agency is responsible for collective bargaining at the Middle Peninsula Regional Security Center. MPRSC policy prohibits the facility from entering into collective bargaining agreements that limit its ability to remove staff from contact with inmates pending the outcome of an investigation.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 36-37

Analysis/Reasoning:

Virginia is a “right to work” state and therefore not a collective bargaining one. No governmental entity is responsible for collective bargaining on behalf of the facility. No staff member has been accused of sexual abuse in the past 12 months.

Conclusion:

Virginia code 40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service. The facility meets the requirements of this standard.

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.

Auditor Discussion:

The Middle Peninsular Regional Security Center policy addresses the protection of inmates against retaliation from staff and inmates. Protection measures included in the policy are housing changes, transfers, removal of staff or inmates from inmate sexual abuse/harassment victims and emotional support services. Facility policy requires a staff member monitor the conduct and treatment of inmates or staff who reported sexual abuse/harassment and of inmates who suffered sexual abuse. The period of retaliation monitoring will be conducted for at least 90 days.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 37-38

Inmate Records

Housing Unit Logs

Staff Interviews

Inmate Interviews

Analysis/Reasoning:

The staff who conducts retaliation monitoring informed the monitoring period will extend beyond 90 days if a continuing need exists. Monitoring will occur until a threat no longer exists. The monitor reviews discipline reports, housing changes, program changes, Incident Reports, grievances, staff evaluations, staff post assignments and initiates periodical status checks on inmates. The PREA Coordinator is responsible for monitoring retaliation at the Middle Peninsula Regional Security Center.

The facility reported no incidents of retaliation against staff or inmates in the previous 12 months. There were no inmates currently incarcerated in the facility who reported an allegation of sexual abuse or sexual harassment suffered within the facility for the Auditor to interview. Random inmates interviewed by the Auditor stated the facility takes allegations serious and ensures they are dealt with.

Conclusion:

The Auditor determined the Middle Peninsula Regional Security Center meets the requirements of this standard.

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.

Auditor Discussion:

The Middle Peninsula Regional Security Center policy allows inmate access to programs, privileges, education, and work opportunities, to the extent possible, for inmates placed involuntarily in segregation after suffering sexual abuse. The policy mandates the requirements of PREA Standard 115.43 for all involuntarily segregated victims of sexual abuse.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 38

Inmate Segregation Form

Housing Records

Analysis/Reasoning:

In the event an inmate is placed in segregation after suffering sexual abuse the facility completes an Inmate Segregation Form. The form requires staff to document the reason for placement, programs available and any reasons for limitations. The form includes a 30 day reassessment. In the event the sexual abuse inmate victim request segregated housing the staff member documents on the form and the inmate signs agreeing to placement in segregation. The form is maintained in the inmates record.

The facility has not placed an inmate victim in involuntary segregation during this audit period. The facility maintains other viable housing options for protecting inmate victims of sexual abuse. The Auditor reviewed segregation records and did not observe inmate victims currently housed in segregation.

Conclusion:

The facility maintains procedures to ensure inmate sexual abuse victims placed involuntarily in segregation are afforded opportunities and privileges. The Auditor determined the facility meets the requirements of this standard.

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.

Auditor Discussion:

Middle Peninsula Regional Security Center policy allows for specifically trained staff to conduct administrative sexual abuse/harassment investigations. Policy requires referral of criminal allegations of sexual abuse/harassment to the Middlesex County Sheriff's Office for criminal investigation. The Prison Rape Elimination Act policy requires investigations to be conducted promptly, thoroughly, and objectively for all allegations. This is required for third-party and anonymous reports.

The Prison Rape Elimination Act policy requires investigators gather and preserve direct and circumstantial evidence, including physical and DNA evidence, available electronic monitoring data and interview alleged victims, suspected perpetrators, and witnesses. Inmates are not required to submit to polygraph examinations as a condition for proceeding with a sexual assault/harassment investigation.

The agency currently employs 3 sexual abuse trained investigators.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 38-40
Interviews with Investigators
Investigative Staff Training Records
Investigative Reports

Analysis/Reasoning:

The Auditor interviewed one facility sexual assault investigator. The Auditor reviewed the training files of 3 sexual assault investigators. The facility's sexual assault investigators have received appropriate training to conduct sexual assault/harassment investigations. The Auditor was informed she gathers and preserves direct and circumstantial evidence, interviews staff and inmate witnesses, inmate victims, inmate abusers, reviews prior complaints and reports of sexual abuse involving the abuser. The investigator informed once she understands criminal charges may be placed on the abuser she contacts the Middlesex County Sheriff's Office and ceases her interviews with the abuser. The Auditor was informed the investigator will contact the Commonwealth's Attorney Office prior to subsequent interviews.

The sexual assault investigator informed the Auditor credibility assessments are determined on an individual basis. She informed credibility assessments are determined on staff and inmate witnesses, perpetrators and victims. The investigator reviews Incident Reports, grievances, Inmate Request Forms, considers previously supplied information, discipline history, criminal history and any other relevant material to determine credibility.

The Auditor reviewed 3 investigative reports. All 3 were inmate-on-inmate allegations. The Auditor determined the investigations began promptly and were thorough and objective. The reports included physical and testimonial evidence and maintained copies of documentary evidence. Staff actions or lack of actions did not contribute to any of the incidents. Facts and findings were included in investigative reports. After discussing and reviewing investigative reports with the investigator it was determined credibility assessments could be better documented. The Auditor ensured the investigator was provided a sample report to ensure credibility assessments were clearly documented in future investigative reports.

If an inmate is released the investigator informed she would pursue the investigation until a determination can be made. The same process takes place if a staff member terminates employment. The investigator informed she attempts to maintain informed during a criminal investigation. This was evident as the Auditor reviewed investigative records of an inmate who was referred for prosecution earlier in 2015. The MPRSC investigator documented results of the investigation and criminal prosecution.

The MPRSC maintains a Memorandum of Understanding with the Middlesex County Sheriff's Office to conduct sexual assault investigations as required by PREA standard 115.21. All investigative reports are maintained in the investigator's locked office for a minimum of 5 years after an inmate is released or staff member terminates employment.

No state entity or Department of Justice component is responsible for conducting sexual abuse investigations in the Middle Peninsula Regional Security Center.

Conclusion:

The facility maintains documentation and investigations are conducted according to this standard. The facility sexual assault investigator who conducted all investigations in the past 12 months is knowledgeable of the requirements of this standard. The Auditor determined the facility meets PREA Standard 115.71.

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.

Auditor Discussion:

Policy places no standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse or sexual harassment.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 40

Interviews with Investigators

Analysis/Reasoning:

The facility sexual assault investigator interviewed described "preponderance" to the Auditor when asked. The Auditor reviewed 3 investigative files which reveal a preponderance of evidence is the standard.

Conclusion:

The Auditor determined the MPRSC meets the requirements of PREA standard 115.72.

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.

Auditor Discussion:

Middle Peninsula Regional Security Center policy mandates the Superintendent or his designee inform an inmate of the results of a sexual abuse or sexual harassment investigation. The staff member is required to inform the inmate when the investigation is determined substantiated, unsubstantiated or unfounded. For incidents of staff-on-inmate allegations, the inmate is informed when the staff member is no longer posted within the inmate's unit, staff member is no longer employed at the facility, has been indicted on a charge, or has been convicted of a charge related to sexual abuse. For incidents of inmate-on-inmate allegations, policy requires the inmate be notified when the abuser has been indicted on a charge or convicted of a charge related to sexual abuse within the facility. The facility documents notifications on a form titled, "Allegation of Sexual Abuse – Report to Inmate".

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 41-42
Allegation of Sexual Abuse – Report to Inmate Form
Notifications to Inmates
Investigative Records
Interviews with Investigators

Analysis/Reasoning:

The Auditor reviewed documentations of notification to inmates who claimed sexual assault and/or sexual harassment. The investigator delivers the written notification to the inmate in person. The investigator remained informed of a criminal investigation conducted by the Middlesex County Sheriff's Office in 2015. The inmate was released from the facility prior to the conclusion of the criminal trial. After the criminal trial the inmate returned to the facility and was informed the abuser was convicted. The allegation was recorded as an act of abusive sexual contact. During the 2015 calendar year the facility reported 3 incidents on its website. Two were unfounded and one was substantiated and referred for prosecution.

There have been no substantiated or unsubstantiated allegations against a staff member who was alleged to have committed sexual abuse in the last 12 months.

Conclusion:

The facility is informing inmates of investigative results. The Auditor found the facility meets the requirements of this standard.

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.

Auditor Discussion:

The facility's Prison Rape Elimination Act policy includes discipline sanctions for staff who violate sexual abuse or sexual harassment policies. The facility stipulates termination as the presumptive discipline sanction for staff who engage in sexual abuse. Sanctions are commensurate with the nature and circumstances of the acts committed, discipline history, and sanctions imposed for comparable offenses committed by other staff. Facility policy requires notification to law enforcement agencies when staff are terminated or resign when facing termination for violating sexual abuse or sexual harassment policies.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 42-43
Interviews with Executive Staff

Analysis/Reasoning:

The facility has not terminated a staff member for violating sexual abuse or sexual harassment policies. There has been no staff member resignation after violating sexual abuse or sexual harassment policies. Command staff maintain a proactive approach towards adherence

with the PREA standards. Command staff are aware of their requirement to notify law enforcement and relevant licensing bodies when staff resign or are terminated for violating sexual abuse policies.

Conclusion:

Facility leadership ensure staff are appropriately disciplined for violating sexual abuse and sexual harassment policies. Though there have been no staff found to have violated sexual abuse or sexual harassment policies the facility maintains a policy requiring discipline for such violations. The Auditor found the facility meets the requirements of this standard.

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.

Auditor Discussion:

The facility has a policy requiring relevant licensing bodies and law enforcement be notified (unless clearly not criminal) when a contractor or volunteer violates the facility's sexual abuse policies. Contractors and volunteers will be prohibited from inmate contact for violating those policies. If the act committed is clearly not criminal, the facility considers other appropriate remedial measures and considers further contact with inmates.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 43
Contractor/Volunteer Training Acknowledgments
Interviews with Volunteers and Contractors

Analysis/Reasoning:

There have been no sexual abuse or sexual harassment allegations against a contractor or volunteer in the past 12 months. All volunteers and contractors interviewed by the Auditor were aware of the facility's zero tolerance policy. All volunteers and contractors sign an acknowledgement which states the zero tolerance policy and informs the volunteer or contractor of discipline for violating sexual abuse and sexual harassment policies. Command staff notify licensing bodies including, but not limited to, nursing, chaplaincy, counseling, etc.

Conclusion:

The Middle Peninsula Regional Security Center has not taken corrective action against a volunteer or contractor. There is a policy in place in the event corrective action against a contractor or volunteer is needed. The Auditor determined the facility meets this standard.

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.

Auditor Discussion:

The facility's Prison Rape Elimination Act policy subjects inmates to discipline sanctions after a disciplinary hearing or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Facility discipline sanctions for engaging in inmate-on-inmate sexual abuse are commensurate with the nature and circumstances of the abuse committed, the inmate's discipline history, and the sanctions for comparable offenses by other inmates with similar histories. Policy requires consideration of mental disabilities or mental illness contributions of an inmate-on-inmate sexual abuse incident when determining sanctions. Policy prohibits discipline sanctions for inmates who have sexual contact with staff when the staff member consented to the act.

The Middle Peninsula Regional Security Center policy prohibits sexual activity between inmates but does not consider an act sexual abuse if the act was not coerced.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 43-44
PREA Brochure
Discipline Records
Staff Interviews

Analysis/Reasoning:

There were no inmates disciplined for reporting sexual abuse in the past 12 months. No inmate has been disciplined for inmate-on-inmate sexual abuse in the past 12 months.

Interviews with mental health professionals reveal they attempt to correct underlying reasons or motivations for committing sexual abuse in perpetrators. The participation of a perpetrator is not required. The Auditor reviewed an investigative report in which the inmate was alleged to have filed falsely. The inmate was not disciplined for filing the report in bad faith.

Conclusion:

The Middle Peninsula Regional Security Center has procedures in place to ensure adherence to this standard. The Auditor determined the facility meets this standard.

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.

Auditor Discussion:

Middle Peninsula Regional Security Center policy mandates a 14 day follow up with medical or mental health professionals for inmates who reported suffering sexual abuse in an institutional or community setting during the booking process. The Prison Rape Elimination Act policy strictly limits victimization or abusiveness information to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions such as, housing, bed, work, education, and program assignments. Medical and mental health professionals are required to obtain informed consent from inmate victims who suffered sexual abuse in a community setting.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 44-46
Inmate Medical Records
Inmate Classification Records
PREA Audit Report

Interviews with Inmates

Analysis/Reasoning:

The Auditor reviewed the files of 10 inmates who were offered a 14 day follow up after reporting suffering sexual abuse. Inmates at the Middle Peninsula Regional Security Center sign a portion of their classification form denoting acceptance or refusal of a 14 day follow up. Of the 10 files reviewed all who accepted a 14 day follow up received the follow up within 14 days. Most follow ups occur within 3 days. The mental health professional interviewed by the Auditor informed she typically sees inmates the following day.

The form utilized to offer 14 day follow ups includes an informed consent authorization. The inmate must sign informed consent separately from the 14 day follow up acceptance or denial.

The Auditor spoke to one inmate who reported suffering sexual abuse in a community setting and one who reported suffering sexual abuse in an institutional setting. Both inmates informed the Auditor they were offered a 14 day follow up. One accepted the 14 day follow up and has met with the mental health professional multiple times.

The Auditor interviewed the contract Psychiatrist, mental health counselors and nursing staff. All informed the Auditor they obtain informed consent from inmate victims of sexual abuse suffered in the community prior to reporting the information. Medical and mental health staff informed the Auditor they report information regarding sexual victimization and sexual abusiveness that happened in an institutional setting to the appropriate security personnel to ensure the victim or abuser is housed appropriately. All records related to victimization are maintained securely and is limited to key personnel.

Conclusion:

The Middle Peninsular Regional Security Center maintains inmate information related to sexual victimization securely and restricts access. Inmate victims of sexual abuse are offered and medical or mental health staff perform 14 day follow ups to victims. Medical and mental health staff are aware of confidentiality limitations and informed consent. The Auditor found the facility meets the requirements of this standard.

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.

Auditor Discussion:

The facility's Prison Rape Elimination Act policy requires victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Policy mandates staff first responders to take preliminary steps to protect inmate victims and immediately notify the medical and mental health professionals. Policy prohibits financial compensation from the inmate victim for treatment services related to sexual abuse, even if he/she fails to name the abuser or cooperate with the investigation.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 46
Memorandum of Understanding with Laurel Shelter
Security Staff Interviews
Medical Staff Interviews
Inmate Interviews

Analysis/Reasoning:

The Auditor interviewed both security and non-security staff first responders. Non-Security first responders stated they immediately inform a security staff member in the event of sexual abuse. Security first responders informed the Auditor they immediately separate the victim from the abuser and notify their supervisor. Facility supervisors interviewed by the Auditor stated they ensure the victim receives immediate

medical attention. The facility medical staff rotate “on call” status during the night shift. In the event medical staff are not present supervisors call 911 and notify the Health Services Administrator.

The facility maintains a Memorandum of Understanding with the Laurel Shelter. The Forensic Nurse Examiner notified the Auditor she initiates contact with the Laurel Shelter. Crisis intervention services begin at the hospital provided by the Laurel Shelter. The facility maintains 2 mental health professionals through a contract with the local Community Services Board. The mental health professionals are assigned (full time) to the Middle Peninsula Regional Security Center by the Community Services Board.

Nursing staff informed the Auditor emergency contraception and sexually transmitted infections prophylaxis is offered during the forensic examination. The Auditor confirmed this with a telephone interview with the Sexual Assault Nurse Examiner. There have been no inmates offered emergency contraception or sexually transmitted infection prophylaxis in the previous 12 months. Medical staff informed the Auditor they do not charge inmates a fee for any service related to sexual abuse victimization.

Inmates were aware that medical services related to sexual assault are free to the inmate victim.

Conclusion:

The facility has procedures in place to ensure inmate victims of sexual assault receive appropriate medical services and after care interventions. The facility notifies inmates of these services through the PREA Handout. The Auditor found the facility meets PREA standard 115.82.

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.

Auditor Discussion:

The facility’s Prison Rape Elimination Act policy requires medical and mental health evaluations be offered to inmate victims of sexual abuse. Policy includes follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to, or placement in, other facilities, or release from custody. Inmates are not required to pay for medical or mental health services related to sexual abuse.

Evidence Relied Upon:

Interviews with Medical Staff
Interviews with Inmates

Analysis/Reasoning:

The Auditor interviewed one inmate who reported suffering sexual abuse in another facility. The inmate reported he was offered a medical and mental health evaluation. The inmate declined a mental health evaluation. The Auditor reviewed 10 random files and observed inmates were being offered medical and mental health evaluations.

Medical and mental health staff informed the Auditor evaluations are offered to all victims of sexual abuse. Mental health services are provided by mental health professionals employed by the local Community Services Board. The facility contracts with a Psychiatrist. Mental health staff informed the Auditor they create treatment plans, follow-up services and referrals for continued care. When medical and mental health staff were asked if their services are consistent with a community level of care they informed the Auditor their services are consistent with community care.

Medical staff informed the Auditor pregnancy tests are offered to female victims of sexual abuse. They also offer timely and comprehensive information about and timely access to lawful pregnancy-related services. The Auditor discussed use of the “morning after” pill. Inmate victims of sexual assault are offered sexually transmitted infection testing. Inmates interviewed by the Auditor are aware services related to

sexual abuse are free to the inmate population.

Conclusion:

The Middle Peninsular Regional Security Center provides adequate medical and mental health care of inmate victims of sexual abuse that are consistent with medical care provided in the community. The services provided include follow ups, treatment plans and referrals when appropriate. All female victims are offered pregnancy test when warranted. The Auditor found the facility meets the requirements of PREA standard 115.83.

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.

Auditor Discussion:

Facility policy requires a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation finding. The Prison Rape Elimination Act policy requires the review to occur within 30 days of the conclusion of the investigation. The Facility's incident review team consists of upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 48-49
Sexual Abuse Incident Review Reports
Interviews with Staff

Analysis/Reasoning:

There were no substantiated or unsubstantiated cases within the previous 12 months.

The Auditor reviewed one incident review report from an investigation that resulted in a criminal conviction. The incident took place outside of the previous 12 months. The review team considered policy and procedure changes, examined the area, staffing levels, and monitoring technologies. The team also considered whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or other group dynamic.

The PREA Incident Review team included the Assistant Superintendent, Lieutenant, 2 Mental Health Counselors, PREA Coordinator, investigator, and first responder. The Auditor interviewed members who serve on the incident review team. The members interviewed informed the Auditor they perform the review within 30 days of the conclusion of the investigation. They also consider motivating factors, reviewed the area, discuss policy and procedure changes, reviewed staffing levels and monitoring technologies. The team completed a PREA Incident Review Final Report and submitted it to the PREA Coordinator and Superintendent. The report was signed by the PREA Coordinator, Assistant Superintendent and Superintendent.

Conclusion:

Incident review team staff are well aware of their responsibilities regarding incident reviews. The Auditor found the facility meets this standard.

Standard 115.87 Data collection

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

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

Auditor Discussion:

The Middle Peninsula Regional Security Center policy requires sexual abuse data be collected. The policy requires the data be collected and reviewed annually. A standardized set of definitions is utilized to collect the facility's sexual abuse and sexual harassment incident data.

Evidence Relied Upon:

Policy – Prison Rape Elimination Act pg. 49-50
Annual PREA Report
Facility Website
2015 Survey of Sexual Violence

Analysis/Reasoning:

The facility was required to report data to the Department of Justice in 2015. The Auditor verified the facility's collected data is sufficient to answer the Department of Justice's Survey of Sexual Violence. The facility utilizes definitions for sexual abuse, sexual assault, sexual misconduct, sexual harassment, voyeurism, carnal knowledge, and rape. The PREA Coordinator is responsible for aggregating the facility's data annually. The PREA Coordinator aggregates data from January 1st to December 31st. The Middle Peninsula Regional Security Center does not operate another facility.

Conclusion:

The PREA Coordinator is collecting and aggregating facility data annually. The data collected was sufficient to answer the U. S. Department of Justice's, Survey of Sexual Violence. The facility utilizes a standardized set of definitions as included in its policy. The Auditor determined the facility meets the requirements of PREA standard 115.87.

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.

Auditor Discussion:

The Facility's Prison Rape Elimination Act policy requires a review of its aggregated data in an effort to assess and improve the effectiveness of sexual abuse prevention, detection, and response efforts. The facility completes an annual report and publishes the report on its website. The facility publishes a review in an annual report on its website which includes identifying problem areas and taking corrective action on an ongoing basis. Policy allows the facility to redact any information which could present a security and/or safety threat to the facility.

Evidence Relied Upon:
Policy – Prison Rape Elimination Act pg. 50-51
Annual Report

Analysis/Reasoning:

The Auditor reviewed the facility's annual report on its website. The website included a report for 2013, 2014 and 2015. Collected data for 2013 and 2014 included no incidents of inmate-on-inmate or staff-on-inmate sexual abuse/harassment. The 2015 report included 3 inmate-on-inmate incidents. The facility's report includes attempts to identify problem areas, corrective actions and includes a comparison of previous years data. The report is approved by the Superintendent prior to publishing the report on the website. No material was redacted from the facility's report.

Conclusion:

The Middle Peninsula Regional Security Center's annual report is sufficient to meet the requirements of 115.88. The Auditor found the facility meets PREA Standard 115.88.

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.

Auditor Discussion:

The facility's Prison Rape Elimination Act policy mandates collected sexual assault and sexual harassment data be securely maintained. Policy states the facility will remove all personal identifiers before publishing reports on its website. The facility requires all sexual abuse data to be maintained for a minimum of 10 years after the initial date of collection.

Evidence Relied Upon:
Policy – Prison Rape Elimination Act pg. 51
Annual PREA Report
Facility Website
Interviews with PREA Coordinator

Analysis/Reasoning:

The PREA Coordinator maintains facility collected data in her locked office. A spreadsheet of collected data is maintained on the PREA Coordinator's computer in her office. Aggregated sexual abuse data is readily available to the public in the annual report publicized on the facility website. The report does not include personal identifiers. The PREA Coordinator informed the Auditor she maintains sexual abuse data for at least 10 years.

Conclusion:

The Auditor toured the PREA Coordinator's office where aggregated data is maintained. The Auditor also observed facility sexual abuse data on the facility's website. The Auditor found the facility compliant with this standard.

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.

Click here to enter text.

Auditor Signature



11/28/16

Date