

**PREA AUDIT REPORT INTERIM FINAL
ADULT PRISONS & JAILS FACILITIES**

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Date of Report: July 31, 2017

Auditor Information			
Auditor Name: Sharon G. Robertson			
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Email: sharongr@bellsouth.net			
Telephone number: (828) 765-8180			
Date of facility visit: July 17-18, 2017			
Facility Information			
Facility name: Roanoke City Jail			
Facility physical address: 324 Campbell Avenue SW, Roanoke, VA 24016			
Facility mailing address: <i>(if different from above)</i> Not Applicable			
Facility telephone number: (540) 853-1760			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" 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: Sheriff Tim Allen			
Number of staff assigned to the facility in the last 12 months: 200			
Designed facility capacity: 834; 168 females; 666 males			
Current population of facility: 588; consisting of 0 youthful inmates, 112 females, 476 males			
Facility security levels/inmate custody levels: minimum/medium/maximum			
Age range of population: Adults; as young as 14 years old			
Name of PREA Compliance Manager: N/A		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Roanoke City Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 340 Campbell Avenue, SW, Roanoke, VA 24016			
Mailing address: <i>(if different from above)</i> P.O. Box 494, Roanoke, VA 24003			
Telephone number: (540) 853-2941			
Agency Chief Executive Officer			
Name: Tim Allen		Title: Sheriff	
Email address: Sheriff@roanokeva.gov		Telephone number: (540) 853-2941	
Agency-Wide PREA Coordinator			
Name: David Stultz		Title: PREA Coordinator	
Email address: david.stultz@roanokeva.gov		Telephone number: (540) 853-1760	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act (PREA) Audit of Roanoke City Jail was conducted from April 6 to July 19, 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

The audit consisted of a review of all PREA policies for the Roanoke City Sheriff's Office (the agency), a tour of Roanoke City Jail (the facility), review of all documentation, and interviews with staff, contractors, volunteers, and inmates. The on-site audit was conducted July 17-18, 2017.

During the on-site audit, an entrance meeting was held with the Sheriff, PREA Coordinator, Chief Deputy, Assistant Chief Deputy, Professional Standards Unit Lieutenant and Chief Investigator, Classification Supervisor Lieutenant, Health Services Administrator, Assistant Chief Correctional Officer Lieutenant, Chief Support Officer Captain, Assistant Chief Support Officer Lieutenant, Accreditation Manager Sergeant, and Community Relations Specialist to discuss the audit and schedule of activities. The Auditor toured the Roanoke City Jail following the entrance meeting.

Twenty randomly selected male inmate and five randomly selected female inmate interviews were conducted. There were no youthful inmates housed in the Roanoke City Jail at the time of the on-site audit. In addition, three inmates who had self-identified as being gay, one inmate who had self-identified as being transgender, one inmate who had disclosed prior sexual victimization during screening, one inmate who had been placed in segregated housing, one inmate who had communication disabilities, and one inmate who was limited English proficient were interviewed. At the time of the on-site audit, the population did not include any inmates who self-identified as being intersex or bisexual.

Interviews were conducted with the Roanoke City Sheriff (the Agency Head), Chief Deputy (Warden/Superintendent), PREA Coordinator, the human resources staff member, four members of the Sexual Abuse Incident Review Team, three intermediate or higher level staff members, a staff member who conducts risk screening victimization and sexual abuse, two intake staff members, an Investigator from the Roanoke City Jail, an Investigator from the Roanoke City Police Department, a medical staff member, a mental health staff member, the retaliation monitor, a staff member who supervises youthful inmates, three staff members who supervise inmates in segregated housing, four security and non-security first responders, 14 randomly selected deputies who work on the floors, one contractor, and three volunteers. The education/program staff member who works with youthful inmates was not available for interview. No staff conducts non-medical cross-gender strip searches. Staff was questioned regarding PREA training, the zero-tolerance policy, first responder responsibilities (including victim/perpetrator separation), reporting mechanisms and requirements, available interventions, conducting interviews, preservation and evidence collection, medical and mental health follow-up, and monitoring for retaliation.

Through interviews, the Auditor found the inmates and staff to be very aware and knowledgeable of PREA. Staff was knowledgeable about the facility's zero-tolerance policy, their first responder responsibilities, reporting responsibilities, and reporting/referral mechanisms to ensure a safe environment for inmates and staff. Staff was aware of and followed the Roanoke City Sheriff Office's policies on cross-gender viewing, cross-gender pat-down searches, and cross-gender strip searches. Inmate interviews supported staff's compliance with the facility's policies prohibiting cross-gender viewing, cross-gender pat-down searches, and cross-gender strip searches. Staff received PREA related training as part of their initial orientation and at the Academy, and again annually as part of their refresher training. This was verified by the Auditor's review of five randomly selected staff training records on-site and three staff training records provided as part of the documentation for the pre-audit questionnaire. Inmates received PREA related information during classification, which includes being given a business card with reporting information, viewing a PREA video, and receipt of the Inmate Handbook which provides the inmates with information with reporting mechanisms,

including anonymous third-party sources for reporting. This was verified by the Auditor's review of five randomly selected inmate records during the on-site audit. During the on-site tour, the Auditor observed PREA posters and staff first responder duties posters posted in main visitation area, annex visitation area, library, intake, intake medical office, classification office, male change over/shower area, kitchen work area, duty post offices on all housing floors, in the hallway near the elevator on all housing floors, the medical offices, dental office, in the hallways near the attorney visitation rooms on all housing floors, and in the segregation housing area on the fourth floor. PREA information is located on the kiosk screen, designated by a stop sign icon, located in every pod on all housing floors. During the on-site tour the Auditor verified that every kiosk in every pod on every floor was working and displayed the PREA information. A kiosk is not available in the segregation pod and PREA posters were posted in this area.

The Auditor also spoke with a SANE/SAFE Nurse at Roanoke Memorial Hospital; a representative from Sexual Assault Response and Awareness, Inc. (SARA Roanoke), the victim assistance advocates; and a detective from the Roanoke City Police Department, the outside law enforcement agency who conducts criminal investigations and receives third-party reports.

At the completion of the on-site audit, the Auditor held an exit meeting with the Sheriff, PREA Coordinator, Chief Deputy, Assistant Chief Deputy, Professional Standards Unit Lieutenant and Chief Investigator, Accreditation Manager Sergeant, and Community Relations Specialist to discuss audit findings. Roanoke City Jail was found to be fully compliant with PREA standards. Two standards were not applicable. This finding is based on the Auditor's review of policies; a review of extensive and lengthy files and documentation provided to the Auditor prior to the on-site audit; interviews with inmates and staff during the on-site audit; and observations made during the tour of Roanoke City Jail during the on-site audit.

The Auditor wishes to thank the Roanoke City Sheriff, the Chief Deputy, the PREA Coordinator, the Community Relations Specialist, and the staff at the Roanoke City Jail for their hard work and cooperation during the audit process; and for their dedication to the elimination and prevention of sexual harassment and sexual assault in their facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission statement of the Roanoke City Sheriff's Office is: "As a diverse, professional law enforcement agency, we will serve and protect every person within the City of Roanoke through quality court, correctional, law enforcement, and customer-focused services." The mission of the Roanoke City Jail is "to protect the community, to carry out those judgments and orders imposed by the courts and the legal system in accordance with all applicable laws; to provide a safe and humane environment for those persons committed to the jail's care and custody; and to strive to increase the number of inmates who return to the community as law-abiding citizens. For us to meet this goal, the jail staffs first priority must be the security of the jail and the safety of those therein. Secondly, both the jail staff and I are committed to developing and maintaining a positive relationship with the inmates to constantly maintain and improve the atmosphere within the jail which is as pleasant as the law and circumstances will permit."

The functional role of the Roanoke City Jail is to maintain custody of pre-trial prisoners and to carry out judgments of the courts of sentenced inmates with respect and protection of the civil and legal rights of all inmates. There are four objectives that have been established to obtain the goals of the Roanoke City Jail. These objectives include:

- To provide a level of supervision consistent with human dignity and assuring maximum protection to the community, staff and inmates.
- To provide an institutional environment to minimize any detrimental effects of confinement.
- To provide programs and procedures based on positive correctional goals instead of punitive objectives and to ensure that no inmate is discriminated against because of race, national origin, color, creed, sex, economic status, or political belief.
- To improve management resources, technology and skills necessary to meet the demands of development and future expansion.
- To increase the knowledge of correctional technology through assessment, evaluation and research.

The Roanoke City Jail is located in downtown Roanoke, Virginia, adjacent to the courthouse. The current Roanoke City Jail was opened in June 1979, replacing the facility built in 1915. Work was completed in 1996 on the Roanoke City Jail Annex creating an additional 331 beds.

The rated capacity of Roanoke City Jail is 834 adults (168 females and 666 males), starting at age 14. The average population for the past 12 months was 606 inmates. On the day of the on-site audit, there were 73 staff, 27 contractors, and 6 volunteers. The total inmate population was 588, consisting of 476 male inmates and 112 female inmates. There were no youthful inmates housed on the day of the on-site audit.

Within the primary classification of Administration Restrictive Housing, Maximum, Medium, and Minimum security are sub-classifications to better identify inmates and protect them from those who may harm them. These classifications include but are not limited to mentally ill, lesbian, gay, bisexual, transgender, intersex (LGTBI), gang members, sexually violent predators, and youthful inmates under the age of 18 who have been adjudicated by the court (identified as juveniles). Youthful inmates are housed in the medical pod on the fourth floor of the jail, and female inmates are housed on the second floor of the jail.

As mentioned above, Roanoke City Jail (the facility) consists of four floors with the exterior serving as the outer security perimeter. There is a Sally Port entrance to the jail leading into the first floor, as well as a public information area and entrance to permit access to the jail for visitors. The first floor contains the lobby, main control center, magistrate's office, booking/intake, classification holding cells, interview rooms, classification office, intake medical examination room, kitchen facilities, and property storage. The court holding area is located in the basement of the courthouse, which is accessible to the first floor by connecting corridors.

The first floor is also one of the connection points for the main jail to connect to the Annex. The first floor of the Annex contains the master control room for the Annex, visitation area and attorney conference rooms, program meeting room, special education classroom, counselor's office, work release coordinator's office, duty post offices, and work release dormitory. There is also a mechanical equipment room as well as administration offices. There are six pods with each containing five cells and a dayroom. This floor houses minimum/medium security male inmates.

The second floor of the main jail consists of female inmates and the female therapeutic community. Program meeting rooms, visitation areas, lawyer conference rooms, staff's breakroom, staff's training and conference room, Watch Commander's office, female education room, and female property office are located on the second floor. There are eight pods, with each containing ten cells with a dayroom, and eight restrictive housing cells. Female youthful inmates would be held in the female holding area which is separated from the adults.

The second floor is also one of the main connection points for the main jail to connect to the Annex. The second floor of the Annex contains one GED classroom, laundry, visitation area, attorney conference rooms, library, gymnasium, cardio exercise room, restrictive housing unit, and recreational deputy's office and duty post offices. The second floor houses minimum/medium security male inmates. There are six pods, with each containing five cells with a dayroom, and nine restrictive housing cells.

The third floor contains medium security male inmates. Recreational facilities, recreational deputy's office, chapel/classroom, maintenance office, Planning and Research Office, Accreditation and Training offices, program meeting rooms, visitation areas, duty post office, and lawyer conference rooms are located on the third floor. There are eight pods, with each containing ten cells with a dayroom, and eight restrictive housing cells.

The fourth floor contains maximum-security male inmates. Medical facilities, including medicine and supply storage, a medical observation unit with four beds, dental office, nurse administrator's office, visitation area, lawyer conference rooms, program meeting rooms, and access to the outdoor recreation area are located on the fourth floor. There are eight pods, with each containing seven cells with a dayroom, and eight restrictive housing cells. Youthful inmates are held on the fourth floor in the medical pods separated from the adults.

Control rooms on each floor have communications with the inmate housing areas by camera and intercom systems. The monitors have "black out boxes" prohibiting staff from viewing of the toilet areas and shower areas while monitoring the cameras. The facility is serviced by three elevators, one for public use, one for jail activities, and one located in the Annex. There are three emergency exits located on each floor along with posted floor plans and directional arrows. The Sheriff's Office and Civil Process Section are located in the newer facility.

The Roanoke City Jail has a total of 227 cameras consisting of 204 interior cameras and 27 exterior cameras. Camera surveillance is maintained in corridors, hallways, and inmate living areas by the main control room. Each camera can be recorded and information recorded is stored for a minimum of 30 days. Some of the cameras also have audio capabilities as well. The monitors have "black out boxes" prohibiting staff from viewing of the toilet areas and shower areas while monitoring the cameras. The control room has communication with each of the floor control rooms, and each security deputy is issued a mobile radio that has a "man down system." The "man down system" is an emergency system utilized by the floor deputies that is activated automatically, and in some areas manually, which alerts the control room of an immediate emergency requiring assistance for additional personnel. Upgrades to the facility's camera surveillance system were made in 2015 and 2017.

During the on-site audit, the Auditor observed the camera coverage/surveillance in the main control room and in the floor control rooms. Camera coverage maintains good visibility throughout the Jail. Cameras also have

digital black out privacy blocks that prohibit staff from viewing inmate's genitalia when using the bathroom and showers in the cells, which was also observed by the Auditor during the on-site tour.

Each shift at the Roanoke City Jail has one Watch Commander, who holds the rank of Lieutenant, and two Sergeants who supervise Deputies. The Lieutenant and Sergeants on day and night shifts routinely make unscheduled and unannounced rounds throughout the facility to ensure the safety and security of the facility. The facility operates on 12 hour shifts providing overlapping, 24 hour coverage of the facility.

Food services are provided by CBM Managed Services. The agency contracts with Language Line to provide translation services.

The facility provides programs during both the day and night shifts that are facilitated by various civilian staff and volunteers, and monitored by deputy sheriffs assigned to the floor where the program is being conducted. These programs, for both males and females, include GED and high school diploma academic services, alcohol counseling, mental health group, medical services, Christian Bible study, Pentecostal Bible study, Hispanic Bible study, Islamic studies, and parenting groups. The goal of this program is to promote public safety while providing an environment that improves the outcomes of the inmates.

Roanoke City Sheriff's Office has 10 staff members designated as Specialized Investigators that have been trained using an online training course provided by RELIAS. Four of these Special Investigators have received additional training offered by Training Force USA in September 2016 on the investigation process for sexual abuse. Investigators utilize hand held voice recorders and cameras during their investigations.

The Roanoke City Sheriff's Office has been accredited by the American Correctional Association and Virginia Law Enforcement Professional Standards Commission for over 25 years. In achieving accreditation, the agency has not received any findings of inadequacy from any court, agency, or oversight bodies.

Medical and mental health care is contracted with Correct Care Solutions. The Roanoke City Jail's Medical Section was awarded an accreditation by the National Commission on Correctional Health Care in 1987. In order to maintain this accreditation the jail must submit an annual maintenance report and participate in an on-site inspection every three years. The jail's last inspection was in 2014.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, including, staff and inmate interviews, the auditor has determined the following:

Number of standards exceeded:

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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.

Standing Operating Instructions (SOI) 3.01 – General Duties – Jail Division Personnel

PREA Coordinator (Deputy): It is the duty of the PREA Coordinator, under the direction and control of the Professional Standards Unit Supervisor to develop, update, revise and maintain written policies and procedures related to Prison Rape Elimination Act (PREA) standards [Public Law 108-79-Sept. 4, 2003]. Other essential duties of the PREA Coordinator shall include but are not limited to: updating PREA standards compliance plan as necessary and assisting in writing directives to assure PREA compliance; identifying trends in PREA standard development and alerting management to anticipated changes; preparing reports on existing department operations, methods and procedures relating to PREA standards; collecting and maintaining statistical data related to PREA standards; collecting the appropriate reports and proofs to satisfy PREA standard requirements; planning and coordinating all preliminary and on-site PREA assessments and giving tours to assessors; reviewing statistical data collected in order to assess and improve the agency's PREA compliance program; maintaining all records associated with the PREA compliance program; training department personnel, contractors, volunteers and inmates on PREA requirements and performing such other duties as may be assigned.

SOI 3.33 – Prison Rape Elimination Act (PREA)

PURPOSE: To establish policy and procedure to help prevent sexual assaults and abuse of inmates while in custody of the Roanoke City Sheriff's Office. Establish procedures to follow in the event of a sexual assault on an inmate and guidelines to follow for investigation and prosecution.

POLICY & PROCEDURE: It is the policy of the Roanoke City Sheriff's Office to provide humane conditions of confinement for inmates in the Roanoke City Jail to include a program of sexual abuse prevention and intervention. The procedures set forth herein establish that the Sheriff's Office mandates a zero tolerance policy towards any type of sexual misconduct, sexual contact, sexual abuse and sexual harassment toward any inmate(s). This Office will investigate any allegations and suspicions of sexual abuse and sexual harassment, up to and including prosecution under Virginia Code 18.2-67.4 (1999 revised).

Interaction with Inmates

A. Booking Procedure:

1. During the booking process, all inmates will be informed of the Sheriff's Office, zero-tolerance policy regarding inmate sexual abuse, sexual harassment and non-coercive sexual contact between inmates.

Roanoke City Sheriff's Office (the agency) has a zero tolerance policies, and zero tolerance is discussed in the Inmate Handbook on pages 4-5 that is provided to all inmates upon intake. The Auditor observed zero tolerance posters posted throughout the facility on every floor, in all staff areas, and in every housing pod.

Interview with the PREA Coordinator indicates he is allotted ample time to oversee the agency's efforts to ensure PREA compliance in its facility. The PREA Coordinator reports to the Lieutenant in charge of the Professional Standards Unit, which is a part of the Administration Division that directly reports to the Sheriff.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

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)
- Not Applicable

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

This standard is not applicable. The agency does not contract with other entities for the confinement of inmates.

Standard 115.13 Supervision and monitoring.

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

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



The agency has developed a staffing plan and makes its best effort to comply with the recommendations of the plan. During the pre-audit the Auditor was provided and reviewed the Evaluation of Facility, dated December 13, 2016, prepared by the Chief Deputy and addressed to the Sheriff. The staffing plan is reviewed annually by the Chief Deputy, PREA Coordinator, Assistant Chief Deputy, Security Division Commander, Assistant Security Division Commander, Services Division Commander, Assistant Services Division Commander, Professional Standards Unit, Classification, Accreditation Manager, Intake, Health Services Administrator, and Director of Nursing to determine if adjustments are needed. The facility documents all deviations to the plan. The evaluation took into consideration facility characteristics, inmate population, staffing requirements, staffing patterns, staff training, deployment of technology and video monitoring.

During the pre-audit, the facility reported there have been no deviations from the staffing plan within the past 12 months. The facility reported that the staffing plan is predicated on the capacity of 834 inmates, and they are averaging 606 inmates. The Chief Deputy confirmed that the staffing plan is evaluated yearly based on the best practices of national jail standards, and utilizes the experience of the staff, Watch Commanders, and line staff to make sure there is enough staff on duty to move inmates based on the needs of the facility, including scheduled programs. Extra staff is called in for overtime when needed.

On the date of the on-site audit, there were a total of 588 inmates, consisting of 476 males, 112 females, and no youthful inmates.

Unannounced and unscheduled supervisory rounds are made by the Watch Commander, who is a Lieutenant, and two Sergeants on each day and night shift. The Lieutenant and Sergeants on the day and night shifts routinely make unscheduled and unannounced rounds throughout the facility which are documented in the duty post logs located in each housing area. During the pre-audit, the Auditor was provided quarterly samples of unannounced rounds documented by either a Lieutenant or a Sergeant. During the on-site audit, the Auditor reviewed a post logs in a housing unit to verify documented unannounced rounds by either a Lieutenant or Sergeant during both shifts and at irregular times.

During interviews with two Watch Commanders and Sergeant, the Auditor was informed they document their unannounced rounds in the duty post logs, and conduct their unannounced round at random times and in staggered, random order in an effort to prevent staff from alerting other staff that they are conducting unannounced rounds.

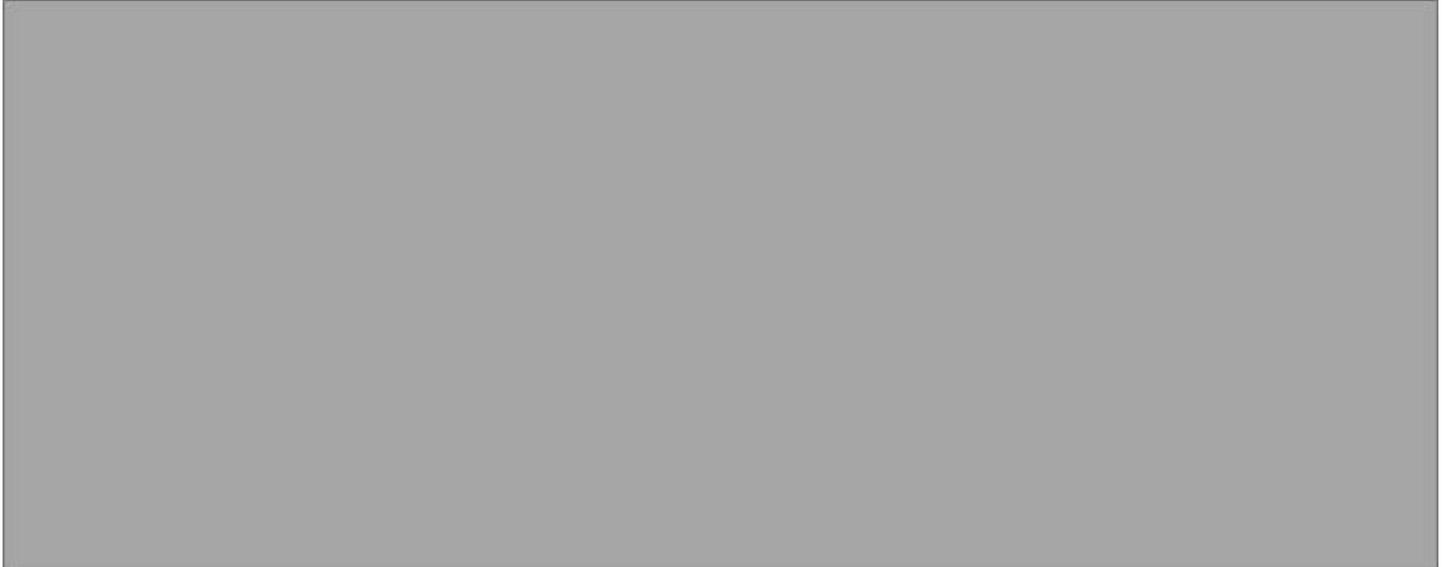
Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

Standard 115.14 Youthful inmates.

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

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





The facility houses male and female youthful inmates who have been adjudicated as adults, and reported in the past 12 months they housed three youthful offenders. Male youthful inmates are housed in the medical pods on the fourth floor, and female youthful inmates are housed on the second floor. All youthful inmates are housed separate and apart from adults, and not within sight, sound, or physical contact with any adult offender through the use of shared dayrooms or other common space, shower area, or sleeping area. The facility ensures that the youthful inmates are offered programs and recreation. On the date of the audit there were no youthful inmates being housed at the facility.

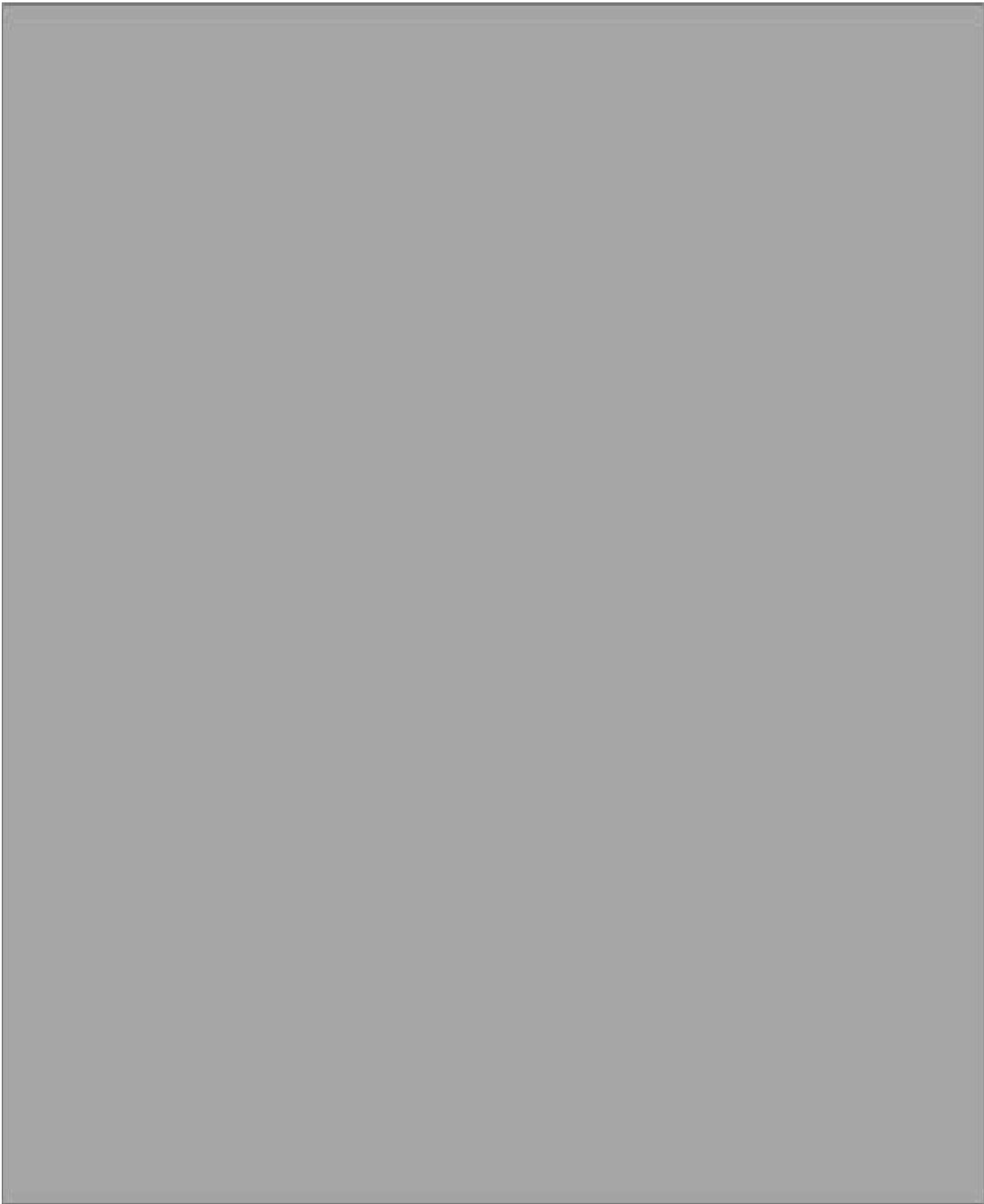
Interview with staff who supervise youthful inmates confirm they are able to maintain sight and sound separation between youthful and adult inmates; that staff have direct supervision whenever youthful inmates are outside of their housing areas; and youthful inmates are provided access to recreation, schooling, and other programs.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and offenders.

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.



Agency policy prohibits cross-gender pat-down searches, and cross-gender strip searches. Body cavity searches are only done by medically trained professional. Policy and procedures are implemented to enable offenders to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks. Inmates are informed about the facility's policies regarding pat-down searches, strip searches, and body cavity searches by staff of the opposite gender on pages 17-18 of the Inmate Handbook.

During the pre-audit the Auditor was provided a sample of the post logs documenting announcements being made by staff of the opposite sex when entering the housing area. The facility reported that if any cross-gender strip searches happened, they would be documented in the jail incident report log.

During the pre-audit, the facility reported that 100% of security staff has received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. During the pre-audit, the Auditor was provided and reviewed the training curriculum.

During the pre-audit, the facility reported they use PREA Resource Center PowerPoint titled, "Guidance in Cross-Gender and Transgender Pat Searches" to train staff on appropriate methods for searching. During the on-site audit, the Auditor viewed a random sample of training logs, and reviewed random dates of the log of all strip searches which confirmed strip searches are being documented and are being performed by staff of the same gender.

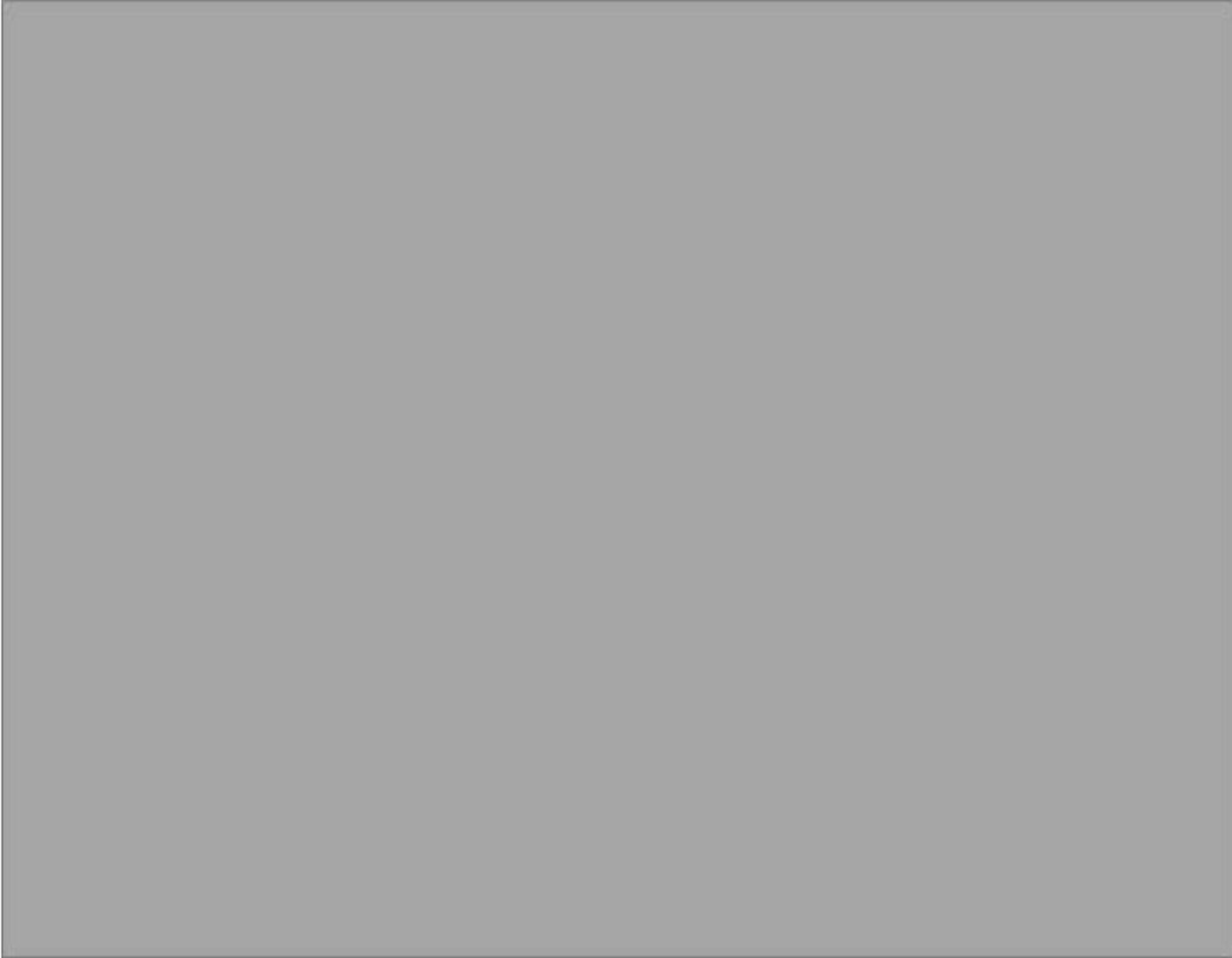
All interviewed staff indicated they have received cross-gender pat-down search training during initial training at the Academy and again during annual training sessions. All staff stated it was against policy to perform cross-gender searches of any kind. Staff interviews confirmed that they were aware of the policy prohibiting searches of transgender or intersex inmates for the sole purpose of determining their genital status. Inmates and staff interviews indicated that inmates are allowed to shower, dress, and use the toilet privately without being viewed by the opposite gender. During the on-site audit, the Auditor observed female staff announce their presence when they entered the male housing areas, and observed male staff announce their presence when they entered the female housing areas. It was confirmed by inmate and staff interviews that female and male staff announce their presence when they enter the housing areas of opposite gender.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

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.



The facility reported that in the past 12 months there have been no instances where inmate interpreters, inmate readers, or other types of inmate assistants have been used; and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations. The facility's PREA posters are printed in English and Spanish, and the facility provides the Inmate Handbook in English and in Spanish. The facility has a contract with Language Line to provide translation services to ensure effective communication with inmates who are limited English proficient.

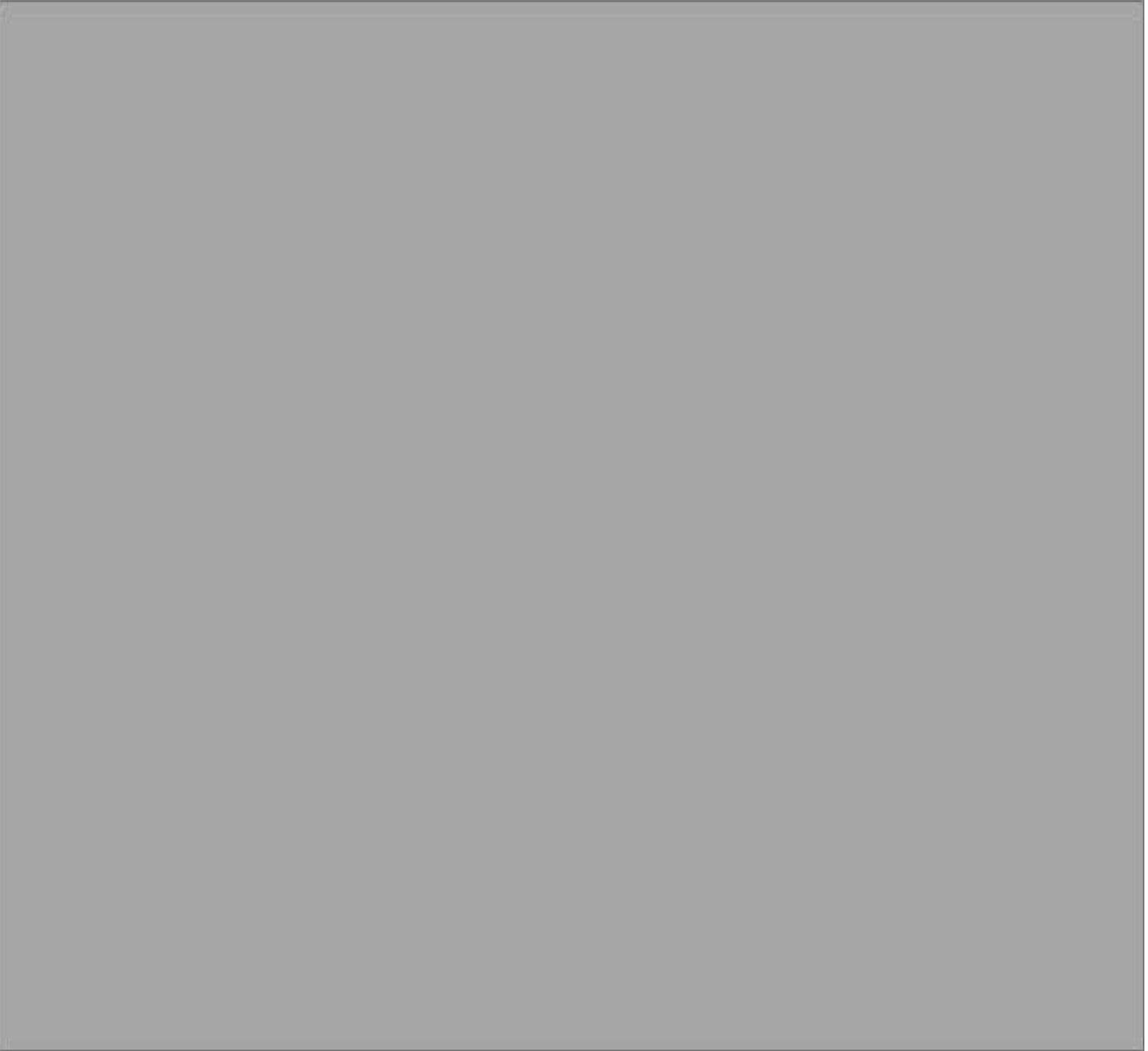
During the on-site audit, the Auditor verified through random staff and random inmate interviews that inmates readers or inmate assistance are not used to explain PREA policy and procedures to other inmates. The agency takes the necessary steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the sexual abuse and sexual harassment education.

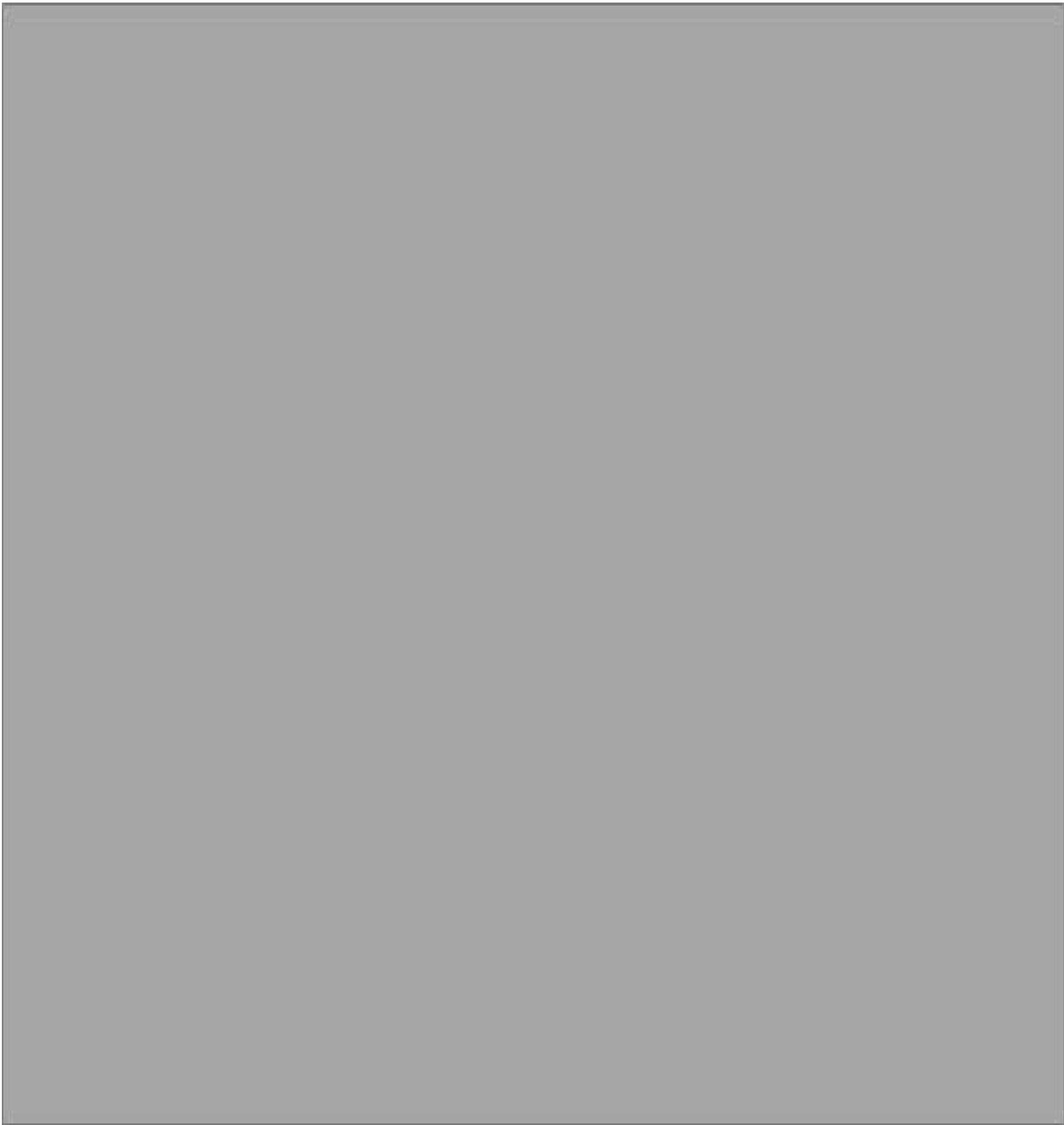
Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

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.





Standard 115.18 Upgrades to facilities and technologies.

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

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

The agency holds a meeting once a year to assess, determine, and document whether the staffing plan is adequate. The staffing plan includes consideration whether any upgrades to video monitoring system, electronic surveillance system or other monitoring technology is needed to enhance the agency’s ability to protect inmates from sexual abuse. The agency uses the monitoring technology to capture what happens during any incident/allegation that occurred, and to retain timelines to show places and distances. This allows management to focus on detection and prevention, and staff training.

Since the last Audit conducted on August 23, 2014, additional cameras, some cameras with audio capability, were added in 2015 and 2017 throughout the facility, including intake area, reception and administration lobby, property room, intake areas, floor gym and weight room on the second and third floors, first floor annex housing, and second floor annex housing based upon the recommendations from the staffing plans and the Sexual Assault Incident Review Team. The facility has a total of 227 cameras, consisting of 204 interior cameras and 23 exterior cameras. During the audit, the Auditor viewed the camera monitoring system in master control and on each floor in the post control offices to ensure that all cameras were working throughout the facility.

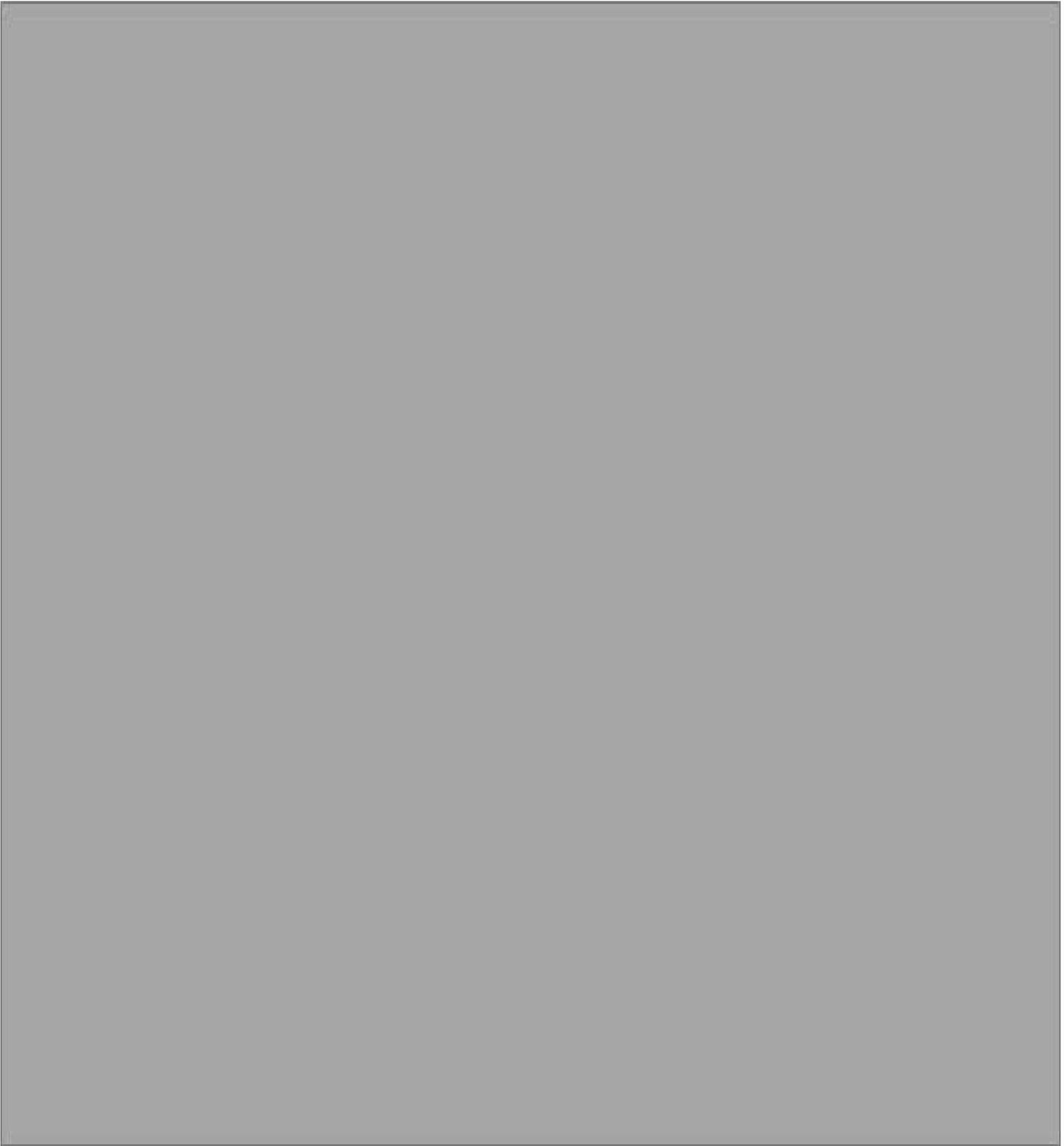
Compliance with this standard was determined through policy reviews, review of documentation, interviews with specialized staff, and observations made during the on-site audit.

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.





The Roanoke City Sheriff's Officer has a Letter of Understanding with the Roanoke City Police Department (RPD), dated February 15, 2017, to conduct criminal investigations. RPD Policy 42.1.4 on Follow-up Investigations and RPD Policy 55.1.2 1 on Sexual Assault outline evidence protocol. The Auditor was advised during interviews with the Chief Deputy, the facility Investigator, and the RPD Detective that the Roanoke City Police Department and Roanoke City Sheriff's office work in harmony when conducting investigations into

allegations of sexual abuse. The facility conducts a parallel investigation along side the RPD and they work together to the completion of the investigation. The RPD Detective stated all information from the investigation, including interviews and statements from the victim and witnesses, a review of available video and audio, and collection of evidence, is referred to the Commonwealth's Attorney (the District Attorney) for consideration for criminal prosecution

Forensic medical examinations are done at Carillion Roanoke Memorial Hospital and would be provided at no cost to the inmate when requested. During the audit, the Auditor verified through telephone conversation with Carillion Roanoke Memorial Hospital that they have SANEs/SAFEs staff on duty and a qualified medical practitioner would perform the exam when a SANE/SAFE nurse staff is not on duty.

Roanoke City Sheriff's Office has entered into a Memorandum of Understanding (MOU) with Sexual Assault Response and Awareness, Inc. (SARA Roanoke) to provide a qualified community-based staff member to provide emotional support, crisis intervention, supportive counseling to victims of sexual violence via telephone or by mail. The MOU also provides for court advocacy to victims of sexual violence who participate in relevant legal proceedings. If requested, SARA Roanoke will also provide training to designated facility employees, contractors or volunteers. During the pre-audit, the Auditor was provided with a copy of the MOU dated June 14, 2017. During the on-site audit the Auditor spoke on the telephone with the Executive Director at SARA Roanoke who confirmed they will provide rape counseling services for the facility. Roanoke City Sheriff's Office does have a mental health social worker to serve in this role shall the need arise.

As of the date of the audit, the facility reported in the past 12 months there has been one forensic medical exam performed by SANEs/SAFEs, and no exams have been performed by a qualified medical practitioner. The Auditor was provided documentation showing where an appointment was made for counseling by an outside rape crisis center and the victim decided not to pursue the counseling. During the pre-audit the Auditor was also provided documentation showing that the agency has a qualified staff member who has been screened for appropriateness to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

Standard 115.22 Policies to ensure referrals of allegations for investigations.

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

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





The agency's website at <http://www.roanokeva.gov/857/Prison-Rape-Elimination-Act> states that all allegations of inmate-on-inmate sexual abuse and sexual misconduct are investigated.

Administrative and criminal investigations, when warranted, are completed on all allegations of sexual abuse and sexual harassment in accordance with the above-stated policy. The facility has 10 trained Specialized Investigators. The Chief Deputy designates and assigns the specialized investigative staff who will conduct the administrative investigation. The agency has a Letter of Understanding with Roanoke City Police Department (RPD), dated February 15, 2017, to conduct criminal investigations. RPD Policy 42.1.4 on Follow-up Investigations and RPD Policy 55.1.2 1 on Sexual Assault outline evidence protocol. The Roanoke City Police Department is assigned to conduct criminal investigation cases and advises the Chief Deputy and the Lieutenant of Professional Standards of all findings.

The facility reported during the previous 12 months, 13 allegations of sexual abuse and/or sexual harassment were received, of which 11 allegations resulted in an administrative investigation and two allegations were referred for criminal investigation. All of these investigations were completed within the time frame as set forth in the above policy. During the on-site audit the Auditor reviewed the 13 investigations files, which included a copy of the camera footage and recording of all interviews on CD, all written statements, completed investigator report and checklist, Sexual Assault Incident Review Team report, notification letter to inmate victim, and documentation of monitoring for retaliation. Copies of the investigation reports completed by the RPD was found in the two files referred for criminal investigation. During the on-site audit the Auditor also spoke with the Detective from the Roanoke City Police Department who conducted one of the criminal investigations.

Interviews with the facility investigation staff, Chief Deputy, and RPD Detective confirmed that Roanoke City Sheriff's Office and Roanoke City Police Department work closely together and have an open line of communication between the agencies.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

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.



The agency conducts annual refresher PREA training for all of its employees, volunteers and contractors. New employees received PREA training during orientation and again at the Academy. Training is tailored to the unique needs and attributes of inmates and to the gender of the inmates at the facility. During the pre-audit

the facility reported that all employees who may have contact with inmates received refresher training on PREA requirements.

During the pre-audit, the Auditor reviewed training curriculum by RELIAS verifying the training meets the subsections of this standard. The Auditor reviewed the training documentation, which included electronic verification, that the staff member has received PREA training and understood the materials covered.

Random staff interviews indicate staff have received the required PREA training, have a good working knowledge of the standards, and received refresher training as part of their annual training.

Compliance with this standard was determined through policy reviews, review of the PREA training course description, review of training files, observations made during the on-site audit, and interviews with staff.

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.







The agency has a policy requiring all contractors and volunteers to undergo background checks and PREA training. The facility reported there are 36 volunteers, and 45 contractors which include the Chaplain, a teacher, three kitchen workers and 42 medical staff. Contractors and volunteers that may have contact with inmates are educated on the facility's zero tolerance policy and how they may detect, prevent and respond to allegations of sexual misconduct. Every contractor and volunteer that may have contact with inmates receives orientation about the agency's zero tolerance policy, how to report an allegation, and the consequences for violating the policy. The contractors and volunteers sign and date the Volunteer/Contractor Agreement that they understand their responsibility.

In the past 12 months, the facility reported that all volunteers and individual contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

During the pre-audit, the Auditor reviewed two samples of the Volunteer/Contractor Agreement form signed by contractors and volunteers provided as part of the documentation in response to the pre-audit questionnaire. During the on-site audit the Auditor reviewed three volunteer files verifying signed checklist acknowledging receipt of PREA training.

Interviews with three volunteers and one contractor indicated they have received PREA training and understood the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and their responsibilities for reporting.

Compliance with this standard was determined through policy reviews, review of files, and interviews with volunteers and contractor.

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)



Inmates receive the information during the intake process: PREA verbal orientation; view a PREA video; a PREA brochure (in English and Spanish); and a PREA information business card (in English and Spanish) with options on how to report. During intake inmates sign and date a PREA Intake form, PREA Risk Assessment Tool, and Inmate Orientation Form acknowledging they have been provided with information regarding sexual assault, how to report sexual assaults within the facility and that they understand the information. Sexual misconduct information is found on pages 4-9 in the Inmate Handbook, which is available in English and Spanish, explaining the agency's zero tolerance regarding sexual abuse and sexual harassment, information regarding reporting procedures, their right to be free from retaliation, and the availability of advocacy services. Within 2 days of intake, inmates receive additional PREA training during classification which consists of additional information, expanding on the previous information provided in the brochure and inmate handbook.

During the pre-audit, the Auditor was provided and reviewed the following documents: PREA brochure in English and Spanish; PREA Poster in English and Spanish on immediate reporting; PREA business card in English and Spanish; PREA Poster on how to report; PREA posters available in English and Spanish about making false complaints; several samples of completed PREA Intake form, PREA Risk Assessment Tool, and Inmate Orientation Form; and the Inmate Handbook in English and Spanish.

The facility reported that in the past 12 months 7,739 inmates were admitted, and of those whose length of stay in the facility was for 30 days or more, 1,823 inmates received education on their rights to be free from sexual abuse and sexual harassment, free from retaliation for reporting such incidents, and on the agency's policies and procedures for responding to such incidents during their first day of intake, and again within 30 days of intake.

During the on-site audit, the Auditor viewed PREA posters in both English and Spanish providing inmates with information on sexual abuse and sexual harassment, and how to report in the main visitation area, annex visitation area, library, intake, intake medical office, classification office, male change over/shower area, kitchen work area, duty post offices on all housing floors, in the hallway near the elevator on all housing floors, the medical offices, dental office, in the hallways near the attorney visitation rooms on all housing floors, and in the segregation housing area on the fourth floor. PREA information is located on the kiosk screen, designated by a stop sign icon, located in every pod on all of the housing floors. During the on-site tour the Auditor verified that every kiosk in every pod was working and displayed the PREA information.

During the pre-audit, the Auditor was provided a random sample of four inmate files with completed and signed PREA Intake form, PREA Risk Assessment Tool, and Inmate Orientation Form. During the on-site audit,

the Auditor reviewed an additional five inmate files with completed and signed PREA Intake form, PREA Risk Assessment Tool, and Inmate Orientation Form.

Interviews with random inmates indicate they have been provided information on the facility's zero tolerance within hours of arrival; they have seen the posters posted in the facility; and they know how to make a report.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

Standard 115.34 Specialized training: Investigations.

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

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



The agency has a policy requiring investigations of sexual misconduct, sexual contact, sexual abuse, and sexual harassment shall be conducted by an investigator who has experience and training in sexual abuse investigations and appropriate and effective interview techniques. During the pre-audit, the Auditor reviewed documentation confirming that the facility has 10 deputies who have been designated as Special Investigators, and that all have received specialized training using an online training course provided by RELIAS for sexual assaults and sexual harassment. Four of these Special Investigators have also received additional training by attending an 8 hour class held by the Training Force USA on September 29, 2016, entitled *Prison Rape & Sexual Assault Investigation*. During the pre-audit, the Auditor also reviewed the specialized training curriculum from RELIAS, entitled "PREA: Investigation Protocols."

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

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.

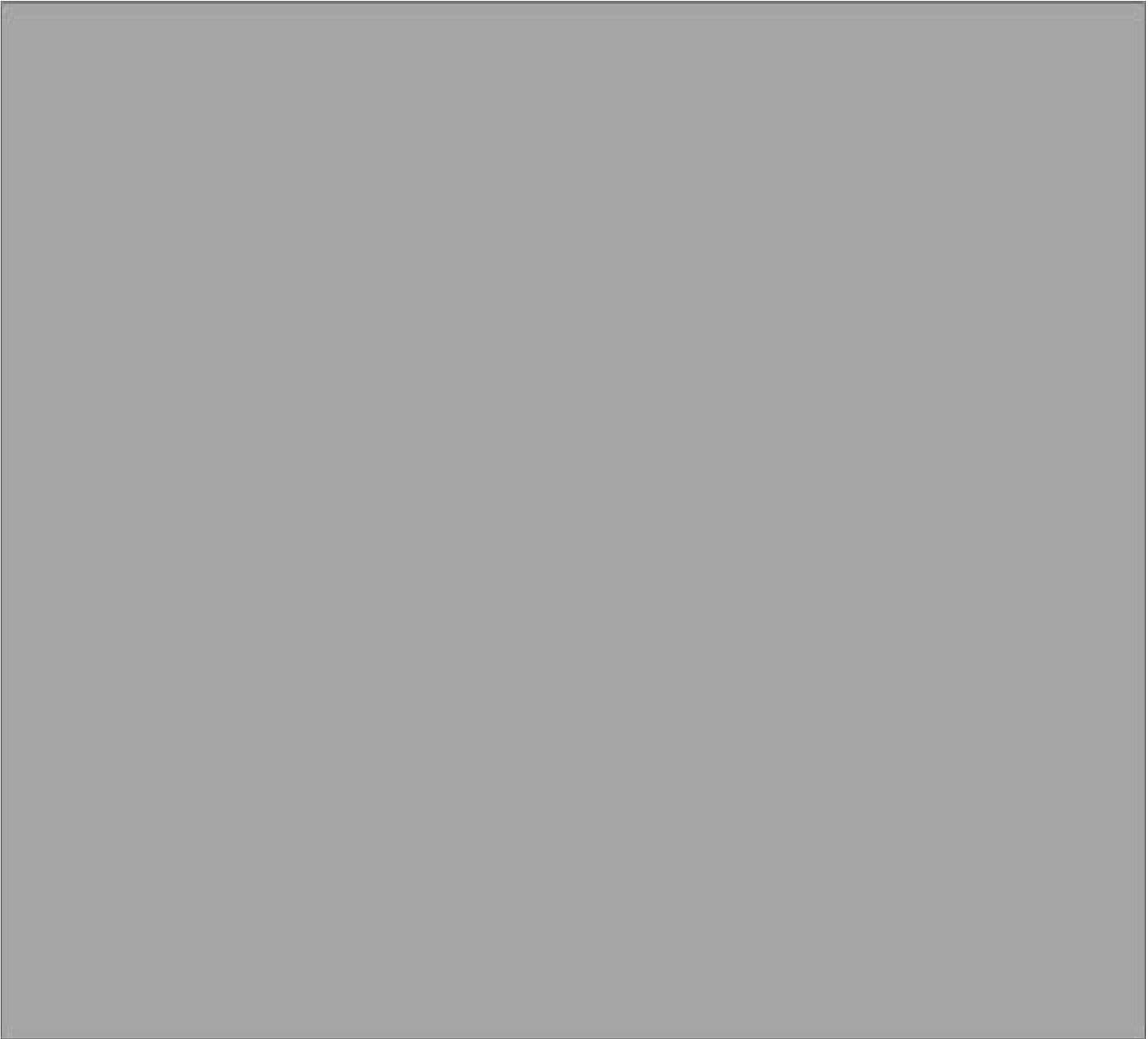
Forensic medical exams are performed at Carillion Roanoke Memorial Hospital. Medical staff at the facility does not conduct forensic medical examinations. The facility reported there are 42 medical and mental health staff contracted with Correct Care Solutions who work regularly, and all have received the specialized training as required by the agency's policy. During the pre-audit, the Auditor was provided with a copy of the Certificate of Completion showing the medical staff has completed the two-hour online course "PREA: Sexual Abuse: Dynamics, Detection, and Reporting" presented by RELIAS Learning, and have received the training as required by the above-stated policy. This was confirmed by the Auditor during the interview with the Health Services Administrator and Mental Health Coordinator.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

Standard 115.41 Screening for risk of victimization and abusiveness.

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

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





All inmates are assessed during intake screening and again during classification for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. The facility uses an Objective Classification Program (OJC) philosophy to determine an inmate's housing assignment and privilege level based on predetermined criteria. The software to run this program was developed by the Northpointe Institute for Public Management. It is used in conjunction with the Printrak Jail Management System computer software system. The screening is completed usually within 24 hours, but no later than within 72 hours, of arrival during the booking process, and sooner for those serving weekend active sentences. During the pre-audit, the Auditor was provided with a copy of completed the PREA Intake Form and PREA Risk Assessment Tool for review which criteria set out in this standard for when assessing inmates for risk of sexual victimization.

During the pre-audit, the facility reported 3,463 inmates entering the facility within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates usually within 24 hours, but no later than 72 hours, of their entry into the facility.

During the pre-audit, the facility reported 1,823 inmates were reassessed 30 days after their arrival at the facility for risk of sexual victimization based upon any additional, relevant information received since intake.

During the on-site audit, the Auditor reviewed completed PREA Intake Form and PREA Risk Assessment Tool completed during booking in five random inmate files.

Interviews with staff who conduct intake screening and with the Classification Supervisor confirmed that all inmates are screened for risk of victimization and abusiveness usually within 24 hours of their arrival but no later than 72 hours of their arrival at the facility. Interviews with inmates also confirmed that during intake and classification they were asked questions about their prior incarceration history, sexual abuse history, sexual orientation identity, and whether they thought they might be in danger of sexual abuse; and these questions were asked usually within 24 hours of their arrival at the facility.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff and inmates.

Standard 115.42 Use of screening information.

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

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



The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. Housing and program assignments are done on a case-by-case basis.

During the on-site audit, the Auditor reviewed completed samples of the PREA Intake Form and PREA Risk Assessment Tool completed during booking to verify that the facility uses information from the risk screening to inform housing, bed, work, education and program assignments.

Interviews with the PREA Coordinator and the Classification Supervisor confirmed risk screening is being completed and used pursuant to the facility's policy, and that information from the risk screening assessment is used to determine where to place the inmate within the facility.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

Standard 115.43 Protective custody.

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

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

The agency's policy requires that inmates who are at a high risk for sexual victimization, or who have alleged sexual abuse or misconduct against another inmate, are only placed in involuntary segregation after an assessment has been made that there is no available alternative means of separation from abusers for less than 24 hours while the assessment is completed or until an alternative means of separation from likely abusers can be arranged. Such assignments shall not ordinarily exceed a one day period. Any use of protective custody to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the same requirements. All such restrictions shall be documented.

At the time of the pre-audit, the facility reported that in the past 12 months two inmates were placed in involuntary segregated housing for one hour or longer. During the on-site audit, the Auditor was informed that these two inmates were placed on involuntary segregation because there was no other alternative housing available due to lengthy "keep separate" lists. One inmate was placed on involuntary segregation for a total of 24 hours. The second inmate was kept on involuntary segregation for a total of 37 days, and the placement was reviewed every seven days until the inmate was released from the facility.

During the interviews with inmates who were placed in segregation, the Auditor was informed by the inmates that they had requested protective custody and was placed on segregation at their request. Interview with specialized staff confirmed that inmates at high risk for sexual victimization are not placed in involuntary, segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers, or unless requested by the inmate. Staff confirmed that reviews of status as protective custody are completed at least every 30 days.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff and inmates.

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.



Upon arrival each inmate is provided with a copy of the Inmate Handbook, copy of which is available in English and Spanish, during orientation where the facility's zero tolerance policy is found on page 4, and information on numerous reporting is contained on page 7. The inmate also receives a business card, in either English and Spanish, providing information on multiple ways for inmates to report in person or anonymously, by notifying any officer, medical staff, clergy, volunteer, civilian, or mental health professional; calling the hotline from the inmate hotline, or having a friend or family members report online at www.roanokeva.gov/sheriff. Any inmate or staff who reports an incident of sexual misconduct, sexual contact, sexual abuse or sexual harassment may request and be treated as an anonymous informant.

There are PREA posters posted throughout the facility in all areas where inmates are located that provide inmates with a telephone hot-line for anonymously reporting sexual abuse or sexual harassment; in all housing pods on the kiosk; and posters in the segregation pod as there is no kiosk available. Staff is required to document all allegations of sexual abuse or sexual harassment made to them either verbally or in writing immediately on an Incident Report Supplement form immediately or by the end of the shift on the same day.

Inmates can report via the inmate phone system by dialing "7732" at no cost which connects to the Roanoke City Police Department's Crime Line as a source of outside reporting. An RPD person will then take the information provided by the inmate, to include any request for follow-up actions and forward it to the agency. Through interview with the RPD Detective, the Auditor learned they are receiving reports from the crime line and forwarding inmate reports to the agency. Staffs are able to privately report sexual abuse and sexual harassment of inmates through the same methods that are available to inmates. Staffs are informed of these procedures by policy and during annual training.

Roanoke City Jail does accept inmates detained solely for civil immigration purposes.

Through random staff and inmate interviews it was determined that inmates and staff can make private reports to any facility staff member, fill out a "blue slip" which is the Offender Request Form, file a grievance, and make anonymous calls on the crime line.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff, inmates and advocacy services.

Standard 115.52 Exhaustion of administrative remedies.

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

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



The agency has a grievance policy that addresses an inmate’s grievance regarding sexual abuse. The grievance process is explained on pages 37-41 of the Inmate Handbook, and specifically states in the section titled “Matters Grievable by Inmates,” that: “5. Grievances about sexual assault or sexual harassment will be accepted and reviewed regardless of when the incident took place. There is no requirement for an inmate to use an informal grievance process.”

During the on-site audit, the Auditor observed notices posted in all the housing units alerting inmates to this recent change to the grievance policy and the Inmate Handbook.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff, and inmates.

Standard 115.53 Inmate access to outside confidential support services.

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

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





The agency has entered into a Memorandum of Understanding (MOU) with Sexual Assault Response and Awareness, Inc. (SARA Roanoke) to provide a qualified community-based staff member to provide emotional support, crisis intervention, supportive counseling to victims of sexual violence via telephone or by mail. The MOU also provides for court advocacy to victims of sexual violence who participate in relevant legal proceedings. If requested, SARA Roanoke will also provide training to designated facility employees, contractors or volunteers. During the pre-audit, the Auditor was provided with a copy of the MOU dated June 14, 2017. This was confirmed by the Auditor via telephone call with the SARA Roanoke Executive Director during the on-site audit.

The Auditor was able to determine through interviews with random inmates that inmates are aware of how to access support services in cases of sexual abuse.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

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.





Information on ways to report sexual abuse are provided to inmates on pages 7-8 of the Inmate Handbook and on PREA posters located throughout the housing areas of the facility. Inmates are able to dial “7732” from the phone inside the facility which will connect them to the Roanoke City Police Department Crime Line where they can make their report to an outside agency. The facility’s website at <http://www.roanokeva.gov/857/Prison-Rape-Elimination-Act> provides a way for third-party reporting by family and friends by personal appearance and through the U.S. mail.

During the on-site audit, the Auditor observed posters throughout the facility with information on how to report inmate sexual abuse or sexual harassment on behalf of an inmate.

The Auditor was able to determine through interviews with random inmates and staff that both inmates and staff are aware of the procedures for third-party reporting utilizing the crime line number and having family and friends email the agency.

Compliance with this standard was determined through policy reviews, review of documentation, observations during the audit, and interviews with staff and inmates.

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.





Policy requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; take immediate action to protect any inmate subject to a substantial risk of imminent sexual abuse; and not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary.

Through interviews with a random staff, as well as interviews with medical and mental health staff, the Auditor was able to determine that staff were aware of their duty to immediately report any knowledge, suspicion, or information related to sexual abuse or sexual harassment, and what actions they would immediately take.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

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.



The agency’s policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Staff confirmed during interviews they would separate the inmate from the potential abuser and notify their supervisor

As of the date of the audit, the facility reported that no inmate has been determined to have been subject to substantial risk of imminent sexual abuse within the past 12 months.

Through interviews with a random staff, the Auditor was able to determine that staff was aware of what action they would take to protect any inmate who is subject to substantial risk of imminent sexual abuse and would immediately report any knowledge, suspicion, or information related to imminent sexual abuse or sexual harassment.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with staff.

Standard 115.63 Reporting to other confinement facilities.

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

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



The agency's policy requires immediate notification, but no later than 72 hours, after learning and receiving any allegation. The Sheriff stated that the point of contact would be the Chief Deputy and PREA Coordinator who would immediately begin an investigation into the allegation if one had not already been done.

As of the date of the audit, the facility reported in the past 12 months they received four allegations that an inmate was abused while confined at another facility, and they received one report from other facilities of an allegation of sexual abuse happened at the facility. The Auditor was provided and reviewed documentation showing where the facility notified the facility where the assault occurred within 72 hours pursuant to policy.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

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.



Agency policy requires the first security staff members to respond upon learning an allegation of sexual abuse on inmate and take action as set out in the SOI 3.33. As of the date of the audit, the facility reported, in the past 12 months, 13 inmates reported they were sexually abused. In all of these 13 allegations, the first security staff member was the first to respond to the report and separated the alleged victim and abuser; and security staff was able to preserve any possible physical evidence at the scene. During the on-site audit the Auditor reviewed the investigation report made for each incident.

During the on-site audit, the Auditor observed the Staff First Responder Duties posters posted in the staff training and conference rooms, duty post offices, and staff office in intake.

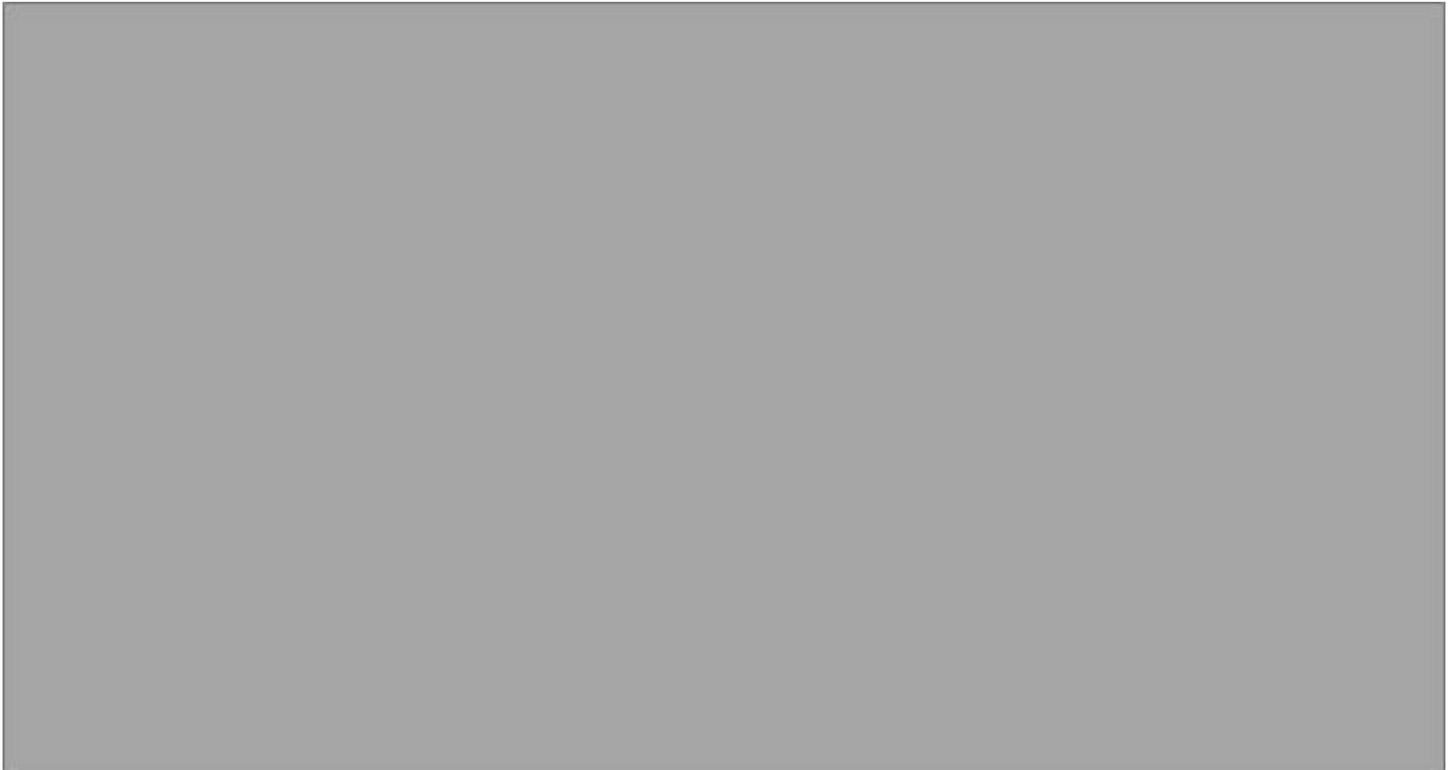
Through interviews with a random sample of staff it was determined that staff is aware of their responsibilities as a first responder upon first learning of any allegation of sexual abuse to separate the victim from the abuser, protect the victim, preserve the crime scene and other physical evidence, notify their supervisor, and notify medical and mental health for services.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff.

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.



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)
- Not Applicable

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.

Employees in the Commonwealth of Virginia do not have collective bargaining rights per the Code of Virginia 40.1-52.2. There is no collective bargaining agreement entered into since August 2012. This was confirmed by the Auditor during the interview with the Human Resource Officer and the Sheriff.

Standard 115.67 Agency protection against retaliation.

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

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



The agency's policy prohibits any type of retaliation to any inmate or staff who has reported sexual abuse or sexual harassment or who has cooperated in any PREA allegation investigation. The facility has developed a Victim Follow Up (PREA) form informing inmates that as a result of reporting an allegation or cooperating with a sexual assault investigation they may become a victim of retaliation and alerting the inmate they need to contact any deputy or staff member immediately if they thought they are a victim of retaliation.

The PREA Coordinator is the designated individual responsible for monitoring retaliation and conducting checks with inmates and staff who have been victimized or reported victimization every 30 days up to 90 days or longer if required ensuring that retaliation on the inmate has not occurred.

As of the date of the audit, the facility reported in the past 12 months there have been no incidents of retaliation.

During the interview with PREA Coordinator, the Auditor was informed he meets together with the Professional Standards Lieutenant and the inmate or staff member in accordance with the Standard to ensure that the inmate/staff is not being retaliated against by staff or other inmates. The monitoring is documented on a Victim Follow Up (PREA) Form utilized by the agency and a copy of the signed form is placed in the investigative file. The Auditor was provided a sample of completed copy of the Victim Follow Up (PREA) forms during the pre-site audit.

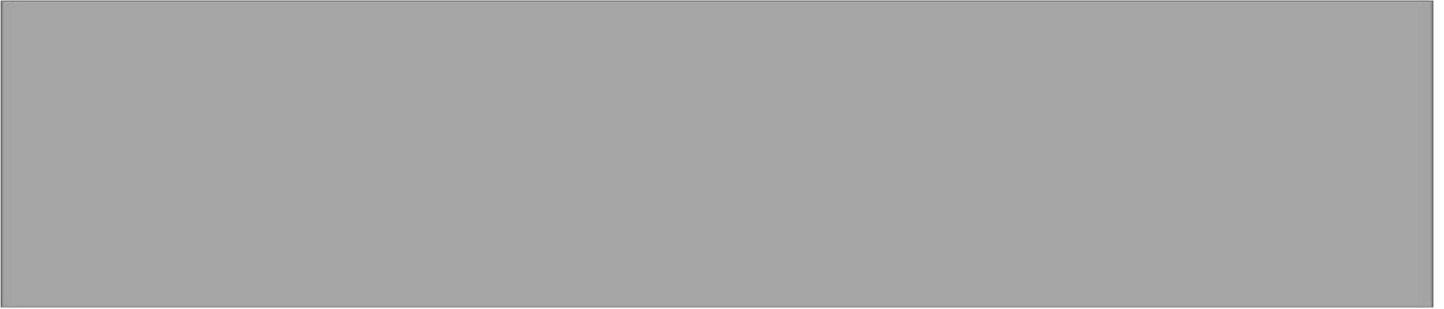
Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

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.





As of the date of the audit, the facility reported that two inmates who have suffered sexual abuse were held in involuntary segregated housing for up to 24 hours and were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. During the on-site audit, the Auditor was informed that these two inmates were placed on involuntary segregation because there was no other alternative housing available due to lengthy “keep separate” lists. One inmate was placed on involuntary segregation for a total of 24 hours. The second inmate was kept on involuntary segregation for a total of 37 days, and the placement was reviewed every seven days until the inmate was released from the facility.

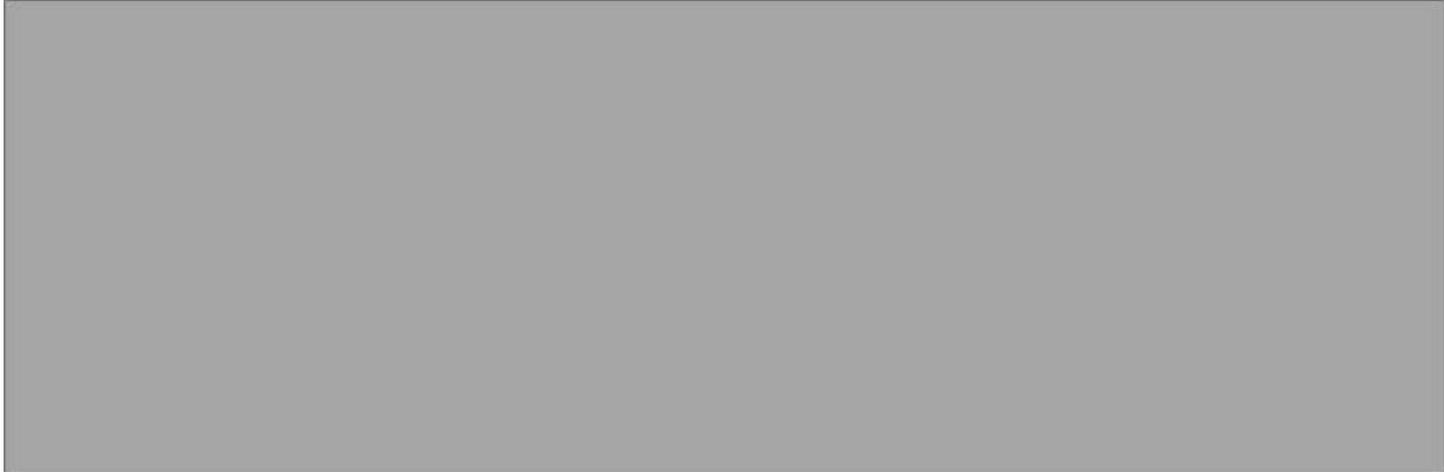
During the interviews with inmates who were placed in segregation, the Auditor was informed by the inmates that they had requested protective custody and was placed on segregation at their request.

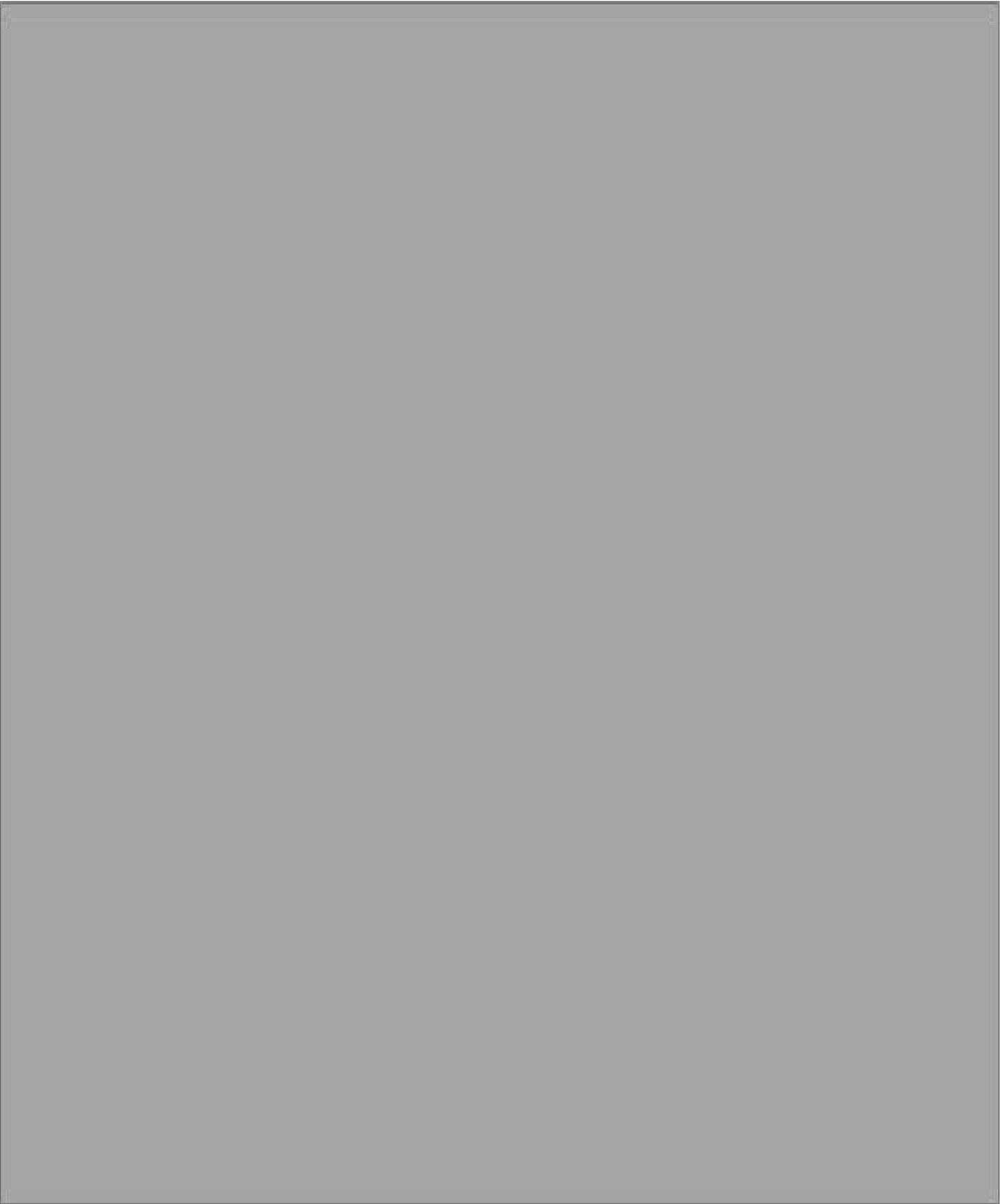
Compliance with this standard was determined through policy reviews, review of documentation, and interviews with staff and inmates.

Standard 115.71 Criminal and administrative agency investigations.

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

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





The agency conducts administrative investigations into sexual abuse and sexual harassment allegations. The Chief Deputy coordinates and assigns the Specialized Investigator who will be responsible for investigating the allegation. If an allegation appears to be criminal in nature, the Investigator will contact the Roanoke City Police Department to conduct the investigation. Roanoke City Sheriff's Office cooperates with the Roanoke City Police Department during the investigation and will conduct a parallel investigation of the allegation.

As of the date of the audit, the facility reported two substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last audit on August 20, 2014. During the on-site audit, the Auditor reviewed the two investigation files for compliance with policy.

During interview with the facility Investigator and the Detective from the RPD, the Auditor confirmed that Roanoke City Police Department keeps the Chief Deputy and the facility Investigator informed of the progress of the investigation being conducted by the RPD. The facility Investigator stated that the agency conducts a parallel investigation alongside with RPD. Roanoke City Sheriff's Office has a Letter of Understanding, dated February 17, 2017, with Roanoke City Police Department.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

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.

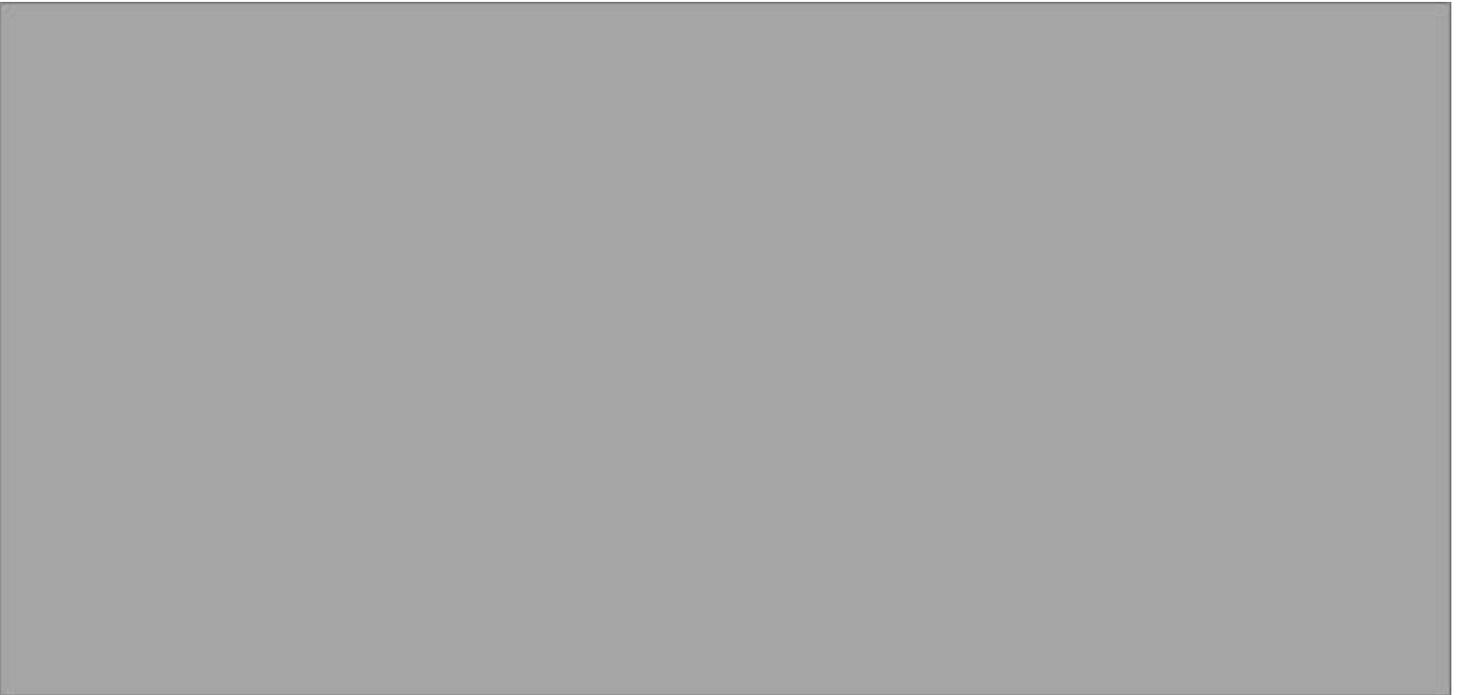
During the interview with the facility Investigator, the Auditor confirmed that no standard higher than a preponderance of evidence is required in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

Standard 115.73 Reporting to inmates.

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

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



The Auditor was provided with a sample of the copies of documentation, i.e. letters from the Sheriff, Memorandum from the Chief Deputy and Memorandum from the PREA Coordinator, that inmate victims are notified of the outcome of his/her allegation of sexual abuse or sexual harassment. The facility reported in the past 12 months, 13 administrative investigations of alleged inmate sexual abuse were completed, and that in all 13 investigations the inmate received notification in writing of the results of the investigation, and that all 13 investigations were documented. Of the 13 investigations of alleged inmate sexual abuse in the past 12 months, two investigations were completed by the Roanoke City Police Department and each victim received written notification of the results of the criminal investigation.

During the on-site audit, the Auditor reviewed all 13 files to verify documentation in the file showing the investigation was completed according to policy, including referral to the Roanoke City Police Department; and that all inmate victims received written notification of the outcome of the investigation. Inmate interviews confirmed they were aware of their right to be notified of the outcome of the completed investigation.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

Standard 115.76 Disciplinary sanctions for staff.

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

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



The agency’s policy states that staff who are determined to have violated agency sexual abuse or sexual harassment policies is subject to disciplinary action, up to and including termination. This was confirmed by the Auditor during the interview with the Sheriff and the Human Resource Officer.

As of the date of the audit, the facility reported, in the past 12 months, no staff from the facility had violated the agency’s sexual abuse and sexual harassment policies; no staff had been terminated or resigned prior to termination for violating the agency’s sexual abuse and sexual harassment policies; no staff had been disciplined, short of termination, for violating the agency’s sexual abuse and sexual harassment policies; and no staff from the facility had been reported to law enforcement or licensing boards following their termination or resignation for violating the agency’s sexual abuse and sexual harassment policies.

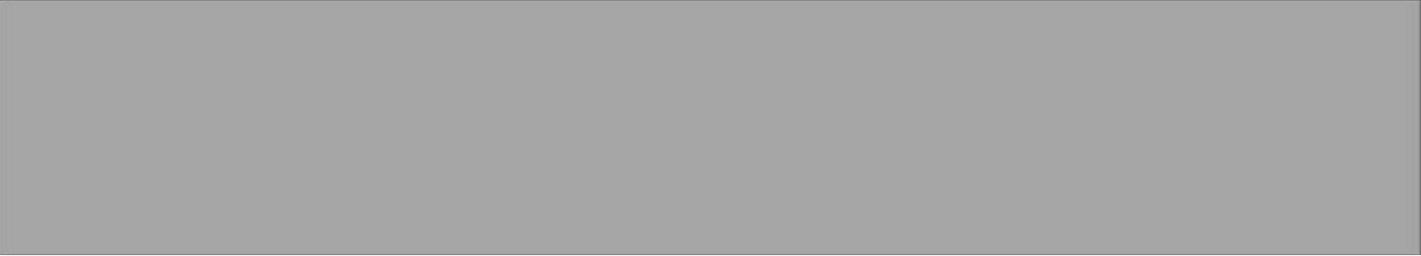
Compliance with this standard was determined through policy reviews and interview with specialized staff.

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.





The Chief Deputy of the Roanoke City Sheriff's Office is the designated individual responsible for notifying law enforcement and any relevant licensing body as applicable. For substantiated allegation, the contractor or volunteer who engages in sexual abuse would be immediately prohibited from contact with inmates, and would be reported to law enforcement and to relevant licensing bodies, unless the activity was clearly not criminal. This was confirmed by the Auditor during the interview with the Sheriff and Chief Deputy.

As of the date of the audit, the facility reported, in the past 12 months, no contractor and/or volunteer have been reported to law enforcement agencies or licensing bodies for engaging in sexual abuse of a resident.

Compliance with this standard was determined through policy reviews and interviews with specialized staff.

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.



The facility has a formal disciplinary policy following an administrative and/or criminal finding. Inmates are informed about the facility's policies regarding rules of conduct and disciplinary procedures pages 17-19, and a list of inmate disciplinary offense on pages 20- of the Inmate Handbook, which is provided in English and Spanish. Specifically, the handbook lists the following as disciplinary offenses:

8. Making improper sexual advances towards another inmate verbally, by gesture, by touch, or by whistling in a suggestive manner.
 9. Any intentional touching, either directly or through the clothing, of the genitals, buttocks, and/or breast of another inmate, excluding contact incidental to a physical altercations.
 10. Any attempt, threat, or request to engage in activities of a sexual nature to any inmate(s) or staff member.
 11. Repeated and/or unwelcomed sexual advances, either by verbal comments, gestures, or actions deemed to be offensive and/or of a sexual nature to any inmate and/or staff member.
 12. Consenting to sexual advances or participating in sexual activities with another.
 15. Lying or giving false information to a Jail Staff member.
 59. Making false sexual abuse, sexual misconduct, sexual assault, or sexual harassment allegations.
- Pages 21 – 31 outlines the possible sanction, the hearing process, and the appeal process.

As of the date of the audit, the facility reported in the past 12 months there have been 13 administrative findings of inmate-on-inmate sexual abuse; and two criminal findings of guilt for inmate-on-inmate sexual abuse.

Interview with the Chief Deputy confirmed that inmates are subject to disciplinary sanctions and it is considered a major jail violation which can include up to 15 days in segregation, and loss of canteen, visitation, telephone and canteen. The Chief Deputy also stated that the sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary histories, sanctions imposed for similar offenses by other inmates with similar histories, and the inmate's mental disability or mental illness is considered when determining sanctions.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interview with specialized staff.

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.



The agency has a policy referring any inmate to the medical and mental health who identified as being at high risk for sexually assaultive behavior or being at high risk for sexual victimization during intake and classification screening.

During the pre-audit, the Auditor was provided with a copy of the medical screening form showing questions about prior sexual assault are asked by medical staff during the initial health and safety assessment, and samples of medical/mental health logs and secondary materials. The facility reported in the past 12 months 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with medical and/or mental health practitioner. During the on-site audit the Auditor reviewed five inmate medical files for compliance.

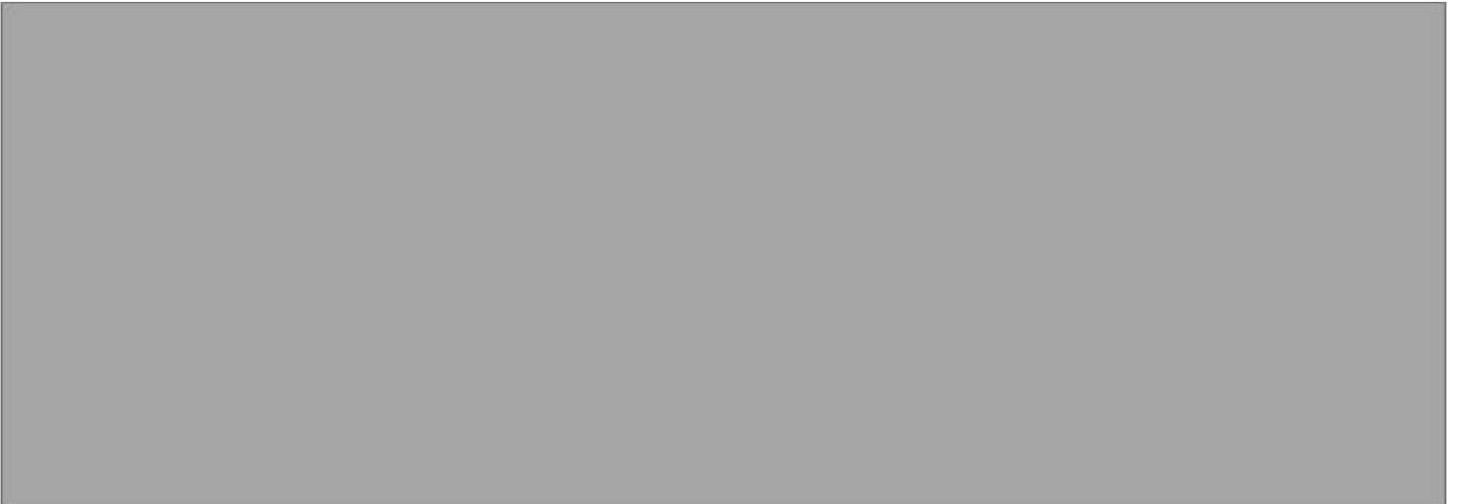
During the past 12 months, the Health Services Administrator reported that there have been no allegations reported to medical staff of an inmate being sexually abused at any prison, jail or lockup.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

Standard 115.82 Access to emergency medical and mental health services.

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

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



The agency’s policy requires that all inmate victims of sexual assault or harassment receives timely, unimpeded access to emergency medical treatment and crisis intervention, pregnancy related medical services, and tests for sexually transmitted infections at no cost to the inmate.

During the on-site audit, the Auditor was provided with a copy of the classification screening form showing questions about prior sexual assault that are asked by medical staff during the initial health and safety assessment, and samples of medical/mental health logs and secondary materials. During the on-site audit the Auditor reviewed five inmate medical files for compliance.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

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

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

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

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



The agency has a policy offering medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, including any follow-up services consistent with the community level of care and offered testes for sexually transmitted infections and timely and comprehensive information about access to pregnancy-related medical care at no cost to the inmate.

Through staff interviews and inmate interviews, it was determined by the Auditor that the agency affords every victim an opportunity to meet with medical and a mental health professional as soon as possible.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

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.



Pursuant to policy, the agency has a Sexual Abuse Incident Review Team and conducts incident reviews in accordance with SOI 3.33 and PREA Standard 115.86. Members of the Sexual Abuse Incident Review Team include, but are not limited to, Chief Deputy, Chief Correctional Officer, Chief Support Services Officer, Investigator, medical representative, and PREA Coordinator. During the pre-audit the Auditor was provided with a copy of the Incident Report Supplement Sexual Abuse Review Committee's Report that provides a list of materials utilized by the Investigator to review the incident, names of person(s) interviewed as witnesses, name(s) of officers interviewed about the incident, the subsections of § 115.86(d), and a date and signature line for the review committee's members. The Sexual Abuse Incident Review Team considers what factors may have motivated the incident/allegation, examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

As of the date of the audit, the facility reported in the past 12 months 13 administrative and/or criminal investigations of alleged sexual abuse, excluding unfounded incidents, were completed at the facility, and followed by a sexual abuse incident review within 30 days.

During the pre-audit, the Auditor was provided and reviewed three completed Incident Report Supplement Sexual Abuse Review Committee's Reports. During the on-site audit the Auditor reviewed all 13 investigation files that included the report and recommendations of the Sexual Abuse Incident Review Team.

During the on-site audit the Auditor interviewed four members of the Sexual Incident Review Team. The Auditor was informed that all components of this policy and this standard are reviewed and considered by the Sexual Assault Abuse Team.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

Standard 115.87 Data collection.

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

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



Pursuant to policy, the agency collects accurate uniform data for every allegation of sexual abuse at the facility using a standardized instrument, and this information is stored on a secured drive with limited access. The system allows the agency to submit the annual DOJ Survey of Sexual Violence timely; and for use by the agency to monitor, trend and take corrective action.

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problems areas and take corrective action. The annual report with comparisons from previous years and corrective is signed by the Sheriff, published, and posted on the Roanoke City Sheriff's Office website at www.roanokeva.gov/857/Prison-Rape-Elimination-Act.

As part of the audit, the Auditor reviewed the Roanoke City Sheriff's Office PREA Annual Report Fiscal Year 2016, a copy located on the agency's website: www.roanokeva.gov/DocumentCenter/Home/View/5955.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

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.



Pursuant to policy, the agency reviews the data collected yearly to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problems areas and take corrective action. The Auditor was informed the data collected is an excellent training tool to make sure things are being done correctly pursuant to policies and procedures, and using the best practices.

As part of the pre-audit, the Auditor was provided with a copy of the Annual Report Fiscal Year 2016, dated August 1, 2016. The annual report with comparisons from previous years and corrective is signed by the Sheriff, published, and posted on the Roanoke City Sheriff's Office website www.roanokeva.gov/DocumentCenter/Home/View/5955. The agency's 2017 fiscal year ends June 30, 2017 and the audit was conducted before the completion of the 2017 annual report.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with staff and inmates.

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.

As stated in the policy, the Auditor confirmed through interview with the Chief Deputy that data is properly stored, maintained and secured by the Roanoke City Sheriff's Office, and access to data is securely controlled.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and inmates.

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.

Sharon G. Robertson

Sharon G. Robertson

July 31, 2017

Date