**Prison Rape Elimination Act (PREA) Audit Report**

**Adult Prisons & Jails**

☐ Interim    ☒ Final

07-10-18

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**Auditor Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Paul Perry</th>
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<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:perry@pcrj.org">perry@pcrj.org</a></td>
</tr>
<tr>
<td>Company Name</td>
<td>Perry PREA Auditing, LLC.</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>PO Box 1186</td>
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<tr>
<td>City, State, Zip</td>
<td>Bowling Green, VA 22427</td>
</tr>
<tr>
<td>Telephone</td>
<td>540-760-6201</td>
</tr>
<tr>
<td>Date of Facility Visit</td>
<td>May 22-25, 2018</td>
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**Agency Information**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Newport News City Jail</th>
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<tbody>
<tr>
<td>Physical Address</td>
<td>2501 Washington Ave - 2nd</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>224 26th Street</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Newport News, VA 23607</td>
</tr>
<tr>
<td>Telephone</td>
<td>757-926-3992</td>
</tr>
<tr>
<td>Is Agency accredited by any organization?</td>
<td>☒ Yes  ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Agency Is</th>
<th>☒ Municipal  ☐ County  ☐ State  ☐ Federal</th>
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**Agency mission:** “The Newport News Sheriff's Office shall safely and securely provide appropriate supervision of all persons entrusted to the care of the Newport News City Jail; provide for safe and secure operations in the courts; and guarantee expedient and accurate service of civil and criminal warrants.”

**Agency Website with PREA Information:** www.nnva.gov/sheriff

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**Agency Chief Executive Officer**

<table>
<thead>
<tr>
<th>Name</th>
<th>Hon. Gabe Morgan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Sheriff</td>
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<tr>
<td>Email</td>
<td><a href="mailto:gabemorgan@nnva.gov">gabemorgan@nnva.gov</a></td>
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<tr>
<td>Telephone</td>
<td>757-926-3992</td>
</tr>
</tbody>
</table>

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**Agency-Wide PREA Coordinator**
<table>
<thead>
<tr>
<th>Name: Valare Allen</th>
<th>Title: Captain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:allen.vm@nnva.gov">allen.vm@nnva.gov</a></td>
<td>Telephone: 757-926-8201</td>
</tr>
</tbody>
</table>

**PREA Coordinator Reports to:**

Major Robert Coleman

**Number of Compliance Managers who report to the PREA Coordinator:** 1

## Facility Information

**Name of Facility:** Newport News City Jail

**Physical Address:** 224 26th Street, Newport News, VA 23607

**Telephone Number:** 757-926-3984

**The Facility Is:**
- [ ] Military
- [ ] Private for profit
- [ ] Private not for profit
- [x] Municipal
- [ ] County
- [ ] State
- [ ] Federal

**Facility Type:**
- [x] Jail
- [ ] Prison

**Facility Mission:** “The Newport News Sheriff’s Office shall safely and securely provide appropriate supervision of all persons entrusted to the care of the Newport News City Jail; provide for safe and secure operations in the courts; and guarantee expedient and accurate service of civil and criminal warrants.”

**Facility Website with PREA Information:** www.nnsheriff.org

## Warden/Superintendent

**Name:** Janie Vergakis

**Title:** Jail Administrator

**Email:** jlvergakis@nnva.gov

**Telephone:** 757-926-3511

## Facility PREA Compliance Manager

**Name:** Corporal Monica Jones

**Title:** Accreditation Manager

**Email:** mdjones@nnva.gov

**Telephone:** 757-926-8163

## Facility Health Service Administrator

**Name:** Lolita Padgett

**Title:** Health Service Administrator

**Email:** Padgett.ctr@nnva.gov

**Telephone:** 757-926-8188

## Facility Characteristics

**Designated Facility Capacity:** 611

**Current Population of Facility:** 442
Number of inmates admitted to facility during the past 12 months | 8,810
---|---
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 2,300
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 829
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | 0

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<tr>
<th>Age Range of Population</th>
<th>Youthful Inmates Under 18</th>
<th>Adults</th>
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<tbody>
<tr>
<td></td>
<td>0</td>
<td>18-77</td>
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Are youthful inmates housed separately from the adult population? | ☒ NA |
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<th></th>
<th></th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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Number of youthful inmates housed at this facility during the past 12 months: | 0
Average length of stay or time under supervision: | 21 days

Facility security level/inmate custody levels: | Minimum/Medium/Maximum

Number of staff currently employed by the facility who may have contact with inmates: | 203
Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 29
Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 2

### Physical Plant

| Number of Buildings | 2 |
| Number of Single Cell Housing Units | 42 |
| Number of Multiple Occupancy Cell Housing Units | 13 |
| Number of Open Bay/Dorm Housing Units | 17 |
| Number of Segregation Cells (Administrative and Disciplinary) | 9 |

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):
The main facility has Bosch BVMS version 5.5 96 Analog Cameras converted to IP cameras though 6 DVSs. There are 112 Digital IP cameras. Video retention is approximately 30 days based on the amount of activity being recorded. All cameras are monitored by deputies in the facility’s Master Control Center. The Annex building has Bosch BVMS 6.0 95 Digital IP Cameras. Video retention is approximately 30 days based on the amount of activity being recorded. Facility cameras monitor living units, corridors, hallways, recreation area, outside areas, kitchen, commissary, and various areas throughout the main and Annex buildings.

### Medical

**Type of Medical Facility:** Comprehensive 24 hour medical services

Forensic sexual assault medical exams are conducted at: Riverside Regional Medical Center

### Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 147
Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 2
Audit Findings

Audit Narrative

The Newport News Sheriff’s Office entered into contract with Perry PREA Auditing, LLC. on March 12, 2018 to conduct a Prison Rape Elimination Act (PREA) audit of the Newport News City Jail facility. The Auditor has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the Newport News City Jail’s level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the second Prison Rape Elimination Act audit of the Newport News Sheriff’s Office facility. The facility was previously audited in January 2015.

The Auditor sent a notice by email to the agency’s PREA Coordinator on March 12, 2018. The notice contained information and an address how inmates were able to confidentially contact the Auditor prior to arriving on site. The notice informed the inmate population their communications to the Auditor’s address would be treated as confidential correspondence by facility staff. The notice required an agency representative’s name and date upon posting the notice in areas throughout the facility. While touring the facility the Auditor observed all notices were posted on March 14, 2018 in all inmate living units. The Auditor received 1 correspondence from an inmate before arriving at the facility. The correspondence was not directly related to a sexual abuse or sexual harassment incident.

The Auditor received the Newport News Sheriff’s Office completed Pre-Audit Questionnaire by mail. The Pre-Audit Questionnaire was received on May 1, 2018. Once received, the Auditor immediately began a pre-audit review of the material. The information sent by the facility’s PREA Compliance Manager included; but was not limited to: Hampton Roads Regional Jail Service Agreement, annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, floor plans, staffing plan, population reports, Memorandums of Understanding, investigative reports, copies from inmate medical and central records, contracts, and handbooks.

The Auditor reviewed the material prior to arriving on site. The Auditor discovered several policy and procedure related issues and addressed them with the PREA Compliance Manager. The PREA Compliance Manager made necessary changes or updates to the agency’s policies after receiving the notice. Details of the policy conflicts are listed later in this report. Several policy and procedure recommendations were notated by the Auditor prior to arriving on site. Those recommendations were addressed with the Newport News Sheriff’s Office staff. The recommendations were made to strengthen the agencies policies and procedures. The facility updated policies to include recommendations from the Auditor where the agency head determined need to do so.

Once a contract between the Auditor and the NNSO was signed, the Auditor began communications with the PREA Coordinator through email. Numerous questions were asked prior to arriving on site. The Auditor requested additional information periodically from the
PREA Compliance Manager. The PREA Compliance Manager maintained communications with the Auditor and responded quickly to the Auditor’s questions, comments, and/or concerns.

The Auditor requested the contact information of the Center for Sexual Assault Survivors (CSAS). The facility’s Memorandum of Agreement requires the CSAS be contacted to provide for victim advocacy. The Auditor communicated with a victim advocate with the CSAS prior to arriving at the facility. Details of the telephone are provided later in this report.

The Auditor contacted the Sexual Assault Nurse Examiner (SANE) with the Riverside Regional Medical Center. The Auditor discussed the specifics of forensic services offered by the hospital to Newport News City Jail inmate victims of sexual abuse. The telephone interview provided an understanding of the level and scope of services provided to inmate victims of sexual abuse. More details are provided later in this report.

The Auditor conducted a review of the Newport News Sheriff’s Office website (www.nnsheriff.org). The website includes a link to access the agency’s Prison Rape Elimination Act information. The website includes the agency’s zero tolerance and investigations policies, PREA reports, PREA reporting information, a Complaint Form link, Data Collection information, contact information, the last PREA Audit Report, and link to Public Law 108-79 and the Survey of Sexual Violence.

The Auditor arrived at the Newport News Sheriff’s Office the evening of May 22, 2018. The purpose of the May 22, 2018 evening visit was to conduct formal interviews of the night shift. The Auditor returned to the facility the following morning to begin the audit. An entrance meeting was conducted with facility leadership. The following personnel were in attendance:

- Lt. Colonel Vergakis Chief of Finance and Administrative Services
- Major Coleman – Chief of Operations Bureau
- Major Hughes – Chief of Professional Standards
- Major Whitfield – Chief of Services Bureau
- Captain Allen – PREA Coordinator/Support Services Administrator
- Captain Vergakis – Jail Administrator
- Corporal Jones – PREA Compliance Manager/Accreditation
- Mr. Wilberg – Accreditation

The Auditor introduced himself and discussed the audit process with staff. Upon conclusion of the entrance meeting the auditor formally meet with the Sheriff in private. The PREA Compliance Manager offered the Auditor a tour of the facility and accompanied the Auditor during the tour. The Auditor asked the PREA Compliance Monitor if she could distance herself when the Auditor speaks to inmates and staff during the facility tour. After completion of the tour the Auditor was provided a private area in the facility to conduct work.

The PREA Compliance Manager allowed the Auditor full access to all areas in the Newport News City Jail. The tour included visits to the administrative, intake, property, control centers, visitation, classrooms, maintenance, outdoor recreation yards, commissary, medical, kitchen,
court holding areas, and all inmate living units. The Auditor toured all areas of the small annex building operated by the Newport News Sheriff’s Office. During the tour the Auditor was observing for blind spots, the overall level of supervision of the inmate population, and camera placements within the facility. Observations were made of PREA posters and other PREA related materials posted throughout the facility.

While touring the facility the Auditor observed staff conducting security rounds, interacting with the inmate population, commissary delivery, foodservice operations, and making opposite gender announcements. Medical and mental health personnel were observed conducting treatments and pill call with inmates. The Auditor observed inmates participating in inmate programs, education, and work. All inmate restrooms and shower areas were observed to ensure inmates could utilize the restroom, change clothing and shower without staff of the opposite gender observing inmates in the process of such.

While touring the facility the Auditor conducted informal interviews with staff and inmates. The Auditor informally interviewed 8 inmates while touring the facility. Inmates were informally asked the following, but not limit to, questions: if they felt safe in the facility, how they would report an allegation of sexual abuse, if they have received education regarding the facility’s sexual abuse policies, and if they received information regarding sexual abuse and sexual harassment when arriving at the facility. The Auditor informally interviewed 10 staff members throughout the duration of the audit. Staff was informally asked the following, but not limit to, questions: if they have received PREA training, if they have had an inmate report an allegation to them, what action they would take if they were the first responder to an incident of sexual abuse, if staff make opposite gender announcements, and if supervisors conduct unannounced rounds.

The Auditor conducted a review of supportive documentation provided by the PREA Compliance Manager. Supportive documentation provided by the facility included, but was not limited to, policies and procedures, staffing plan, diagrams, Handbooks, training records, employee records, medical records, classification records, investigative files, disciplinary records and logbooks. Supportive documentation was reviewed to determine the facility’s level of compliance in prevention, detection, and response to sexual abuse and sexual harassment, training and education, risk screening, reporting, investigations, inmate discipline, medical and mental health care, and data collection, review and reporting.

The Auditor requested additional supportive records from the PREA Compliance Manager. The additional supportive documentation requested included 25 randomly chosen inmate medical records, 25 randomly chosen inmate classification records, 5 volunteer records, 5 contractor records, 10 staff personnel files, and training records of all staff, contractors and volunteers. The Auditor visited with each day and night shift during the audit.

Formal interviews were conducted with randomly and specifically chosen inmates. The facility provided a private room for the Auditor to interview inmates without staff and other inmates able to observe or overhear the information exchanged between the Auditor and inmate being interviewed. The private room did not have a camera or audio monitoring device located within. The auditor conducted a total of 26 formal interviews with inmates. Thirteen inmates
were selected for random interviews while 13 were selected for targeted interviews. The targeted interviews with inmates included 1 inmate that wrote the Auditor a letter prior to the onsite visit, 4 that reported suffering sexual victimization during the booking process, 3 who identify as gay, 2 who identify as lesbian, 2 who were housed in segregated housing, and 1 who could not read or write. There were no inmates who were non-English speaking, transgender, intersex, youthful, previous victims while in the facility or any who were otherwise disabled for the Auditor to interview.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 8 staff members and specialized interviews with 16 staff members. Specialized interviews were conducted with intake, classification, records, investigator, supervisors, intermediate and high level staff, PREA Compliance Manager, PREA Coordinator, line staff, retaliation monitor, command staff, and first responders. The Auditor also conducted formal interviews with medical and mental health contractors and food service contractors. All formal staff interviews were conducted in the facility conference room. Scheduling between the Auditor and a volunteer did not align to allow for a formal interview with a volunteer.

The Auditor concluded the onsite portion of the audit on May 25, 2018 in an exit meeting with the following personnel:

- Colonel Sprinkle – Chief Deputy
- Major Hughes – Chief of Professional Standards
- Major Whitfield – Chief of Services Bureau
- Captain Allen – PREA Coordinator/Support Services Administrator
- Corporal Jones – PREA Compliance Manager

The Auditor informed the group the on-site portion of the audit was complete but the Auditor still had much work reviewing documents provided by the PREA Compliance Manager. Staff attending the exit meeting was informed facility staff was friendly, receptive and knowledgeable about the facility’s PREA policies. The Auditor found facility operations appeared well managed. All staff interactions appeared professional and inmates interviewed by the Auditor were friendly, felt safe in the facility and could articulate the facility’s policies in prevention, detection and response to sexual abuse and sexual harassment. No major complaints were exposed to the Auditor by inmates during the audit. No staff member or inmate refused to speak to the Auditor.

The Auditor discussed corrective measures for PREA standard 115.71(f) (2) with the PREA Compliance Manager.

**Facility Characteristics**

The Newport News City Jail is located two blocks from the Isle of Wright leading into the Hampton Roads Bay. The facility is approximately a 45 minute drive (southeast) to Virginia Beach and 40 minutes south to the North Carolina border. Richmond City, VA is located one
hour and 15 minutes (driving time) to the northwest. The facility is located at 224 26th Street, Newport News, VA 23607.

The Newport News City Jail has been in operation since 1976. In the 1990’s the city agreed to renovate to accommodate the increasing number of offenders. The Newport News Sheriff’s Office operates two buildings. The Newport News Sheriff’s Office operates an Annex building which is located across the street from the main building. Both buildings are governed by the same chain of command and operate under the same policies and procedures. The Auditor determined the facility is able to conduct one PREA audit which encompasses both facilities simultaneously. The Newport News Sheriff’s Office is fully accredited through the Virginia Law Enforcement Professional Standards Commission and the Virginia Board of Corrections.

The Newport News City Jail is 91,830 square feet spread throughout seven (7) stories and has a rated capacity of 611. The Newport News Sheriff's Office houses minimum, medium and maximum custody local and state male and female offenders. The facility maintains 13 multiple occupancy and 17 open bay style living units within two buildings. The Newport News City Jail has 42 single cell living units. There are 9 segregation cells located in the main building. The facility houses a small number of females. Most female inmates are transported to the Hampton Roads Regional Jail. Females are housed on the 7th floor of the main building and those who participate in work release are housed in the Annex building.

Both male and female inmates are housed on the 7th floor. Male and female inmates are maintained out of sight and sound from one another. There is a mixture of open bay and double bunked style living units on the 7th floor. Living units on the 7th floor hold 14 inmates in each. Inmates housed in double bunked cells have access to toilets and sinks; toilets are blocked with a ½ wall to allow some privacy. Each living unit has a shower (with a curtain) adjacent to the cells so inmates may utilize the shower without staff of the opposite gender seeing them do so. Inmates have access to telephones, televisions and a video visitation panel. The 7th floor has “side cells” utilized to house inmates who need to be separate from other inmates in living units. Inmates on the 7th floor have access to a classroom for education and programming purposes. There are visitation booths for inmates to attend visitation. The facility’s property room is located on this floor. Cameras monitor dayrooms, hallways, classrooms, and the property room.

The 6th floor houses male inmates. The 6th floor is designed similar to the 7th with double bunked and open dormitory style living units. Inmates on this floor have access to a classroom for education and programming purposes. Each living unit has a shower with a curtain so inmates can take a shower without staff of the opposite gender seeing them do so. Inmates have access to toilets and sinks; toilets are blocked with a ½ wall to allow some privacy. There are televisions, telephones, and video visitation panels available to the inmates on the floor. Cameras monitor all areas on the 6th floor, excluding cells and shower areas. There are “side cells” located on the floor for those who need to be kept separate from the population. Inmates can visit in visitation booths located on the floor.

The facility’s 5th floor is similar to the 6th in design. The 5th floor maintains the facility’s commissary. Living units on the 5th floor include both open dormitory and double bunked style
designs. Each living unit has toilets and sinks available to the population; toilets are protected by a ½ wall. Showers with curtains are located in each living unit. Inmates may utilize the shower without staff of the opposite gender seeing them do so. Inmates have access to televisions, telephones and video visitation panels. There is a classroom available so inmates can participate in educational and programming activities. Cameras monitor all areas on the 5th floor, excluding cells and shower areas. Inmates attend visitation in adjacent visitation booths.

The 4th floor includes housing, kitchen and laundry areas. The unique design has two living units adjacent to the kitchen with direct access. Inmates who work in the facility’s kitchen are housed in both living units. Both living units are open dormitory style units. Inmates in both living units have access to toilets protected with a ½ wall, sink and a shower with a curtain. Staff and inmates working in the kitchen cannot view into the living units. Both living units have telephones, televisions and video visitation panels. There are visitation booths available to inmates housed on the 4th floor. Cameras monitor all areas on the floor, including the kitchen and laundry. Cameras do not view into the toilet or shower areas.

The facility’s 3rd floor has a mixture of open dormitory and segregation cells. The Shift Commander and Substance Abuse Treatment Counselor’s office is located on this floor. Open dormitory living units have toilets, sinks and showers. Showers have a curtain so staff of the opposite gender cannot see the inmates taking a shower. Each unit has a television, telephone, and video visitation panel available to the population. The segregation area has 9 single cells. Each cell has a toilet and sink within. There are 2 showers located in the segregation area. Each shower has a curtain. Cameras monitor all areas on the 3rd floor, excluding shower and toilet areas.

The 2nd floor of the facility is the main entrance into the building. A scanning machine is located at the entrance. There is a large staff briefing room. The facility’s medical section is located on the 2nd floor. The medical area has a seating area, television, biohazard room, waste room, exam/treatment room, 2 restrooms (with doors), offices, lab room, a locking cabinet pharmacy. There are no infirmary cells located in the medical area. Medical and mental health services are contracted with Correct Care Solutions which remains operational 24 hours daily, 7 days each week. Correct Care Solutions staffs the facility with Physicians, Dentist, Psychiatrist, Mental Health Professionals, Dental Assistants, Nurse Practitioner, Health Services Administrator, Administrative Assistant, Registered Nurse, Licensed Practical Nurses, Per-diem Registered Nurses, and Medication Aides. Nurses provide daily sick call to the inmate population. The Physician performs treatments with inmates each Friday and remains “on call” during off hours. A Nurse Practitioner provides services two times each week. Dental services are provided one time each week while a psychologist meets with inmates three times a week. A mental health professional is available during normal business hours Monday through Friday. All inmate records are maintained electronically through CoreEMR. A deputy is always present when medical and mental health personnel are providing services to inmates.

The first floor of the facility maintains the booking area. The booking area has 9 single cells utilized for temporary placement until processing is complete. The design of the booking area
allows facility staff to separate female inmates from male inmates. One of the 9 individual cells has a toilet but is not retrofitted with a bed. The facility’s booking cells do not have cameras placed in any of its cells. Cell doors include viewing windows within the upper portion of the door. The location of the window allows inmates to utilize the restroom without staff of the opposite gender seeing them do so from a distance. All inmates entering the facility must pass through a body scanner after arriving through the secured law enforcement sally-port.

The first floor booking area has a shower which allows inmates the opportunity to shower without staff of the opposite gender seeing them do so. There are offices, inmate seating area, booking counter, fingerprint room, and a vehicle sally-port located in the booking area. A Sexual Harassment and Sexual Assault poster is maintained on the booking wall which informs inmates how to report sexual harassment and sexual assault, their right to report, how to access victim services, and “no means no” information. There is an office utilized by medical and mental health professionals who screen all inmates being booked into the facility. The offices in the booking area are utilized to allow privacy of information shared between the inmate and staff member involved in each step of the booking process. Cameras have been strategically placed in the booking area. Inmates have access to telephones and PREA posters in the booking area. The booking area is staffed with male and female deputies. In the event a female staff member is not present, but needed, the supervisor utilizes a female staff member from the shift.

Each living unit in the Newport News City Jail has PREA posters and information posted on the living unit wall. The PREA posters include information informing inmates how to report sexual abuse and sexual harassment; inmates have a right to report incidents, and victim support services and contact information. There are no cells in inmate living units which have a camera within. No camera in the facility's living units views into shower or restroom areas.

Supervision of the inmate population is conducted remotely by trained security staff. The Newport News City Jail is supervised 24/7 by Sheriff's Deputies on 4 different shifts. Each shift works 12 hours to ensure constant supervision of the inmate population. Including supervisors and booking personnel, each shift had the following staffing level: A shift – 26, B shift – 27, C shift – 28, and D shift – 25. At the time of the audit the Newport News Sheriff’s Office had 22 Deputy Sheriff positions vacant and 1 civilian position vacancy.

The Newport News Sheriff’s Office contracts its food services with CBM Managed Services. There are six (6) CBM contracted personnel who operate the facility’s food services; one (1) of the six (6) is the Food Service Manager. Food service contractors supervise 26 inmates who perform services in the facility’s kitchen. Meals are delivered to inmates in their living units. There is no Sheriff’s Deputy permanently posted within the kitchen. Sheriff’s Deputies conduct two (2) security rounds at irregular intervals within every hour. Supervision of food service operations is assisted by Sheriff’s Deputies working in the facility’s control center. Deputies in the control center monitor activities through cameras strategically located in the kitchen. Inmates are not permitted in the freezers, dry storage, or walk-in refrigerators without being supervised by personnel.
The Administration area is located in the City of Newport News’ Justice Building. The Administration building has a large conference room and a training room. The Newport News Sheriff’s Office communication section operates in the Justice Building. The public has access to a large law library located in the Justice Building.

The facility's maintenance shop is located in the Main Building. Maintenance staff employ up to 8 inmate workers. While in the maintenance area staff maintains constant supervision of inmate workers. Commissary services are contracted through CBM Managed Services. Commissary services are provided to inmates on Tuesday and Friday each week. Indigent items are provided to inmates one time each week.

Laundry services are conducted on the 4th floor of the Main Building. The laundry area employs up to 5 inmate workers. A staff member supervises inmate workers in the laundry room. There is a camera which monitors inmate activity in the laundry room. All clothing is washed in the laundry room and delivered to the population in their living units.

The facility's Control Center is located in the Main building and is operated by 1 staff member. The Control Center staff member monitors dayroom activities and controls doors. All facility cameras are monitored in the facility’s Control Center. There is a secondary Control Center located in the Annex building. Control Center operations in the Annex building are the same as those conducted in the Main building. Cameras in the Annex building are viewed by the Annex Control Center staff.

The facility has visitation booths located adjacent to each inmate living unit. Professional visitation rooms are located adjacent to each living unit. The public has access to visitation booths located adjacent to living units on the floor. The public may participate in video visitation from any home computer or smart device. Inmates have video visitation booths in their respective living units to reduce movement through the facility. Access to all public visitation areas is controlled by staff in the Control Center.

The facility maintains an outdoor recreation area. The outdoor recreation area is divided into 3 different sections to accommodate 3 separate groups of inmates simultaneously. There are cameras to allow the main Control Center the ability to view recreation in progress. Recreation is conducted for 1 hour for each until every week as required by the Virginia Board of Corrections Minimum Standards for Local Jails and Lockups.

The facility offers library services by use of book carts. Library services are conducted at least two times each week for the inmate population. Programming occurs in facility classrooms. There are classrooms adjacent to each living unit on the various floors. Inmates can attend the following programs: 24:7 Dad, Adult Basic Education, Alcoholics Anonymous, Anger Management, Building Bridges with Books, Christians Against Substance Abuse, Community Crossroads, Crossroads, DMV Connect, Each One Teach One, Fatherhood, Financial Management, General Education Diploma, HIV/AIDS Awareness, Inside Out Dad, Islamic Faith, Life Skills, Moral Reconation Therapy (MRT), Narcotics Anonymous, National External Diploma Program, Reading and Writing (GED Prep), Re-Entry Post Release/Probation &
Parole Information Session, SNAP, Step-up, Typing, VASAVOR, Veteran Resume Workshop, Veteran Services, and Virginia Cares.

Movement within the facility is monitored by staff under direct access. Inmates who must travel to various areas must be escorted in one of the facility’s two elevators. The facility utilizes the smaller elevator for foot traffic to various facility areas. The larger of the two elevators is utilized to maneuver food carts and deliveries to various floors in the jail. Both elevators have a camera which is monitored by the Control Center Deputy. Movement to and from the court building is accomplished through an underground tunnel. The tunnel has cameras which are monitored by the Control Center Deputy. Movement to and from the Annex building is also accomplished through the tunnel as the tunnel links the main building to the Annex, in addition to the court building.

The facility operates an Annex building across the street from the main jail building. The primary use of the Annex is for work release and those who have been incarcerated and required to report to the facility on weekends. The building has separate living units for “weekenders” and those who are enrolled in the work release program. Each living unit has toilets, sinks and showers for inmate usage. Showers are enclosed with shower curtains so inmates have some privacy while showering. Inmates have access to televisions, telephones, and visitation booths. Visitation for these inmates is conducted on weekends only in visitation booths. Inmates housed in the Annex have access to an outdoor recreation area. Both male and female inmates can be housed in the Annex building as facility staff have the ability to keep them separate while housed in the building.

The Annex building has its own Control Center. The Control Center is staffed with a NNSO Deputy who controls all access to and from the building and monitors cameras. There is a small kitchen located in the Annex building. Food services are conducted by CBM Managed Services. The building has its own dental clinic and classrooms. There are 3 classrooms where inmates can benefit from education and various programs offered by the facility. Inmates housed in the Annex have access to a washer and dryer.

On the first day of the Audit there were 442 inmates incarcerated at the Newport News City Jail. There were 20 females and 422 males. At the time of the audit the average length of staff was 21 days. The age of the youngest inmate was 18 while the oldest was 77. The age percentage of the inmate population was as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentile</th>
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</thead>
<tbody>
<tr>
<td>&lt;18</td>
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<tr>
<td>18-19</td>
<td>4.3%</td>
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<td>20-29</td>
<td>33%</td>
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<tr>
<td>30-39</td>
<td>28%</td>
</tr>
<tr>
<td>40-49</td>
<td>18.5%</td>
</tr>
<tr>
<td>50-59</td>
<td>12.9%</td>
</tr>
<tr>
<td>60-69</td>
<td>2.9%</td>
</tr>
<tr>
<td>70+</td>
<td>.4%</td>
</tr>
</tbody>
</table>
The age and race demographics were as follows:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Asian Male</th>
<th>Black Male</th>
<th>Black Female</th>
<th>White Male</th>
<th>White Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>20-29</td>
<td>1</td>
<td>107</td>
<td>3</td>
<td>33</td>
<td>3</td>
<td>147</td>
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<tr>
<td>30-39</td>
<td>0</td>
<td>85</td>
<td>4</td>
<td>29</td>
<td>4</td>
<td>122</td>
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<tr>
<td>40-49</td>
<td>0</td>
<td>55</td>
<td>3</td>
<td>23</td>
<td>1</td>
<td>82</td>
</tr>
<tr>
<td>50-59</td>
<td>0</td>
<td>44</td>
<td>2</td>
<td>11</td>
<td>0</td>
<td>57</td>
</tr>
<tr>
<td>60-69</td>
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<td>10</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>70+</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>318</td>
<td>12</td>
<td>103</td>
<td>8</td>
<td>442</td>
</tr>
</tbody>
</table>

The racial demographics were as follows:

<table>
<thead>
<tr>
<th>Inmates by Race</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>12</td>
<td>318</td>
<td>330</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Caucasian</td>
<td>8</td>
<td>103</td>
<td>111</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>422</td>
<td>442</td>
</tr>
</tbody>
</table>

Summary of Audit Findings

The Auditor found the facility’s staff knowledgeable and well trained in the facility’s policies and procedures regarding prevention, detection, and response to sexual abuse and sexual harassment incidents. Each staff member and contract personnel interviewed understood and articulated their responsibilities under the facilities sexual abuse and sexual harassment policies. Both security and non-security personnel understood their roles as first responders to incidents of sexual abuse. The Auditor found the facility’s sexual abuse and sexual harassment training efforts have aided in its successful attempt to create a zero tolerance culture.

The Auditor discovered the overall inmate population was knowledgeable and educated regarding information provided during the booking process and the comprehensive education provided within 30 days of booking. Inmates interviewed by the Auditor understand the facility’s zero tolerance policy. During formal and informal interviews with inmates the Auditor was informed Newport News Sheriff’s Office staff are professional and appear to make preventing and responding to sexual abuse and sexual harassment incidents a priority. The inmate population felt safe within the facility and had confidence in staff’s ability to protect them from and respond to sexual abuse and sexual harassment. The facility provides education to inmates on a daily basis which allows inmates multiple opportunities to attend the video education session. At the time the educational video is played the television is limited to only the video.

The Auditor was treated respectfully by both staff and inmates. The willingness and proactive approach by NNSO staff to comply with the Prison Rape Elimination Act standards was
evident as the facility’s leadership made changes to policy, procedure, and practice as recommendations were provided by the Auditor during the audit. The Auditor received only nominal complaints from the inmate population; none were related to compliance with the Prison Rape Elimination Act.

After conducting the audit of the Newport News City Jail the Auditor found the facility’s leadership takes a proactive approach in making prevention, detection, and response to sexual abuse a priority in the facility. The facility’s leadership has ensured a zero tolerance culture resonated from the top ranks to the lower ranks of staff. The support of command staff is evident in the facility as the zero tolerance culture cannot be achieved with a lack of support from upper level staff. Support is offered from the Sheriff down through the lower ranks of the chain of command. The Auditor found the Sheriff and his staff puts forth effort in achieving full compliance with the Prison Rape Elimination Act standards.

**Final Audit Report Results:**

- **Number of Standards Exceeded:** 0
- **Number of Standards Met:** 45
- **Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

The Auditor informed the PREA Compliance Manager NNSO investigators must include the reason behind credibility assessments of a victim, witness, and perpetrator in their investigative reports. The Auditor discovered credibility assessments appeared to be occurring by investigators and the written reason was not being included in reports. The facility was not placed into a corrective action period as sexual abuse and sexual harassment incidents cannot be predicted. The facility was asked to provide the Auditor with an investigative report if an allegation was received prior to the completion of the Audit Report. More details are provided later in this report in 115.71.

The facility received several recommendations to update its policy and procedures to strengthen or comply with PREA standards. The recommendations and actions taken by the Newport News Sheriff’s Office are included in the appropriate sections of this report.

**PREVENTION PLANNING**

**Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

115.11 (a)
• Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

• Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

• Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
• Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
• Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

• If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
• Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The Newport News City Jail has established a “Zero tolerance of sexual abuse” policy which clearly mandates a zero tolerance towards offender-on-offender sexual assault, staff sexual misconduct and sexual harassment towards offenders. The policy includes definitions of the following:

• Sexual abuse;
• Sexual abuse by another inmate;
• Sexual abuse by a staff member;
• Voyeurism by a staff member, contractor, or volunteer; and
• Sexual harassment.
The facility’s policy includes prevention, detection and response steps to assist in its efforts towards creating a zero tolerance culture. The policy includes the following prevention, detection and response techniques:

- Policies specific to Prison Rape Elimination Act standards
- Standard Operating Procedures
- Task Outlines
- Special Orders
- Informational Publications for staff and inmates
- Employee Training
- Contractor Training
- Investigative Training

The Newport News Sheriff’s Office has designated a PREA Compliance Manager and a PREA Coordinator. The Accreditation Manager is designated as the PREA Compliance Manager and the Support Services Administrator has been designated as the facility’s PREA Coordinator. The PREA Coordinator reports directly to the Operations Bureau Chief. The PREA Compliance Manager reports directly to the PREA Coordinator for PREA related efforts. The Newport News Sheriff’s Office operates one facility and is not required to appoint a PREA Compliance Manager and a PREA Coordinator, even as it has done such.

**Evidence Relied Upon:**
Policy – Zero Tolerance of Sexual Abuse - PREA 115.11 pg. 1
Policy – Definitions Related to Sexual Abuse – PREA 115.6 pg. 1-2
Organizational Chart
Staff Interviews
Inmate Interviews

**Analysis/Reasoning:**
The Auditor conducted a review of the Newport News Sheriff’s Office’s zero tolerance policy. The policy includes its prevention, detection, and response approaches towards “offender-on-offender sexual assault, staff sexual misconduct and sexual harassment toward offenders.” The Auditor made a recommendation to update the language included in the zero tolerance to clearly state a zero tolerance of inmate-on-inmate sexual harassment.

A recommendation was made for the facility to further detail its prevention, detection, and response techniques. The Auditor met with the PREA Compliance Manager and gave advice how to strengthen the written techniques. Newport News Sheriff’s Office personnel has access to the agency’s policies and procedures and can review them on a facility computer. Facility leadership reviews the policies and procedures annually and updates them as needed.

The Auditor reviewed the agency’s Organizational Chart. The Organizational Chart outlined the PREA Coordinator and PREA Compliance Manager’s position in the facility’s hierarchy. The PREA Coordinator is employed at a level in the Newport News Sheriff’s Office to develop,
implement, and oversee agency efforts to comply with the Prison Rape Elimination Act. The PREA Coordinator can report directly to the Sheriff for PREA related issues, concerns, ideas, etc. if the need arises.

The Auditor discussed the PREA Coordinator and PREA Compliance Manager’s ability to develop, implement, and oversee the facility’s PREA efforts. Both have sufficient time and authority to ensure PREA efforts are appropriately developed and implemented. The Auditor observed evidence of such prior to and during the onsite visit. The PREA Compliance Manager responded to the Auditor’s questions, concerns, and recommendations before and during the site visit. The Auditor made several recommendations for policy revisions prior to arriving on site. The PREA Compliance Manager ensured implementation of those policy revisions and sent the revisions to the Auditor prior to arriving at the facility. The PREA Compliance Manager and PREA Coordinator were both knowledgeable with the requirements of the Prison Rape Elimination Act standards.

The Auditor conducted both formal and informal interviews with random and targeted inmates. The Auditor was able to determine the facility has successfully created a zero tolerance culture towards sexual abuse and sexual harassment. The inmate population understood and articulated the agency’s policies towards prevention, detection and response to sexual abuse and sexual harassment. The inmate population had been provided information and been appropriately educated regarding such.

Inmates interviewed by the Auditor felt safe in the facility. The inmate population informed the Auditor the facility takes sexual abuse and sexual harassment serious and had confidence in staff’s abilities to respond appropriately to acts of sexual abuse and sexual harassment. The Auditor asked each inmate if he/she believed staff would keep allegations confidential after reporting an allegation. A majority of inmates informed the Auditor they felt there are staff they could report to and were confident the allegation would be held in confidence after reporting. Many inmates interviewed stated they had not heard of an incident of sexual abuse or sexual harassment incident occurring at the facility. They informed the Auditor staff are proactive and respond appropriately.

The Auditor conducted both formal and informal interviews with facility staff. Facility staff was well trained and understood the facility’s policies and procedures towards prevention, detection, and response to sexual abuse and sexual harassment. Staff was asked who they discuss allegations of sexual abuse and sexual harassment to. Staff informed the Auditor they report to supervisors or investigators and do not discuss the details with anyone else. Staff were aware the facility has a written policy prohibiting them from discussing incidents with anyone without a “need to know.”

The facility’s command staff maintains an “open door” policy in which a staff member can approach and discuss PREA related concerns, comments, recommendations, allegations, etc. The staff interviewed by the Auditor felt comfortable they could report allegations of sexual abuse to a command staff member if need be. During interviews the Auditor asked staff how they would report an allegation of sexual abuse against a command staff member. Staff
informed the Auditor they would report to the next person in the chain of command and would not discuss the information with any other staff member except for investigators.

**Conclusion:**
The Auditor conducted a thorough review of the agency’s policies and procedures, Organizational Chart, and interviewed staff and inmates. The Auditor determined the facility has developed an appropriate zero tolerance policy which includes prevention, detection and response techniques to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the facility’s PREA efforts. The facility has successfully created a zero tolerance culture towards all forms of sexual abuse and sexual harassment. The Auditor determined the facility meets the requirements of this standard.

**Standard 115.12: Contracting with other entities for the confinement of inmates**

115.12 (a)
- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☒ No ☐ NA

115.12 (b)
- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☒ No ☐ NA

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:**
The Newport News City Jail transports up to 200 inmates to the Hampton Roads Regional Jail in Portsmouth, Virginia for incarceration. The Newport News City Jail is a member jurisdiction with the Hampton Roads Regional Jail Authority.
Evidence Relied Upon:
Hampton Roads Regional Jail Authority Service Agreement

Analysis/Reasoning:
Although the Newport News City Jail transports up to 200 inmates to the Hampton Roads Regional Jail for the confinement of inmates, the service agreement with the Hampton Roads Regional Jail Authority was entered upon by city representatives and not the Newport News Sheriff’s Office. The service agreement was created and signed on December 1, 1995 and does not include language which requires the Hampton Roads Regional Jail comply with PREA Standards. The service agreement was amended and made effective on September 23, 2014 and did not include language that would require the Hampton Roads Regional Jail to comply with the Prison Rape Elimination Act. The requirement for the Hampton Roads Regional Jail to comply with PREA standards fall within the Prison Rape Elimination Act itself. Operational funding for the Hampton Roads Regional Jail is provided by the City of Newport News and not the Newport News Sheriff’s Office.

Conclusion:
The Auditor determined the Newport News Sheriff’s Office does not contract for the confinement of its inmates. The contract for confinement of the Newport News Sheriff’s Office inmates is included in a Service Agreement between Newport News City officials and the Hampton Roads Regional Jail Authority. The Auditor determined the Newport News Sheriff’s Office meets the requirements of this standard.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of
inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes  ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes  ☐ No

115.13 (d)

Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes  ☐ No

Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes  ☐ No

Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The Newport News City Jail has a policy which requires the facility to comply with a staffing plan that provides for adequate levels of staffing and video monitoring in an effort to protect inmates against sexual abuse. Facility policy requires the following considerations when determining staffing levels and video monitoring needs:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institutional programs occurring on a particular shift;
- Any applicable state or local laws, regulations, or standards;
The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

Any other relevant factors.

Facility staff is required by policy to document and justify any deviations from the staffing plan when the staffing plan is not complied with. The facility (in consultation with the PREA Coordinator) is required by policy to assess, determine, and document whether adjustments are needed at least once each year. Policy stipulates the review to determine if adjustments are needed to the following:

- The staffing plan;
- The facility’s deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

Policy requires Operational Supervisor on each shift to conduct unannounced security rounds to identify and deter staff sexual abuse and sexual harassment. The requirement applies to both day and night shifts. Staff are prohibited from alerting other staff that supervisory rounds are occurring, unless such announcements are related to legitimate operational functions of the facility.

**Evidence Relied Upon:**

Policy – Supervision and Monitoring - PREA 115.13 pg.1-2
Staffing Plan
Annual Staffing Plan Review Meeting Minutes
Annual Staffing Plan Review Attendance Roster
Unannounced Rounds Log
Interviews with Staff
Interviews with Inmates
Observations

**Analysis/Reasoning:**

The facility’s staffing plan is reviewed and updated each January. The Auditor reviewed the facility’s most recent staffing plan which was completed in January 31, 2018. The staffing plan allocates 119 total positions within the facility. The plan includes provisions for administrative, support, and security positions on all shifts in all facility areas. The staffing level at the time the staffing plan was reviewed included 125 personnel employed. Any daily deviations from the staffing plan are documented by the Shift Commander on the Daily Assignment Sheet. The Auditor observed absences from duty documented on the Daily Assignment Sheet.

At the time of the audit the facility maintained a staffing ratio of 1 staff member for every 4.5 inmates. The NNSO had 22 vacant deputy positions at the time of the audit. The PREA Coordinator is involved in the facility’s annual staffing plan review. The Auditor reviewed the facility’s meeting minutes of the annual staffing plan review. The minutes included discussions of previous staffing plans and needed corrective actions. The review team considered and
documented all elements as required in PREA standard 115.13. Evidence of video monitoring systems was observed within the minutes. The review team discusses the proposed staffing plan and submits recommendations when warranted. The 2018 staffing plan was considered adequate by command staff.

The facility's staffing plan appears adequate to provide protection to inmates from sexual abuse. During a tour of the facility the Auditor observed staff making security rounds in living units and support areas of the facility. Security and contract staff was observed conversing professionally with the inmate population. The Auditor observed camera placements throughout the facility. Cameras were strategically placed to assist in the prevention, detection, and response to incidents of sexual abuse.

The Auditor observed notations of unannounced supervisory rounds throughout facility living units. All supervisors document their unannounced security rounds electronically in a computer system log. The Auditor reviewed Daily Assignment Sheets and observed notations of staff vacancies from duty. The Shift Commander documented vacancies of training, leave, sick, compensation time, other, or FMLA on Daily Assignment Sheets.

The Auditor conducted formal and informal interviews with staff and supervisors from each shift. Staff was asked if supervisors conduct unannounced rounds throughout the facility. Each staff reported that supervisors do make unannounced security rounds. Supervisors informed the Auditor they make unannounced rounds throughout the entire facility. The Auditor asked supervisors how they keep staff from alerting other staff when they are making unannounced rounds. Supervisors informed they do not inform staff when they make rounds. They stated rounds are conducted at irregular intervals and the route taken by the supervisor varies for each round conducted.

The Auditor asked supervisors what actions they would take if they caught a staff member alerting others of their unannounced rounds. The Auditor was informed they would speak to the staff member; if the staff member was caught a second time they would begin formal discipline procedures. The Auditor asked staff if they notify others of supervisory rounds. Staff was aware they are prohibited from alerting other staff of supervisory rounds.

The Auditor conducted formal and informal interviews with inmates. Inmates were asked if supervisors always announce their presence when entering a housing unit. Each inmate informed the Auditor supervisors do not always announce their presence when entering housing units. The responses to this question confirm supervisors are making unannounced rounds through the facility. The Auditor asked inmates if they feel safe in the facility. Inmates informed the Auditor they do feel safe in the facility. A majority of the inmates interviewed informed the Auditor staff are professional and handle inmate issues appropriately. Inmates reported they do see staff coming in and out of the living and support areas in the facility.

The facility was under no consent decrees, and had no judicial findings of inadequacies, or findings of inadequacies from a federal, internal, or external oversight body.

**Conclusion**
The Auditor concluded the facility has an adequate staffing plan to ensure the protection of inmates from sexual abuse. The Auditor reviewed policy and procedures, NNSO Staffing Plan, Unannounced Rounds, Daily Assignment Sheets, meeting minutes with attendance roster, made observations, and conducted interviews with staff and inmates. The facility conducts an annual staffing plan review as required by this standard. The Auditor determined the Newport News City Jail meets the requirements of this standard.

**Standard 115.14: Youthful inmates**

**115.14 (a)**
- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

**115.14 (b)**
- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

**115.14 (c)**
- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

**Auditor Overall Compliance Determination**
- ☒ 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:**
The facility has a policy which requires youthful offenders be housed separate from adult prisoners and divided by a wall or other barrier that would result in preventing visual contact and normal verbal communication between youthful and adult offenders. The policy requirement extends to shared dayroom and other common spaces, shower areas, and sleeping quarters.

The Newport News City Jail’s policy requires deputies perform one of two options when a youthful inmate is in an area outside of housing. The two options staff must adhere to are either maintain sight and sound separation between youthful inmates and adult inmates, or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

The facility’s policy stipulates classification staff will make its best efforts to avoid placing a youthful inmate in isolation to comply with the facility’s policy dealing with youthful offenders. Staff shall not deny a youthful inmate daily large-muscle exercise and any legally required special education services to comply with the policy, unless exigent circumstances exist. Staff is required by policy to allow youthful inmates access to other programs and work opportunities to the extent possible.

**Evidence Relied Upon:**
Policy – Youthful Inmates - PREA 115.14 pg. 1
Population Reports
Interviews with staff
Observations

**Analysis/Reasoning:**
The Auditor reviewed facility population reports from the past 12 months. Population reports reviewed by the Auditor displayed all inmates were 18 years of age or older. The Auditor found no evidence of a youthful inmate or an inmate under the age of 18 who was tried and certified as an adult offender during the previous 12 months.

The Auditor conducted formal and informal interviews with staff. Staff informed the Auditor they have not incarcerated a youthful offender at the Newport News City Jail for many years. The Auditor was informed if a youthful inmate arrived at the Newport News City Jail, he/she would be transported to the Hampton Roads Regional Jail.

The Auditor interviewed several staff members who supervise inmates in the segregation housing area. The Auditor asked if a youthful inmate has ever been housed in the segregation housing unit. The Auditor was informed the facility has never housed a youthful inmate in the segregation housing unit.
During a tour of the facility the Auditor observed several vacant living units. The facility has areas in which a youthful inmate could be housed separately from adult offenders. Youthful offenders could attend recreation, education, programs, and participate in out of cell activities out of sight and sound of adult offenders in the event a youthful inmate was incarcerated at the Newport News City Jail.

**Conclusion:**
The Auditor made observations, reviewed agency policies and procedures, population reports, and interviewed staff to determine the facility meets the requirements of this standard. The Newport News City Jail has not housed a youthful offender during this audit period.

### Standard 115.15: Limits to cross-gender viewing and searches

**115.15 (a)**
- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  - ☒ Yes  □ No

**115.15 (b)**
- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)
  - ☒ Yes  □ No  □ NA
  - Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)
  - ☒ Yes  □ No  □ NA

**115.15 (c)**
- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?
  - ☒ Yes  □ No

- Does the facility document all cross-gender pat-down searches of female inmates?
  - ☒ Yes  □ No

**115.15 (d)**
- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?
  - ☒ Yes  □ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?
  - ☒ Yes  □ No
115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes ☐ No

- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:
The NNSO has a policy which prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical professional. Policy prohibits cross-gender pat-down searches of female inmates by male deputies except in exigent circumstances. These cross-gender pat-down searches must be documented. The facility permits female deputies to conduct cross-gender pat-down searches of male inmates. Policy requires all cross-gender strip searches be documented.

The facility has a policy which allows inmates to shower, perform bodily functions, and change clothing without nonmedical personnel of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy prohibits staff from conducting a cross-gender strip search of a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If staff cannot determine an inmate’s genital status they are to determine by conversing with the inmate,
reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

All Newport News City Jail staff are required to announce their presence when entering an inmate living unit which houses inmates of the opposite sex of the staff member.

**Evidence Relied Upon:**
Policy – Cross-Gender Viewing/Searching - PREA 115.15 pg. 1-2
Cross-gender and Transgender search PowerPoint
Search Training Logs
Search Lesson Plan
Training Attendance Rosters
Classification Records
Interviews with Inmates
Interviews with Staff
Observations

**Analysis/Reasoning:**
The Auditor reviewed shift rosters of each shift. All 4 shifts maintained both male and female security staff members. The facility houses both male and female inmates but maintains a small select number of female inmates. Most female inmates are transported to the Hampton Roads Regional Jail. The Auditor conducted formal and informal interviews with male and female inmates from each of the facility’s living units. The Auditor conducted formal and informal interviews with male and female staff members from each shift.

Interviews with male and female inmates reveal they are able to shower, perform bodily functions, and change clothing without security staff of the opposite gender seeing them do so. All inmates stated staff of the opposite gender announce their presence when entering living units. The Auditor asked each female inmate interviewed if they were ever denied access to any program, activity, or other out-of-cell activity because a female staff member was unavailable to conduct a pat-down search. Each female informed the Auditor they were never denied access for those reasons because there is always a female staff member available. Each female inmate was asked if male staff always announce their presence when entering a female living unit. The female inmates informed the Auditor male staff announce their presence before entering a female living unit.

Interviews with staff members reveal they do not perform cross-gender pat-down, strip, or visual body cavity searches. Staff informed the Auditor they do not deny female inmates access to out-of-cell activities because each shift maintains multiple female security staff members. The Auditor asked each staff member if inmates were able to shower, perform bodily functions, and change clothes without them seeing the inmates do so. Each staff member interviewed stated “yes.” The Auditor asked each staff member if they announce their presence when entering a living unit of the opposite gender. Each staff member stated they do announce their presence when entering opposite gender living units.
The Auditor could not conduct a formal interview with an inmate who identified as transgender or intersex as there were no inmates who identified as such housed in the facility. The facility reported no transgender or intersex inmate had been housed in the past 12 months. The Auditor reviewed classification records and discovered no evidence a transgender or intersex inmate had been housed in the previous 12 months. The Auditor did question random staff about searching transgender and intersex inmates. Staff were asked if they had been trained how to conduct cross-gender pat-down searches. Each male and female security staff member stated they had been trained to conduct cross-gender searches.

Each randomly selected staff member was asked if they would perform a strip search of a transgender or intersex inmate to determine genital status. The Auditor was informed staff would not conduct such a search. Most staff informed they would ask the inmate first. All randomly selected staff was aware medical personnel would have to perform such a search.

The facility reported no cross-gender strip or cross-gender visual body cavity searches conducted during the previous 12 months. Female security staff is able to conduct cross-gender pat-down searches but not cross-gender strip searches. The booking area is staffed with male and female officers. In the event a female staff member is not in the booking area when a female inmate arrives a female staff member is requested from the shift to conduct a search of the female inmate.

The Auditor conducted a detailed tour of the facility. Entrance into all inmate living areas was granted by the facility. The Auditor observed all shower areas in the facility. All showers have curtains to allow inmates the opportunity to shower without a staff member of the opposite sex seeing their breast, buttocks, or genitalia. The Auditor observed all restroom areas in inmate living units and other areas of the facility. Inmates have the ability to utilize the restroom and change clothes without staff of the opposite gender viewing their breast, buttocks, or genitalia. The Auditor observed signs posted at the entrance of each living unit reminding staff to conduct an opposite gender announcement before entering the living unit.

The Auditor conducted a review of the facility’s training lesson plan and training rosters. The search lesson plan includes training goals for each attendee. The search training lesson plan includes the following:

- Relevant PREA standards;
- Define exigent circumstances;
- Key terms for pat searches;
- Considerations for searches of transgender or intersex inmates;
- Practice pat searches; and
- Observe, analyze, and provide feedback to peers on practice searches.

The Auditor reviewed training logs and verified each security personnel had attended an initial training to conduct searches. Each security staff member attended a refresher training in April 2018 to conduct cross-gender pat-sown searches. The Auditor reviewed the training logs of
123 staff members who all attended the refresher training in April 2018. The facility prohibits conducting cross-gender strip searches unless exigent circumstances exist. To this date no facility staff member has conducted a cross-gender strip search at the facility.

Conclusion:
The Auditor concluded staff had been appropriately trained to conduct cross-gender searches and make opposite gender announcements when entering inmate living units. Inmates have the ability to shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Staff has been trained to treat transgender inmates professionally and respectfully. The Auditor reviewed the agency’s policies and procedures, training documents, classification records, made observations, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,
and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☐ Yes ☒ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:**
The facility has a policy which requires staff take appropriate steps to ensure inmates with disabilities or limited English proficient have an equal opportunity to participate in or benefit from all aspects of the NNSO’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:

- Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and
- Providing written materials in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The facility’s policy prohibits utilizing inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of the first-responder duties included in PREA Standard 115.64, or the investigation of the inmate’s allegations.

**Evidence Relied Upon:**
Policy – Disabilities/Limited English Proficient – PREA 115.16 pg. 1  
PREA Brochure  
Language Line Service Purchase Order  
Comprehensive Education Video  
Inmate Sexual Abuse Information/Orientation Form  
Interviews with Staff  
Interviews with Inmates  
Observations

**Analysis/Reasoning:**
The Auditor reviewed the facility’s PREA Brochure which is provided by the booking officer during the intake process. The brochure is written in English and Spanish. The facility maintains PREA posters written in English and Spanish. In the event the facility receives an inmate who is blind or has low vision the facility ensures a staff member reads the PREA information to the inmate. The facility will assign a staff member to ensure an inmate with intellectual or psychiatric disabilities understands the facility’s PREA information through a one-on-one session with the inmate. The facility has the option to transfer those inmates to the Hampton Roads Regional Jail.

Inmates who cannot read English or Spanish can benefit from the facility’s PREA information through use of the Language Line Service. The facility maintains a Language Line telephone.
in the intake area. The Newport News Sheriff’s Office employs bilingual staff who can interpret for non-English speaking inmates.

The facility’s comprehensive educational video is maintained on a CD. The video is closed captioned for the deaf or hard of hearing. Comprehensive education is provided on a one-on-one basis to inmates who have a disability which would restrict the inmate from otherwise benefiting from the educational video. All inmates in the facility are provided the written information during the booking process and sign the Inmate Sexual Abuse Information/Orientation Form.

Facility staff play the comprehensive educational video daily at 4:30 a.m. The Auditor requested the files of 26 inmates. All 26 inmates had signed the Inmate Sexual Abuse Information/Orientation Form denoting they had watched the comprehensive educational video. During interviews with inmates the Auditor discovered several reported they had not seen the comprehensive educational video. The Auditor further questioned those inmates and determined they were aware of the agencies policies regarding sexual abuse and sexual harassment. A recommendation was made to facility staff to change the daily playing of the video to align with lunch hours. The Auditor informed facility staff more inmates will be awake during that time and will have an increased opportunity of viewing the video daily.

There were no inmates who were deaf or hard of hearing or who had an intellectual disability at the time of the Audit. The Auditor conducted a formal interview with an inmate who could not read or write. The inmate informed the Auditor he received the PREA Brochure when arriving at the facility. He stated he had watched the comprehensive educational video. The inmate was able to articulate the facility’s policies for prevention, detection, and response to sexual abuse and sexual harassment.

There were no non-English speaking inmates for the Auditor to interview at the time of the audit.

The Auditor conducted formal interviews with facility staff members. Intake staff informed the auditor they provide the PREA Brochure to each inmate once they complete the body scan process. Inmates reported they received the information immediately upon arrival. The Classification Officer informed she discusses the written material with each inmate. Inmates are given an opportunity to ask questions related to the PREA material with the Classification Officer. While conducting interviews of staff the Auditor asked if inmate interpreters are utilized by the facility. Each staff member informed the facility does not rely on inmate interpreters.

The Auditor determined all inmates interviewed were knowledgeable regarding the agency’s sexual abuse and sexual harassment prevention, detection, and response policies. An overwhelming majority of inmates interviewed stated facility staff were helpful and take PREA serious. The Auditor gained the understanding the facility’s staff is accommodating to the needs of the inmate population and ensure each benefits from the agency’s PREA information and educational material.
The Auditor toured all areas of the facility. Observations were made of PREA posters and other material in each inmate living unit. All posters and other posted PREA material were observed written in English and Spanish.

**Conclusion:**
The Auditor was able to conclude the facility provides information that ensures equal opportunity to inmates who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to inmates who are limited English proficient. The Auditor conducted a thorough review of the facility’s policies and procedures, PREA Brochure, comprehensive educational video, made observations, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

### Standard 115.17: Hiring and promotion decisions

**115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

**115.17 (b)**
- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)
• Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:
The Newport News Sheriff’s Office policy prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with inmates who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in sexual activity

Facility policy requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The policy requires a criminal background records check and an attempt to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Criminal background records checks are required every 5 years on employees and contract staff, who may have contact with inmates.

Staff asks all applicants and employees who may have contact with inmates directly about previous misconduct as listed above, in written applications or interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews or current employees.

The facility’s Honor Code imposes a continuing affirmative duty for staff to disclose any acts of sexual misconduct and material omissions regarding such misconduct. Staff may be terminated for material omissions regarding acts of sexual misconduct or for providing false information related to such conduct. The facility provides information on substantiated allegations of sexual abuse and sexual harassment involving a former NNSO employee upon receiving a request from an institutional employer for whom the employee has applied to work.
Evidence Relied Upon:
Policy – Hiring and Promotion Decisions – PREA 115.17 pg. 1-2
Criminal History Background Checks
Applicant Background Investigation Questionnaire
Employee Personnel Records
Contractor Records
Interviews with Staff

Analysis/Reasoning:
The Auditor reviewed the facility’s Background Investigation/Polygraph Personal History Questionnaire. All persons complete and sign a Background Investigation/Polygraph Personal History Questionnaire. The Background Investigation/Polygraph Personal History Questionnaire asks staff if they have ever:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution as defined in 42 USC 1997;
- Been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- Been civilly or administratively adjudicated to have engage in the activity in the previous question;

The Auditor randomly selected 10 staff and reviewed their Background Investigation/Polygraph Personal History Questionnaire. One of the forms was completed by a staff member who was recently promoted. The employee was asked questions about previous acts of sexual abuse and sexual harassment prior to the effective date of the promotion. The Auditor observed a Background Investigation/Polygraph Personal History Questionnaire in all 10 personnel files.

The Auditor asked to see the personnel record of an employee who had previous experience working in a correctional environment. The employee had completed a Background Investigation/Polygraph Personal History Questionnaire. The Auditor observed evidence an investigator contacted the employee’s previous institutional employer. The Background Investigator types a report of his/her findings after speaking to the institutional employer. The report includes all aspects of his pre-employment investigation, including a criminal history records check and contact with an institutional employer. The Auditor observed documentation revealing the Background Investigator asked the previous employer about substantiated allegations of sexual abuse.

The Auditor observed evidence a criminal background check was conducted on all 10 chosen staff. In addition, the Auditor observed records revealing a criminal record background check was conducted on all staff. The Auditor reviewed the facility’s record keeping of criminal background checks. Verification was made of all staff, contractor, and volunteer background record checks performed. A facility investigator conducts a criminal records background check through the Virginia Criminal Information Network (VCIN) and National Crime Information
Center (NCIC). All criminal records background checks conducted through the VCIN Terminal are logged into a logbook by facility staff. All names run through the system are electronically logged by the Virginia State Police. The Investigator performs annual checks on all deputies during their birth month. Verification of the criminal background checks is sent to the PREA Coordinator.

The Auditor requested 5 records of various contractors and volunteers. Contractors and volunteers are asked questions related to sexual abuse as described above in an application prior to performing services. The facility had performed a criminal background records check on all contractors and volunteers prior to appointment. Contract personnel and volunteers undergo a criminal background records check every 5 years. These criminal record checks are conducted by a facility investigator.

The Auditor spoke to a Human Resources staff member. Human resources provide information to other confinement facilities after receiving a request and a signed consent form of a prior Newport News Sheriff’s Office employee. Human Resources will request a facility investigator to provide information related to a substantiated allegation of sexual abuse or sexual harassment and notify the other confinement facility of a resignation during a pending investigation of sexual abuse of a NNSO former employee.

The Auditor conducted an interview with the staff member responsible for conducting background investigations. The Auditor asked the staff member to explain his process for conducting pre-employment background investigations. He stated he places a telephone call to other confinement facilities and requests information related to substantiated allegations of sexual abuse and sexual harassment. He documents his findings in a written report upon completion of his background investigation. The Background Investigator asks each potential candidate questions as listed on the Background Investigation/Polygraph Personal History Questionnaire.

The Auditor discovered the facility’s Background Investigation/Polygraph Personal History Questionnaire did not inquire about previous acts of sexual harassment related incidents. The facility corrected the form to include the required information.

**Conclusion:**
The Auditor concluded the Newport News Sheriff’s Office is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring, enlisting services of contractors, volunteers and before promoting staff members. The Auditor conducted a thorough review of the facility’s policies and procedures, Background Investigation/Polygraph Personal History Questionnaire, criminal background records documentation, personnel, and contractor records, and interviewed staff and determined the facility meets the requirements of this standard.

**Standard 115.18: Upgrades to facilities and technologies**

115.18 (a)
If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ 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:
Facility staff reported the Newport News Sheriff’s Office has not acquired any new facility or planned any substantial expansion or modification of its existing facilities during this audit period.

Evidence Relied Upon:
Observations
Interviews with staff

Analysis/Reasoning:
The Newport News Sheriff’s Office has not designed or acquired any new facility during this audit period. The facility has not planned any substantial expansion or modification of its existing facility during this audit period. The facility has not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technologies during this audit period.
The Auditor conducted a thorough tour of the facility and observed camera placements throughout. Each area of the facility appeared to be original construction. All cameras throughout the facility appeared to have been in place for a significant time period.

**Conclusion:**
The agency has not made modifications of its facility or video monitoring technologies in the past 12 months. The Auditor determined the Newport News City Jail meets the requirements of this standard. The PREA Compliance Manager is aware of the requirement to consider sexual abuse and sexual harassment protections when planning for modifications.

### RESPONSIVE PLANNING

#### Standard 115.21: Evidence protocol and forensic medical examinations

**115.21 (a)**
- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  - ☒ Yes  ☐ No  ☐ NA

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  - ☒ Yes  ☐ No  ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  - ☒ Yes  ☐ No  ☐ NA

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes  ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFES) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes  ☐ No
- If SAFE or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFE or SANE? ☒ Yes ☐ No

### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
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:**
The Newport News Sheriff’s Office policy requires all victims of sexual abuse access to forensic medical examinations at the Riverside Regional Medical Center, at no cost to the victim. Forensic medical examinations conducted at the Riverside Regional Medical Center are performed by a Sexual Assault Nurse Examiner. Policy requires victim advocacy from a community-based organization through a Memorandum of Understanding with the City of Newport News’ Sexual Assault Response Team.

Policy includes reference to a Memorandum of Understanding with the City of Newport News’ Sexual Assault Response Team who ensures an investigation of sexual abuse or rape in the facility is conducted. The MOU stipulates the Commonwealth’s Attorney meet with the victim to discuss obtaining criminal charges and requires the Newport News Sheriff’s Office to conduct a criminal investigation, following evidence collection protocols.

**Evidence Relied Upon:**
Policy – Evidence Protocol/Medical Examinations – PREA 115.21 pg. 1-2
MOU with City of Newport News’ Sexual Assault Response Team (SART)
2014 Investigative Report
Interview with Victim Advocate
Interview with Sexual Assault Nurse Examiner
Interview with Investigator

**Analysis/Reasoning:**
The Newport News Sheriff’s Office conducts administrative and criminal investigations of allegations of sexual abuse and sexual harassment. The Newport News Sheriff’s Office Sexual Abuse Investigator is responsible for collecting evidence within the facility. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence.

The Auditor reviewed the Memorandum of Understanding with the City of Newport News’ Sexual Assault Response Team. The Memorandum of Understanding is signed by the following agencies and organizations:

- Newport News Commonwealth Attorney’s Office
- Newport News Policy Department
- Christopher Newport University Policy Department
- Center for Sexual Assault Survivors
- FNE/SANE and/or Trained Health Care Provider
- Newport News Victim Services Unit
The memorandum states the Newport News Victim Services Unit agrees to the following:

- Provide resource and referral to counseling and area resources, such as The Center for Sexual Assault Survivors;
- Provide crisis intervention, criminal justice information and support, courtroom assistance, and court preparation and orientation, as appropriate;
- Coordinate the above services for victims, family members and support persons with The Center for Sexual Assault Survivors, as appropriate;
- Provide assistance in obtaining family abuse or stalking protective orders;
- Facilitate the provisions of separate waiting areas for victims and witnesses of crime;
- Provide assistance in the processing and filing of crime victims compensation; in obtaining return of the victim’s property when used as evidence and in facilitating reimbursement for mileage and lodging for out of town witnesses, as appropriate;
- Upon request of the victim, provide notifications of the occurrence of the crime to friends, relatives, and employers; intervention with employers to prevent loss of pay or other benefits resulting from the crime or participation in the criminal justice system; notices of court dates; and status of release of defendants or prisoners from custody;
- Assist victims in filing a victim impact statement;
- Ensure that victims have reasonable notification, as appropriate, of upcoming Court dates;
- Support the development and annual review of this Protocol; and
- Participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The memorandum states the Center for Sexual Assault Survivors agrees to the following:

- Designate a liaison to participate actively on the Sexual Assault Response Team;
- Dispatch, upon request of the victim or someone calling on behalf of the victim, a trained sexual assault advocate to the hospital or law enforcement agency location within a reasonable period of time (e.g., 30 minutes or less);
- Provide trained sexual assault advocates to meet with victims, family members and friends at the hospital;
- Provide crisis intervention, advocacy, counseling, criminal justice information and support to the victim;
- Not participate in the gathering of evidence, fact-finding, or the investigation of the sexual assault;
- Not provide an option on the merits of the case or participate in conducting the investigative interview with the victim;
- Notify the Commonwealth’s Attorney and law enforcement of exculpatory information;
- Coordinate the above victim assistance services for victims, family members and friends with the local Victim/Witness Program, as appropriate;
- Refer sexual assault victims to the hospital, as appropriate;
• Follow established protocols set by the hospital for advocates in the examining room when requested by the victim;
• Support the development and annual review of the community’s guidelines; and
• Participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The Auditor conducted a formal interview with an advocate from The Center for Sexual Assault Survivors. The advocate confirmed the Memorandum of Understanding with the NNSO. The Auditor asked the advocate if her organization will accompany a victim during the forensic examination. She explained when contacted and requested by the victim an advocate will accompany the victim. The victim advocate explained the organization works with victims to provide crisis intervention, advocacy, counseling, and provides information to support victims. The Auditor asked the advocate if the organization has provided services to an inmate at the facility within the past 12 months. The victim advocate explained her organization has not been contacted to provide support services to an inmate of the Newport News City Jail.

The Memorandum of Understanding between the Newport News jurisdictions and the City of Newport News’ SART includes the following agreements to assist in criminal prosecution:

• Establish and implement guidelines in collaboration with team partners for the community’s response, including the collection, preservation, and secure storage of evidence from the Physical Evidence Recovery Kit;
• Designate a prosecutor to participate actively on the Sexual Assault Response Team;
• Meet with the victim prior to preliminary hearing and trial;
• Promote policies and practice to increase arrest and prosecution rates for criminal sexual assault;
• Use Sexual Assault Nurse Examiners as witnesses during sexual assault trials, as appropriate;
• Process forensic evidence that has been collected from victims and/or perpetrators;
• Maintain chain of custody of forensic evidence; and
• Follow established protocols regarding evidence collection and storage.

The Auditor conducted a formal interview with the Newport News Sheriff’s Office Sexual Abuse Investigator. The Investigator informed the Auditor he has not received an allegation of sexual abuse within the past 12 months which resulted in a forensic examination. The Investigator was asked if a victim advocate is allowed to accompany a victim during his investigatory interviews. He informed victim advocates are allowed to accompany the victim at the victim’s request. The Investigator explained he processes the crime scene following the NNSO evidence collection protocol. In the event criminal charges are placed on the victim, the investigator informs the Commonwealth Attorney’s Office. The investigator remains informed throughout the prosecution process so the victim can be updated and informed.

The Auditor reviewed documentation which shows the facility has made efforts to provide a Sexual Assault Nurse Examiner in the past. The Auditor reviewed a 2014 investigative report in which an inmate who alleged sexual abuse at the facility was sent to the hospital for a
forensic examination. The Auditor confirmed the services were provided for the inmate who made an inmate-on-inmate sexual abuse allegation. The inmate was not responsible for paying for the services.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner from the Riverside Regional Medical Center. The Auditor asked if the facility has sent any inmate for forensic examinations in the past 12 months. The SANE informed there has been no forensic examination conducted in the past 12 months. The SANE allows advocates to accompany the victim during the forensic examination. She stated the hospital contacts the Sexual Assault Response Team when a victim requests the presence of an advocate. The Auditor asked if a police investigator questions the victim at the hospital. The SANE informed an investigator is allowed to question the victim at the hospital.

**Conclusion:**
An appropriate uniform evidence protocol is utilized when collecting evidence of sexual abuse. The facility allows inmate access to victim advocates from a community organization. The facility provides access to a Sexual Assault Nurse Examiner through the Riverside Regional Medical Center. The Auditor reviewed the facility’s policies and procedures, Memorandum of Understanding, 2014 Investigative Report, and interviewed the investigator, SANE, and victim advocate and determined the facility meets the requirements of this standard.

**Standard 115.22: Policies to ensure referrals of allegations for investigations**

**115.22 (a)**
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

**115.22 (b)**
- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No
- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]

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**Auditor Overall Compliance Determination**

- **Exceeds Standard** *(Substantially exceeds requirement of standards)*
- **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:**
The Newport News Sheriff’s Office policy mandates an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The policy requires the investigation be conducted thorough and competent and where possible, will clearly either support or refute allegations, by evidence, information gathered from witnesses, and documentation; and to safeguard the well-being and security of the complainant, the subject, the respondent, the institution and the agency, and ensure the integrity and credibility of the process.

**Evidence Relied Upon:**
Policy – Referrals of Allegations for Investigation – PREA 115.22 pg. 1
Facility Website
Investigative Report
MOU with Sexual Assault Response Team
Interview with Investigator
Interview with Inmate

**Analysis/Reasoning:**
The Auditor reviewed the Newport News Sheriff’s Office website. The website includes a link to the agency’s policy regarding investigating allegations of sexual abuse and sexual harassment. The policy informs all substantiated allegations are referred for criminal investigation and prosecution if warranted. The Newport News Sheriff’s Office has the legal authority to investigate allegations of sexual abuse and sexual harassment and to warrant.
prosecution. The NNSO has a Memorandum of Understanding with the Newport News City’s Sexual Assault Response Team. The Memorandum of Understanding includes agreements to refer for prosecutorial efforts.

The Newport News Sheriff’s Office reported no allegations of inmate-on-inmate or staff-on-inmate sexual abuse was made in the previous 12 months. As such the agency did not refer an allegation for criminal prosecution. The Auditor conducted a formal interview with a facility investigator. The Investigator informed the Auditor he had received no allegations of sexual abuse within the previous 12 months.

The Auditor did not interview an inmate who had alleged sexual abuse while incarcerated in the Newport News City Jail as there was no inmate incarcerated at the time of the audit who had previously made an allegation of sexual abuse. The Auditor did interview an inmate who alleged he was the victim of sexual harassment. The inmate informed the Auditor he did speak to an investigator about the allegation. The Auditor read the investigative report regarding the allegation and observed the investigator determined the incident was consensual between the two individuals.

No state entity or Department of Justice component is responsible for conducting administrative or criminal investigation of sexual abuse or sexual harassment in the Newport News City Jail.

The Auditor discovered the agency’s policy stated the NNSO will complete a criminal “and” administrative investigation for all allegations of sexual abuse and sexual harassment. A recommendation was made to update the policy to read “and/or” since every allegation of sexual harassment will not be criminal in nature. The Auditor made the recommendation to the PREA Compliance Manager.

Conclusion:
The Auditor concluded the Newport News City Jail is appropriately referring criminal allegations of sexual abuse and sexual harassment as it has the legal authority to conduct criminal investigations. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing facility policies and procedures, facility website, investigative reports, MOU, and interviewing inmates and staff the Auditor determined the facility meets the requirements of this standard.

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**Standard 115.31: Employee training**

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes  □ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No
115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ 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:
The Newport News Sheriff’s Office policy requires the Training Manager to provide training for all employees who may have contact with inmates in the following topics:

- The zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
- Inmates’ right to be free from sexual abuse and sexual harassment;
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The facility’s training is tailored to both male and female inmates as it houses male and female inmates. It’s the facility’s policy to provide PREA training every two (2) years and to provide refresher information on the facility’s current sexual abuse and sexual harassment policies during years the employee does not receive refresher training. Policy requires the training be documented and retained by the Training Manager.

Evidence Relied Upon:
Policy – Zero Tolerance of Sexual Abuse – PREA 115.11 pg. 1
Policy – Employee Training – PREA 115.31 pg. 1-2
PowerPoint Presentation (PREA)
PowerPoint Presentation (Staff and Inmate Relationships)
PowerPoint Presentation (Dynamics of Sexual Abuse in Prisons, Jails, and Juvenile Facilities and the Impact on Special Populations)
PowerPoint Presentation (LGBTI Sensitivity)
Training Curriculum
Training Attendance Records
Interviews with staff

**Analysis/Reasoning:**
The Auditor reviewed the facility’s training curriculum and PowerPoint presentations utilized to train staff. The training material provided to employees includes all bulleted topics listed above. The Auditor verified through training attendance rosters all staff received the required training. New officers are provided the training during their initial orientation training prior to performing duties. Staff training is conducted electronically and in person during annual in-service training. The Auditor verified all staff has received training and completed a test of the material they received training on. Staff members are required to achieve a score of 100 percent after completing training.

The Auditor conducted informal and formal interviews with random and specialized facility staff. Supervisors informed the Auditor they discuss PREA related topics routinely during shift briefings. Subordinate staff confirmed the practice of discussing PREA related topics during shift briefings to the Auditor. The Auditor questioned staff about the training topics previously listed. All staff interviewed by the Auditor informed they received training and were able to articulate the topics to the Auditor. Staff interviewed by the Auditor was knowledgeable regarding the training material provided by the facility.

The Newport News Sheriff’s Office is not required to provide additional training to staff before reassigning to another facility as the NNSO only operates one facility.

**Conclusion:**
The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff appears well educated in the training topics mandated in PREA Standard 115.31. The Auditor reviewed facility policies and procedures, training materials, training rosters, and conducted interviews with staff and determined the facility meets the requirements of this standard.

**Standard 115.32: Volunteer and contractor training**

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)
Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:
The Newport News Sheriff’s Office has a policy which requires the Training Manager to ensure all volunteers and contractors receive training regarding their responsibilities under the jail’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The Training Manager ensures the level and type of training provided to volunteers and contractors is based on the services provided and the level of contact they have with inmates. The policy requires all volunteers and contractors who have contact with inmates be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report allegations of such incidents. The Training Manager is required to maintain documentation confirming volunteers and contractors understand the training provided by the facility.

Evidence Relied Upon:
Policy – Volunteer and Contractor Training – PREA 115.32 pg. 1
Volunteer and Contractor Handbook
Training Curriculum
Power DMS
Volunteer/Contractor Handbook Acknowledgements
Interviews with Contractors

Analysis/Reasoning:
The Auditor reviewed the facility’s Volunteer and Contractor Handbook. The handbook is utilized to supplement the training offered to all volunteers and contractors. The Volunteer/Contractor Handbook includes information on the Newport News Sheriff’s Office
zero-tolerance policies and procedures. Each volunteer and contract signs an acknowledgement of receiving the Volunteer/Contractor Handbook which includes sexual abuse and sexual harassment information.

All volunteers and contractors are informed how to report allegations of sexual abuse and sexual harassment. The Auditor observed the facility’s training curriculum which includes volunteer and contractor responsibilities towards the facility’s prevention, detection, and response efforts regarding sexual abuse and sexual harassment. Initial training is provided by a NNSO staff member in a classroom setting. Additional training is provided electronically through the facility’s Power DMS training program. After completion of the electronic training, each volunteer and contractor must pass a test. The facility currently has 147 trained volunteers and contractors; a majority of which are volunteers. The majority of volunteers trained by the facility remain inactive.

The Auditor randomly chose 5 volunteer and contractor training records to review. All records reviewed showed each volunteer and contractor had received training how to report allegations of sexual assault and sexual harassment. Each was trained in their responsibilities under the facility’s prevention, detection, and response policies and procedures. The facility conducted training for volunteers and contractors in the facility’s zero tolerance policies and procedures. Documentation of each volunteer and contractor’s understanding of training information is maintained electronically through the Power DMS software. The Auditor reviewed training documents that showed all volunteers and contract personnel have been trained by the facility.

The Auditor conducted formal interviews with food service and medical and mental health contract personnel. Each contractor interviewed verified they had received training through the Power DMS software and signed a Volunteer/Contractor Agreement. The Auditor questioned about specifics relating to the facility’s policy and procedures for reporting, documenting and their duties as a non-security first responder. Each contractor was able to articulate their responsibilities as a first responder and how to report and document allegations of sexual abuse and sexual harassment. Volunteers and Contractors are informed that violations of the facility's sexual abuse policies will result in termination and notification to law enforcement officials for prosecution referral.

Conclusion:
The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of facility policies and procedures, training curriculum, Volunteer/Contractor Handbook Acknowledgements, Power DMS, and interviewing contractors the Newport News Sheriff’s Office meets the requirements of this standard.

Standard 115.33: Inmate education

115.33 (a)
During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

Have all inmates received such education? ☒ Yes ☐ No

Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? ☐ Yes ☒ No

115.33 (d)

Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)
- Does the agency maintain documentation of inmate participation in these education sessions?
  - Yes ☒ No ☐

115.33 (f)
- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?
  - Yes ☒ No ☐

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ 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:**

It is the policy of the Newport News Sheriff’s Office to provide PREA related information and training to all inmates. The facility’s policy requires inmates be provided information explaining the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided during booking process.

All inmates are required to receive comprehensive education within 30 days of arriving at the Newport News City Jail. The facility’s policy stipulates the Programs Coordinator provide comprehensive education material which includes the following:

- Inmate’s rights to be free from sexual abuse and sexual harassment;
- Inmate’s rights to be free from retaliation for reporting such incidents; and
- Facility policies and procedures for responding to sexual abuse and sexual harassment incidents.

The facility’s policy requires the Programs Coordinator to provide comprehensive education in formats accessible to all inmates, including those who are, or may be:

- Limited English proficient
- Deaf
- Visually impaired
- Otherwise disabled
- Limited reading skills

The Inmate Programs Coordinator is required by policy to maintain documentation of inmate participation in comprehensive education sessions. The Newport News Sheriff’s Office policy requires the Inmate Services Administrator to ensure key information is continuously and
readily available or visible to inmates through posters, inmate handbooks, or other written formats.

Evidence Relied Upon:
Policy – Inmate Education – PREA 115.33 pg. 1-2
PREA Brochure
Inmate Sexual Abuse Information/Orientation Form
Language Line Services Contract
Inmate Records
Interviews with Staff
Interviews with inmates
Observations

Analysis/Reasoning:
The facility’s Booking Officer provides each inmate a PREA Brochure when arriving at the facility. The Auditor reviewed the brochure and observed the following information included:

- The facility’s zero tolerance to sexual abuse and sexual harassment
- What is sexual abuse;
- What is sexual harassment;
- What is staff voyeurism, including examples;
- Tips for avoiding sexual abuse and sexual harassment;
- Steps to take if sexually abused;
- Support service information;
- Notice for failure to report;
- Right to report; and
- How to report.

The Auditor conducted an interview with booking and classification. Staff informed the Auditor the information is provided as soon as the inmate has been searched when entering the facility. Classification staff meets with each inmate being booked into the jail. Classification discusses PREA information and allow the inmate to ask questions if need be. The Auditor was informed the information will be read to an inmate who is blind, has low vision, or cannot read. The Auditor was informed PREA information can be read by those who may be deaf or hard of hearing. Interpretive services are provided through use of a language line.

The agency’s PREA Brochure is maintained in English and Spanish. The facility employs several staff members who speak English and Spanish. Bilingual staff is utilized to translate for non-English speaking inmates. The facility maintains the Inmate Sexual Abuse Information/Orientation Form in English and Spanish. The Classification Officer notates receipt of the Inmate Sexual Abuse Information/Orientation in the facility’s Offender Management System.

At the time of the audit the facility was in the process of replacing its teletype (TTY) telephone utilized for deaf inmates. A more advanced technology TTY will be available for deaf or hard
of hearing inmates. The facility is in the process of upgrading to a Video Relay Service. The Video Relay Service will allow deaf or hard of hearing inmates the ability to perform sign language to others.

The Auditor conducted formal interviews with inmates. Each was asked if he/she was provided PREA information when arriving at the facility. Each informed the Auditor they were provided PREA information when arriving at the jail. The Auditor asked each inmate how long after arriving were they provided the information. Inmates informed the Auditor they received the information as soon as they arrived in booking. The Auditor conducted a formal interview with an inmate who could not read or write. The inmate was able to articulate knowledge of the agency’s PREA policies and procedures which verifies the facility provides PREA information in a language or manner in which inmates can understand. There were no other inmates incarcerated at the time of the audit who were otherwise disabled or impaired.

The facility’s comprehensive education is conducted through use of a DVD. The comprehensive education is played to inmates during the booking process and daily throughout the facility. The video is played daily between 4:30 A.M. and 5:00 A.M. The Auditor recommended the facility play the educational video during lunch hours. The recommendation was made after interviewing randomly selected inmates. Several inmates informed the Auditor they had not seen the comprehensive educational video being played. Those inmates were knowledgeable regarding the facility’s PREA policies and procedures. The Auditor informed the facility more inmates may be awake during lunch time hours and would be able to benefit from the daily playing of the comprehensive educational video.

Once the comprehensive education video has been concluded during the booking process the inmates sign an Inmate Sexual Abuse Information/Orientation Form. The Auditor asked classification staff how the education is conducted for those who are deaf, blind, limited English proficient or are otherwise disabled. The Auditor was informed blind inmates can hear the video and deaf inmates can read the material. The video is only maintained in an English version. The facility has several bilingual speaking staff who can translate the PREA education material to a Spanish speaking inmate. Classification will discuss options with a supervisor to ensure inmates who cannot otherwise benefit from the education are educated appropriately.

The Auditor conducted formal interviews with inmates. Each inmate was asked if he/she was provided comprehensive education. A majority of the inmates informed the Auditor they had watched the video. A few inmates informed they had not seen the educational video. The Auditor asked the inmate who could not read or write if he was provided comprehensive education. He stated he watched the video. The Auditor asked the inmate specific questions related to the comprehensive education. The inmate understood he had a right to be free from sexual abuse, sexual harassment and retaliation. He was able to articulate the facility's policies and procedures for responding to sexual abuse and sexual harassment allegations.

The Auditor requested the classification records of 26 randomly chosen inmates. A review of the records revealed the inmates had received the PREA Brochure during the booking process. The Auditor observed an Inmate Sexual Abuse Information/Orientation Form in all 26
inmates’ classification record. All inmates had received the comprehensive education within 30 days of the booking process.

The Auditor conducted a detailed tour of the Newport News City Jail. During the tour the Auditor observed key information readily available in the form of PREA posters throughout the facility. The facility provides readily available information to inmates in its Inmate Handbook and PREA Brochure. The facility maintains PREA material written in English and Spanish. The Auditor observed the comprehensive education being played to inmates in the booking area while touring the facility.

There were no inmates incarcerated at the time of the audit who were at the facility when the PREA standards were enacted. The Newport News Sheriff’s Office is not required to educate inmates prior to transfer. The NNSO maintains control of a small annex building cross the street from the main jail. The Annex is under the same supervision (chain of command) and operates under the same policies and procedures as the main jail. The Auditor determined the Annex building would be audited as part of the main jail.

The inmate population was educated regarding the facility’s policies and procedures to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. Staff ensured the inmate who could not read benefited from the facility’s initial information and comprehensive educational material. Inmates informed the Auditor staff are helpful to the inmate population and appear to take PREA seriously.

Conclusion:
The Auditor concluded the inmate population at the Newport News City Jail has been appropriately educated in the facility’s zero tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, and retaliation, and the facility’s policies and procedures for responding to such. The facility maintains appropriate documentation of such in each inmate’s classification record. The Auditor reviewed the facility’s policies and procedures, booking and classification records, Language Line Services Contract, Inmate Sexual Abuse Information/Orientation Forms, made observations and interviewed staff and inmates and determined the facility meets the requirements of this standard.

**Standard 115.34: Specialized training: Investigations**

**115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

**115.34 (b)**
- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:
The facility’s policy is to ensure its investigators receive specialized training to conduct investigations of sexual abuse in confinement settings. Policy stipulates the training include the following:

- Techniques for interviewing sexual abuse victims;
- Proper use of Miranda and Garrity warnings;
• Sexual abuse evidence collection in confinement settings; and
• Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy requires the Training Manager maintain documentation that each Sexual Abuse Investigator has completed the required specialized training. State or Department of Justice component investigators are required to provide such training to its agents and investigators when conducting sexual abuse investigations in the Newport News City Jail.

Evidence Relied Upon:
Policy – Investigations – PREA 115.34 pg. 1
Investigator's Training Certificates
Training Curriculum
Interview with Investigators

Analysis/Reasoning:
At the time of the audit the facility employed 2 staff members who have received specialized training to conduct Sexual Abuse Investigations. The Auditor conducted a review of each investigator's training record. The investigators attended a training class sponsored by Training Force USA. The training was titled, "Prison Rape & Sex Assault Investigations Inside Correctional Facilities." Both investigators attended the eight (8) hour training on September 30, 2013 in Lynchburg, Virginia.

The Auditor reviewed the Training Force USA training curriculum utilized to train the Sexual Abuse Investigators. The training curriculum included the following:

• Techniques for interviewing sexual abuse victims;
• Proper use of Miranda warnings;
• Proper use of Garrity warnings;
• Sexual abuse evidence collection in confinement settings; and
• Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The Auditor verified both investigators also received the training offered to all employees. One investigator was formally interviewed by the Auditor. The Auditor asked the investigator to discuss the training he received. The Investigator articulated the topics listed above in his response. The Investigator was knowledgeable regarding conducting sexual abuse investigations. The Auditor asked the Investigator to explain his investigative process after receiving an allegation. The process utilized by the Investigator is sufficient for conducting appropriate sexual abuse and sexual harassment investigations.

Conclusion:
The Auditor concluded the facility has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies and procedures, training curriculum, training records, and conducted an interview with a Sexual Abuse Investigator and determined the facility meets the requirements of this standard.
Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ❌ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ❌ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:
The Newport News Sheriff’s Office policy is to provide all full-time and part-time medical and mental health care practitioners who work regularly in the facility in the following:

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

The policy requires forensic examinations and forensic evidence collection be conducted by certified SAFE/SANEIs at the Riverside Regional Medical Center in accordance with the Memorandum of Agreement between the Newport News Sheriff’s Office and the City of Newport News’, Sexual Assault Response Team.

The Auditor discovered the facility has a policy that requires medical staff receive specialized medical training. The policy does not mandate how to preserve physical evidence of sexual abuse as a requirement for the specialized training. Although this PREA standard does not require a written policy regarding such; the Auditor recommended the agency include techniques to preserve physical evidence of sexual abuse in its written policy. All other training topics required by this standard are included in the agency’s policy.

Evidence Relied Upon:
Policy – Medical and Mental Health Care – PREA 115.35 pg. 1
Specialized Medical Training Curriculum
Interviews with Medical and Mental Health Staff
Medical Personnel Training Records

Analysis/Reasoning:
The Newport News Sheriff’s Office contracts its medical services with Correct Care Solutions. Correct Care Solutions provides its own specialized medical training to its staff. The Auditor reviewed Correct Care Solutions’ specialized medical training curriculum. The curriculum included:

- How to detect and access signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
The Auditor reviewed training documents which show each Correct Care Solutions employee had received specialized medical training. The Auditor reviewed documentation showing the Newport News Sheriff’s Office provided the same training offered to all Newport News Sheriff’s Office employees to each Correct Care Solutions employee.

The Auditor interviewed medical and mental health staff employed by Correct Care Solutions. Each employee interviewed stated they had received specialized medical training and received training provided by the Newport News Sheriff’s Office. Newport News Sheriff’s Office training is provided to medical and mental health staff through a computer. The medical and mental health professionals were knowledgeable regarding previously mentioned training topics. Medical staff explained how physical evidence is preserved while attempting to treat medical emergencies which result from an incident of sexual abuse.

Correct Care Solutions staff does not perform forensic examinations at the Newport News City Jail.

**Conclusion:**
The Auditor concluded the Correct Care Solutions medical staff has been appropriately trained. The facility maintains documentation that contracted medical and mental health personnel have received specialized medical training and the same training offered for all other contract personnel. The Auditor conducted a review of NNSO policies and procedures, training curriculum, training records, and interviewed medical and mental health professionals and determined the agency meets the requirements of this standard.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.41: Screening for risk of victimization and abusiveness**

115.41 (a)
- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☐ Yes ☒ No

115.41 (b)
- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.41 (c)
- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the Screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

Within a set time period not more than 30 days from the inmate’s arrival at the facility, does the facility reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

Does the facility reassess an inmate’s risk level when warranted due to a: Referral? ☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Request? ☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
☒ 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:**
The facility’s policy requires an assessment of each inmate during the intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Policy requires the assessment ordinarily take place within 72 hours of the inmate’s arrival at the facility. The NNSO policy requires the screening tool be objective and to consider the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmate’s criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether the inmate has previously experienced sexual victimization;
- The inmate’s own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

Within 30 days, classification staff are to reassess an inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Classification are required to reassess an inmate’s risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

The facility prohibits disciplining an inmate for refusing to answer, or for not disclosing complete information related to the victimization/abusiveness risk screening. The information obtained on the PREA screening may only be disseminated to staff employed in a “need to know position” in order to ensure sensitive inmate information is not exploited.

**Evidence Relied Upon:**
Policy – Screening – PREA 115.41 pg. 1-2
Screening for Risk of Sexual Victimization and for Abusiveness Forms
Classification Records
Inmate Jail Log
Interviews with Staff
Interviews with inmates
Analysis/Reasoning:
The Auditor reviewed the facility’s PREA Screening tool utilized during the classification process. The following questions were observed on the PREA Screening Form:

- Does the inmate have a mental, physical, or developmental disability;
- Is the inmate between the ages of 18-28;
- Does the inmate have a small physical build;
- Is this the inmates first time in jail;
- Is the inmates’ criminal history exclusively nonviolent;
- Does the inmate have prior convictions for sex offenses against children;
- Is the inmates’ sexual orientation: Gay, Lesbian, Bi-Sexual or Questioning;
- Is the inmate transgender or intersex;
- Is the inmate gender nonconforming;
- Has the inmate previously experienced sexual victimization;
- What is the inmates own perception of vulnerability; and
- Is the inmate being detained solely for civil immigration purposes.

In addition, the facility’s screening tool considers the following:
- Prior acts of sexual abuse;
- Prior convictions for violent offenses;
- History of prior institutional violence or sexual abuse; and
- Prior convictions of sex offenses against an adult.

The Classification Officer meets with each inmate who enters the facility. The Classification Officer directly asks each inmate questions on the PREA Screening form. The risk screening takes place within 24 hours of arrival at the facility and generally occurs within the first few hours of arrival. The inmate can answer the questions in private as the screening is performed in an office away from other inmates and staff.

The Auditor requested 25 randomly chosen inmate classification records. A review of the 25 records revealed a risk screening was performed on 25 inmates. The Auditor observed a PREA Screening form in all 25 records. Each inmate had been screened utilizing the tool which includes the above listed considerations.

The Auditor conducted a formal interview with a Classification Officer. The Classification Officer explained the risk screening process to the Auditor. The Auditor asked the Classification Officer if professional judgement is used when considering vulnerability of an inmate. The Auditor was informed classification staff does use their best judgement when determining vulnerability, in addition to the risk screening form. The Auditor asked classification if they have received a referral, request or additional information that bears on an inmate’s risk level. The Auditor was informed they had not received such. Classification staff was asked if they place discipline charges on an inmate who refuses to answer questions related to the risk screening. The Auditor was informed they do not and have not done such.
The Auditor asked classification who has access to information classification gains and inputs into the Offender Management System during the risk screening process. The Auditor was informed the information obtained during the risk screening can be accessed by supervisors, classification and booking personnel and medical and mental health professionals. Information from the risk screening is electronically entered into the facility’s Offender Management System. Each staff member has a uniquely issued username and password to gain access to the Offender Management System. Staff is provided different levels of access (based on job duties) to information maintained in the Offender Management System.

The Auditor conducted formal interviews with inmates. All inmates randomly chosen for interviews were asked if they had been asked questions as previously listed during the booking process. Each inmate stated they had been asked such questions during the booking process. There were no inmates who identified as transgender or intersex incarcerated at the time of the audit for the Auditor to interview. Each inmate informed the Auditor they were asked if they identified as gay, Lesbian, bisexual, transgender or intersex. The facility’s risk screening tool does allow for input of the inmate’s own perception of vulnerability.

In addition to reviewing 25 randomly chosen classification records the Auditor reviewed the most recent inmate records who entered the facility. The Classification Officer had included notes in each inmate’s classification record notating a 30 day reassessment of each inmate’s risk of sexual victimization or abusiveness. The Classification Officer conducts the reassessment of all inmates within 30 days of his/her booking date. The Auditor observed notations of the performance of the 30 day review, any change in status, and new information received recorded in the inmate’s “Jail Log” portion of the electronic record. The facility is not required to conduct a re-assessment upon transfer to another facility as the NNSO only operates one facility.

There were no substantiated cases of inmate-on-inmate sexual abuse within the past 12 months. The Newport News City Jail staff did not conduct a re-assessment of an inmate’s risk level after an incident of sexual abuse as there has been no such incident in the past 12 months.

The Newport News Sheriff’s Office does not detain solely for civil immigration purposes.

**Conclusion:**
The facility’s Classification staff is attempting to discover inmates’ level of risk of sexual victimization or sexual aggressiveness during the booking process and within 30 days of an inmate’s arrival based upon additional information, an incident or referrals. The Auditor reviewed the facility’s policies and procedures, risk screening form, classification records, Inmate Jail Logs, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

**Standard 115.42: Use of screening information**

| 115.42 (a) |
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)
Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The Newport News Sheriff’s Office policy mandates classification staff use information obtained during the risk screening as required by 115.41 to assist in determining housing, bed, work, education, and programming assignments to prevent inmates who are determined at high risk of sexual victimization from being placed with those at risk of being sexually abusive. Policy stipulates classification staff make individualized determinations to ensure the safety of each inmate.
The facility’s classification staff is required to consider on a case-by-case basis whether placements in housing, bed, work, education, or programs would present a management or security problem when assigning a transgender or intersex inmate to a living unit or a program. The classification supervisor is responsible for ensuring the health and safety of a transgender or intersex inmate when making housing, bed, work, education, and program assignments. Policy requires the transgender or intersex inmate’s own views with respect to his/her own safety be given serious consideration.

Any housing and program assignments for transgender and intersex inmates are reassessed twice each year by classification staff in an attempt to identify any threats to safety experienced by the transgender or intersex inmate. Policy requires transgender and intersex inmates be given the opportunity to shower separately from other inmates.

The agency’s policy stipulates lesbian, gay, bisexual, transgender, or intersex inmates will not be placed in a dedicated facility, unit, or wing solely on the basis of such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

**Evidence Relied Upon:**
Policy – Use of Screening Information – PREA 115.42 pg. 1
Risk Screenings
Classification Records
Interviews with Inmates
Interviews with Staff
Observations

**Analysis/Reasoning:**
The Auditor reviewed 25 inmate classification records. Of the records reviewed, there was no inmate who identified as transgender. The Auditor requested the record of an inmate who identified as transgender or intersex. There were no inmates who identified as such incarcerated at the time of the Audit. The Auditor observed evidence the facility had an inmate who identified as transgender but was at the facility for a short time.

Of the files reviewed there were 3 inmates who reported as gay and 2 who reported as lesbian. The Auditor observed classification staff is utilizing information gained from the risk screening to assign housing, bed, and work assignments. Classification staff does not assign education or programming assignments to inmates upon booking. Inmates submit a request to attend programs and educational classes. Classification staff reviews all assignments prior to the inmate being assigned to ensure the safety of inmates.

The risk screening tool utilized by classification staff requires individualized determinations be made for each inmate. The Auditor conducted formal interviews with gay and lesbian inmates. The Auditor asked each if they were housed in a living unit that was dedicated for LGBTI inmates. The Auditor was informed they were not placed in a dedicated living unit. The Classification Officer informed the Auditor a transgender inmate’s own views concerning safety are considered when making assignments.
The Auditor reviewed the files of 4 inmates who reported suffering sexual victimization while in the community. The Auditor conducted formal interviews with the inmates who reported suffering sexual victimization. Each was asked if they have been housed in the same living unit with known sexual abusers. They reported to the Auditor they were housed separately from abusers. The Auditor asked during interviews if any of the inmates attended programs, education, or work. The victimized inmates who answered “yes,” reported they were maintained separate from abusers during programs, education, and work.

The Auditor observed all facility living units during a detailed facility tour. All living units have shower areas which allow transgender and intersex inmates the opportunity to shower separately from other inmates. Each shower has a curtain and toilet areas in the facility are protected with a wall.

The Auditor conducted a formal interview with classification staff. Classification staff informed they specifically ask transgender and intersex inmates about their own views of safety. The Auditor observed the risk screening which includes input for an inmate’s own view towards his/her safety. Classification staff stated they specifically ask a transgender inmate if placement in a specific living would be acceptable. The Auditor asked how often a transgender inmate’s placements are reviewed. Classification reported they review assignments every 6 months or more often if needed. The Auditor asked if all LGBTI inmates were placed in dedicated living units in the Newport News City Jail and was informed they are not housed as such.

At the time of the audit the Newport News City Jail was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates.

At the time of the Audit there were no inmates identified at high risk of sexual victimization or abusiveness.

**Conclusion:**
The Auditor concluded classification staff is making individualized determinations when assigning transgender and intersex inmate’s housing, bed, work, programming and education assignments. The facility has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization from those identified at high risk of sexual abusiveness. The Auditor conducted a thorough review of policies and procedures, classification records, risk screenings, made observations, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

**Standard 115.43: Protective Custody**

**115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization 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? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility’s concern for the inmate’s safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No
115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:**

The Newport News City Jail prohibits placing inmates at high risk for sexual victimization 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. Classification staff is required to document the specific justification for placing an inmate at high risk of sexual victimization in involuntary segregation housing if he/she determines the inmate must be housed involuntarily for protection. The justification must include the basis for the facility’s concern for the inmate’s safety and the reason why no alternative means of separation can be arranged.

Policy allows an inmate identified at high risk of sexual victimization to be housed in involuntary segregation for no more than 24 hours if an assessment cannot be conducted immediately.

It is the facility’s policy to allow access to programs, privileges, education, and work opportunities (to the extent possible) to inmates who are identified at high risk of sexual victimization and held involuntarily in segregated housing. When access to programs, privileges, education, and/or work opportunities are restricted staff must document the following:

- The opportunities that have been limited;
- The duration of the limitation;
- The reasons for such limitations.

Any assignment of an inmate identified at high risk of sexual victimization to involuntary segregated housing at the Newport News City Jail shall not ordinarily exceed 30 days. The classification staff is required to afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

**Evidence Relied Upon:**
Policy – Protective Custody – PREA 115.43 pg. 1-2

Interviews with Staff
Interview with inmate
Classification Records
Housing Records
Observations

Analysis/Reasoning:
The facility reported there was no inmate identified at high risk of sexual victimization in the previous 12 months. The Auditor reviewed housing records and did not discover evidence an inmate had been identified at high risk of sexual victimization.

The Auditor conducted formal interviews with classification staff. Classification staff informed the Auditor there was no inmate identified at high risk of sexual victimization. The Auditor asked classification to explain the process when placing a high risk inmate involuntarily in segregation. Classification informed the Auditor if they place an inmate involuntarily in segregation an immediate assessment is conducted to view available alternatives. The Auditor was informed there are multiple male and female living units which could be utilized without having to place the inmate involuntarily in segregation. Classification staff was aware that inmates identified at risk of sexual victimization have access to programs, privileges, education, and work opportunities. Classification staff was asked how often a review to determine a continued need of involuntary segregation is conducted. The Auditor was informed a review is conducted every 30 days.

The Auditor reviewed housing and classification records and discovered no inmate identified at high risk of sexual victimization was placed in involuntary segregation. The Auditor interviewed medical and mental health personnel. Medical and mental health staff was unaware of an inmate who had been identified at high risk of sexual victimization. The Auditor was informed by classification staff they have the ability to transfer an inmate to the Hampton Roads Regional Jail in the event an inmate identified at high risk of sexual victimization or abusiveness is identified and cannot otherwise be housed in the facility.

The Auditor interviewed several security personnel who supervise inmates in the segregation housing unit. Staff was asked if inmates in segregated housing receive access to programs, privileges, education, and work opportunities. Staff informed inmates have access to programs, education and work opportunities upon request, dependent upon legitimate facility security concerns. Privileges are provided to all inmates in the segregation housing unit. The Auditor asked if staff have ever supervised an inmate in segregation housing who was identified at high risk of sexual victimization and was informed “no.”

The Auditor conducted a detailed tour of the facility. Observations were made of each inmate living unit. The Auditor observed multiple areas which can house male or female inmates to ensure those identified at risk of sexual abuse are protected from sexual abusers.
The Auditor conducted an interview with an inmate who alleged an incident of sexual harassment within the previous 12 months prior to the audit. The inmate stated he was moved to another living unit after making the allegation.

**Conclusion:**
Although the Auditor discovered no evidence an inmate had been identified at risk of sexual victimization who was placed involuntarily in segregation the facility has policies and procedures in place to ensure appropriate placement and reviews are conducted. The Auditor made observations, conducted a review of policies, procedures, classification records, housing records, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

### REPORTING

#### Standard 115.51: Inmate reporting

**115.51 (a)**
- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

**115.51 (b)**
- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

**115.51 (c)**
- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **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:**

The facility’s policy is to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates at the Newport News City Jail may report verbally or through written communication to:

- Any Employee
- Medical Staff
- Community Services Board Employee

Inmates have the option to utilize the inmate telephone system to make a free call directly to the Internal Affairs Manager. The Newport News City Jail allows inmates to report sexual abuse or sexual harassment to any Newport News City S.A.R.T. agency. S.A.R.T. employees are able to receive and immediately forward inmate reports of sexual abuse or sexual harassment to NNSO officials, allowing the inmate to remain anonymous upon request.

Newport News Sheriff's Office staff is required to accept reports made verbally, in writing, anonymously, and from third parties and are required to promptly document any verbal reports. All reports must be promptly documented by staff.

NNSO staff may privately report sexual abuse and sexual harassment of inmates to the Internal Affairs Manager.
The facility had no inmates who were detained solely for civil immigration purposes at the time of the audit. It is the policy of the NNSO to provide those detained solely for civil immigration purposes information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Evidence Relied Upon:
Policy – Inmate Reporting – PREA 115.51pg. 1-2
S.A.R.T. Memorandum of Understanding
Newport News Victim Services Unit Memorandum of Understanding
PREA Brochure
Inmate Handbook pg. 8-11
Training Curriculum
Staff Training Records
Investigative Records
Interviews with Staff
Interviews with Inmates

Analysis/Reasoning:
The Auditor reviewed the PREA Brochure provided to each inmate during the booking process. The PREA Brochure informs inmates to inform any staff, contractor or volunteer, report to medical or mental health personnel, submit a grievance, submit a sick-call slip, or report to the PREA Coordinator. The PREA Brochure informs inmates support services are available from medical and mental health contractors, Virginia Sexual and Domestic Violence Action Alliance (VSDVAA), Victim Witnesses, and the National Sexual Assault Hotline. Addresses and telephone numbers are provided to the inmate population in the PREA Brochure.

The Auditor reviewed the Newport News Sheriff’s Office Inmate Handbook. The Inmate Handbook informs inmates they may report sexual abuse and sexual harassment to any employee or by calling the toll free hotline on the Inmate Phone System. The Inmate Handbook also informs inmates they can write a letter or file a grievance. Each inmate receives an Inmate Handbook upon arriving at the facility.

The Auditor reviewed the facility’s training curriculum and training attendance rosters. The NNSO training includes sexual abuse and sexual harassment reporting. Staff is informed to accept all allegations of sexual abuse and sexual harassment, including; verbal, written, anonymous, and those from third parties. Contractors and volunteers are trained to accept verbal and written allegations, immediately report to a security staff member, and document all allegations of sexual abuse and sexual harassment.

The Auditor conducted formal interviews with staff. Each staff member was asked if he/she is required to accept all reports of sexual abuse and sexual harassment. Staff answered “yes.” Staff members were asked how quickly they are required to report the allegation. Each staff member stated they are required to report the allegation immediately. The Auditor asked each if they were required to document the allegation. The Auditor was informed staff is required to submit an Incident Report promptly to document the allegation. Staff was asked if there was a way they could privately report allegations of sexual abuse or sexual harassment of inmates.
Staff informed the Auditor they could report the allegation to their supervisor, privately inform an investigator or a member of the command staff, or utilize the hotline. Staff informed the Auditor command staff maintains an open door policy.

The Auditor conducted formal interviews with contractors. Each was asked what actions they would take if they received information from an inmate about a sexual abuse or sexual harassment incident. The Auditor was informed they would immediately inform a security staff member. The Auditor asked each contractor if they were required to document information they receive regarding sexual abuse or sexual harassment. Each stated they are required to document the allegation. Each informed the Auditor they are required to report any information, knowledge, or suspicion regarding sexual abuse or sexual harassment of inmates. The Auditor was unable to interview a volunteer during the onsite visit as scheduling conflicts between the Auditor and volunteer arose.

The Auditor conducted formal interviews with inmates. The Auditor asked inmates to explain the various ways available for inmates to make a report of sexual abuse or sexual harassment. The inmates interviewed by the Auditor explained they can inform any staff member, call a hotline number, submit a grievance or sick-call, and/or have someone else make a report for them. The Auditor asked each if there was a staff member they felt confident they could report an allegation of sexual abuse or sexual harassment to. Each stated there is staff they could make an allegation to and they were confident the incident would be dealt with appropriately. When asked if the inmates felt the allegation would be kept confidential the inmates believed the allegation would be maintained confidential. The Auditor asked each inmate if they were able to make an allegation without having to give their name. The inmates interviewed understood they could make an allegation anonymously. The Auditor asked each staff member if they could make a report through the PREA Hotline. Staff stated they could utilize the hotline.

The Auditor reviewed investigative records. Investigative records revealed staff are reporting allegations to supervisors. Investigative records include Incident Reports written by staff members who reported allegations. Staff verbally informed a supervisor and submitted an Incident Report promptly.

At the time of the audit there were no inmates detained solely for civil immigration purposes.

**Conclusion:**
The facility provides multiple ways for inmates to report allegations of sexual abuse and sexual harassment, including a public office and private entity. The facility requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the facility’s policies and procedures, PREA Brochure, Memorandums of Understanding, Inmate Handbook, Investigative records, training records, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

**Standard 115.52: Exhaustion of administrative remedies**
115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)
- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)
If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The Newport News City Jail is not exempt from this standard as it maintains procedures to address inmate grievances alleging sexual abuse. Facility policy does not impose a time limit on any portion of a grievance alleging sexual abuse and does not impose a time limit when an inmate may file a grievance alleging sexual abuse. When submitting a grievance alleging sexual abuse an inmate is not required by the facility to exhaust informal means such as mediations or participate in any process which requires interaction with the perpetrator. NNSO policy stipulates nothing in the policy shall restrict the facility’s ability to defend against a lawsuit on the grounds that the applicable statute of limitations has expired.

Any inmate wishing to submit a grievance alleging sexual abuse against a staff member will may do so without submitting it to a staff member who is the subject of the complaint. Facility policy prohibits such grievances from being referred to a staff member who is the subject of the complaint.

Policy requires a final decision be rendered by the Professional Standards Bureau Chief within 90 days of the initial filing, excluding time spent by inmates during preparation of an appeal. The Professional Standards Bureau Chief may be granted an extension up to 70 days to respond if the normal response time is insufficient to render an appropriate decision. He/she must notify the inmate in writing and provide a date by which a decision will be made. Facility policy allows an inmate to consider an absence of response to be a denial at any level of the administrative process.

The NNSO allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for grievances relating to allegations of sexual abuse and to file such requests on behalf of the inmate. The facility requires a condition of processing the request that the alleged victim agree to have the request filed on his/her behalf. The alleged victim must personally pursue subsequent steps in accordance with the grievance procedure. When an inmate declines to have the request processed on his/her behalf, the facility documents the inmate’s declination.
Facility policy requires all emergency grievances alleging a substantial risk of imminent sexual abuse to be immediately forwarded to the Inmate Services Administrator. An initial response time of 48 hours must be rendered. The Inmate Services Administrator is required to issue a final decision within five (5) calendar days. Policy requires the response and final decision document whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Evidence Relied Upon:
Policy – Exhaustion of Administrative Remedies – PREA pg. 1-3
Interviews with Staff
Interviews with Inmates

Analysis/Reasoning:
The facility reported there were no inmates who submitted a grievance alleging an imminent risk of sexual abuse in the past 12 months.

The Auditor conducted formal interviews with inmates. The Auditor asked each inmate if they could file a grievance if they felt they were at risk of imminent sexual abuse. The inmates were aware they could file such a grievance. The Auditor asked each inmate interviewed if he/she filed a grievance alleging an imminent risk of sexual abuse. No inmate informed they had done so.

The Auditor conducted formal interviews with random and specialized staff. Staff was asked if the facility allows inmates the opportunity to submit grievances alleging a risk of imminent sexual abuse. The Auditor was informed inmates can submit such grievances. Facility staff understood the procedures for submitting emergency grievances alleging a risk of imminent sexual abuse. Supervisors interviewed by the Auditor were aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse. A review of grievance records reveals no inmate submitted a grievance alleging an imminent risk of sexual abuse.

Conclusion:
Although there were no emergency grievances submitted during this audit period for the Auditor to review, the Auditor determined the facility has appropriate procedures in place for processing such grievances. Facility staff understands those procedures and the inmate population is aware they can submit grievances alleging a risk of imminent sexual abuse. The Auditor reviewed the facility’s policies and procedures and conducted interviews with staff and inmates and determined the facility meets the requirements of this standard.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers,
including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

**115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

**115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ 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:**

The NNSO has a policy to provide inmates with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil or immigration purposes, immigrant services agencies. The policy requires reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible.

The Newport News City Jail informs inmates of the extent to which communications to those organizations and agencies will be monitored prior to giving them access. The policy requires inmates at the NNSO be provided with the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws.
Agency policy requires the facility to maintain Memoranda of Understanding or other agreements with community service providers who are able to provide inmates with confidential emotional support services related to sexual abuse to inmate victims of sexual abuse. Policy requires the Operations Bureau Chief to maintain copies of those agreements or other documentation showing an attempt to enter into such agreements.

**Evidence Relied Upon:**
Policy – Confidential Support Services – PREA 115.53 pg. 1
PREA Brochure
MOU with Sexual Assault Response Team
Interview with Staff
Interview with Inmates

**Analysis/Reasoning:**
The Auditor reviewed a Memorandum of Understanding between the City of Newport News’ Sexual Assault Response Team (SART) and the Newport News Sheriff’s Office. The Sexual Assault Response Team consists of the Newport News Commonwealth Attorney’s Office, Newport News Police Department, Christopher Newport University Police Department, Center for Sexual Assault Survivors, FNE/SANE and/or Trained Health Care Provider, and Newport News Victim Services Unit. The Memorandum of Understanding provides for access to confidential emotional support services through victim advocates for services related to sexual abuse.

The Auditor conducted a formal interview with a victim advocate prior to arriving on site. The representative is familiar with the Memorandum of Understanding with the Newport News Sheriff’s Office. The advocate stated she maintains communication with the facility’s PREA Coordinator. The advocate explained the emotional support services provided by the community provider. The Auditor asked who contacts the provider for services. The advocate informed the SANE will initiate services when requested by an inmate victim during a forensic examination. The Auditor asked if the facility provides a hotline telephone number for inmates to report allegations of sexual abuse. The advocate stated her organization does provide a toll free hotline. Inmates can report allegations of sexual abuse through the hotline anonymously. The Auditor asked if any inmate had called the provided hotline number for emotional support services in the past 12 months. The advocate stated there were only a few telephone calls through the hotline within the past 12 months. The Auditor asked if the representative if the community provider has accompanied an inmate during a forensic examination during the past 12 months and was informed her organization has not been contacted to do such in the past 12 months. The advocate informed the Auditor communications between inmates are maintained confidentially.

When an inmate arrives at the Newport News City Jail he/she is provided a PREA Brochure. The PREA Brochure includes the contact information for the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The PREA Brochure also includes contact information for the National Sexual Assault Hotline, and Victim Witnesses. This information is provided to the inmate by the Booking Officer.
The Auditor conducted formal interviews with inmates. Each inmate was asked if the facility provides them with contact information of a community organization that provides emotional support services to sexual abuse victims. The Auditor discovered several inmates interviewed were unaware of the community support services. The Auditor asked those who were unaware if they were provided the PREA Brochure. They stated they had been provided the information upon booking. When asked if they had read the sheet they informed the auditor they did not. Inmates informed the Auditor they observed information posted in the living unit regarding the community support provider.

The Auditor interviewed on inmate who had been in the facility less than 24 hours. The Auditor asked the inmate if the PREA Brochure had been provided upon intake. The inmate stated the PREA Brochure was provided. Each Inmate interviewed by the Auditor was asked if they think communications between victims and community providers are maintained with confidentiality. Inmates informed the Auditor they believe communications have to be maintained with confidentiality.

At the time of the audit there were no inmates detained solely for immigration purposes.

**Conclusion:**
The facility maintains documentation it provides emotional support services for sexual abuse victims through a Memorandum of Agreement with the Sexual Assault Response Team. Contact information with the organization is provided to each inmate upon booking in the PREA Brochure. The Auditor reviewed the facility's policies and procedures, Memorandum of Agreement, PREA Brochure and interviewed staff and inmates to determine the facility meets the requirements of this standard.

### Standard 115.54: Third-party reporting

**115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:**
It is the policy of the Newport News Sheriff’s Office to accept third-party reports of sexual abuse and sexual harassment. The agencies Third-Party Reporting policy allows third-party reports of sexual abuse and sexual harassment be made by the following:

- Calling or writing Internal Affairs;
- Selecting the “Report Sexual Abuse” link on the agency’s website; or
- Speaking directly with any employee.

The policy requires information on how to report sexual abuse and sexual harassment on behalf of an inmate be made available in the following manners:

- In the Inmate Handbook;
- On the department’s website;
- On informational pamphlets;
- On posters located throughout the Jail, Annex and inmate visiting areas.

A review of the Inmate Handbook reveals the Inmate Handbook did not include information informing inmates how to make a third-party report of sexual abuse or sexual harassment. The Auditor made a recommendation to the facility to either remove “Inmate Handbook” from its policy or update the Inmate Handbook to include third-party reporting information. The Auditor informed the PREA Compliance Manager this standard only requires third-party reporting information be published on the facility’s website.

**Evidence Relied Upon:**  
Policy – Third-Party Reporting - PREA 115.54 pg. 1  
Facility Website  
Inmate Handbook  
Interviews with Staff  
Interviews with Inmates

**Analysis/Reasoning:**  
The Auditor reviewed the Newport News Sheriff’s Office website. The website informs the public how to make a report of sexual abuse or sexual harassment. The public is informed they can make a report by informing a staff member, contacting the PREA Coordinator, calling Victim Witness, or completing the Complaint Form and mailing it to the facility. The address is provided and the telephone number to Victim Witness is provided. Complaint Forms are mailed to the Newport News Sheriff’s Office Chief Deputy. Complaint Forms may also be emailed to the facility and an email address is provided. The website also provides the telephone number for the Internal Affairs department for reporting sexual abuse and sexual harassment.

NNSO staff is required to accept all reports of sexual abuse and sexual harassment, including verbally, in writing, anonymously and by third-party. The Auditor conducted formal interviews with staff and asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all
allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, immediately inform a supervisor, and promptly document the allegation.

The Auditor conducted formal interviews with inmates. Each inmate was asked what avenues were available for inmates to make an allegation of sexual abuse or sexual harassment. During interviews inmates informed the Auditor they could report it to a staff member, submit it in writing, or inform someone from the public to make an allegation for them. Inmates were aware they could make a report anonymously. All inmates interviewed were aware of the toll free PREA Hotline available to inmates. All inmates interviewed understood how to make a third-party allegation of sexual abuse or sexual harassment and most stated they would make such an allegation through the PREA Hotline.

**Conclusion:**
The Auditor found the facility accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the facility’s website how to make third-party reports on behalf of inmates. The Auditor reviewed the facility's policies and procedures, website, and conducted interviews with staff and inmates and determined the facility meets the requirements of this standard.

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### OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

**Standard 115.61: Staff and agency reporting duties**

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes □ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes □ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes □ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes □ No

#### 115.61 (c)
- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes ☒ No ☐

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? Yes ☒ No ☐

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes ☒ No ☐

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? Yes ☒ No ☐

Auditor Overall Compliance Determination

- ☒ Exceeds Standard (Substantially exceeds requirement of standards)
- ☒ 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:
All staff at the Newport News City Jail are required to immediately report, and according to policy, any and all knowledge, suspicion, or information related to the following:

- An incident of sexual abuse or sexual harassment, whether or not it is part of the NNSO;
- Retaliation against inmates or staff who reported such an incident;
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Staff is prohibited from revealing any information related to an allegation of sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions. Staff at the NNSO are required to report allegations of sexual abuse and sexual harassment to the Internal Affairs Manager.

Medical and mental health practitioners at the Newport News City Jail are mandatory reporters of sexual abuse and are required to inform inmates of their duty to report and the limitations of confidentiality at the initiation of services. Practitioners are required to report allegations of victims under the age of 18, or those considered a vulnerable adult under State or local
vulnerable persons statute, to designated State or local services agencies under applicable mandatory reporting laws.

Evidence Relied Upon:
Policy – Staff and Agency Reporting Duties – PREA 115.61 pg. 1
Investigative Reports
Interviews with Medical Professionals
Interview with Mental Health Professional
Interviews with Staff

Analysis/Reasoning:
The Auditor conducted formal interviews with randomly selected and specifically targeted employees of the Newport News Sheriff’s Office. Each was asked if they were required to report any knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff was required to report the information immediately. The Auditor asked each staff member if they were required to report knowledge, suspicion, or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff interviewed informed the Auditor they were required to immediately report such. Each staff member interviewed stated they were required to promptly document any information, knowledge or suspicion of such.

During interviews with staff the Auditor questioned staff to gain an understanding of staff’s ability to maintain confidentiality with any reported information obtained related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, classification, and investigators. Staff understood the facility’s policy requiring them to discuss information with those with a “need to know.” The Auditor asked staff if they discuss the information during shift briefings. Each staff member stated “no.”

The Auditor conducted formal interviews with medical and mental health professionals. Each was asked if they were required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. Each informed the Auditor they were required to report such. The Auditor asked how they report. They informed they immediately report the information to a security staff member and submit a report regarding the information. The Auditor asked each who they report information related to a sexual victimization that occurred in a community setting with. Each informed they do not report without first obtaining written consent from the inmate. The medical and mental health personnel have not had an instance in which they reported information regarding a sexual abuse that occurred in the community during this audit period. Each is well aware of the requirement to obtain written informed consent and to provide the limitation of confidentiality at the initiation of services. Medical staff informed the auditor they report victimization suffered in an institutional setting to security supervisors.

Security and contract personnel interviewed by the Auditor are aware of the requirement to report all allegations of sexual abuse and sexual harassment, including third-party and
anonymous reports. The Auditor conducted an interview with one of the facility’s sexual abuse investigators. The investigator was asked questions regarding third-party and anonymous reports. He informed all allegations are investigated regardless of how they are reported. The Auditor reviewed 3 investigative files. The files reveal allegations are being reported immediately and investigated promptly.

At the time of the audit there were no youthful offenders housed in the facility. The Auditor reviewed the previous 12 months of population reports and discovered no evidence a youthful offender was housed during this audit period.

**Conclusion:**
The Auditor concluded staff is aware of the requirement to report any knowledge, suspicion, or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information. Interviews with medical and mental health practitioners reveal they understand the requirements for reporting sexual abuse and sexual assault which occurred in the community and in a confinement setting. The Auditor reviewed facility policies and procedures, investigative reports, and interviewed staff and medical and mental health professionals and determined the facility meets the requirements of this standard.

**Standard 115.62: Agency protection duties**

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:**
The Newport News City Jail staff is required by policy to take immediate actions to protect an inmate when learning an inmate is at risk of imminent sexual abuse.

**Evidence Relied Upon:**
Policy – Agency Protection Duties – PREA 115.62 pg. 1
Interviews with Staff
Interviews with Inmates
Observations

Analysis/Reasoning:
The Auditor participated in a detailed tour of all facility areas. The Auditor observed multiple male and female living units to ensure an inmate who is at risk of imminent sexual abuse can be housed separately from abusers. The facility has the ability to transfer abusers or victims to the Hampton Roads Regional Jail.

Formal interviews were conducted with facility supervisors. Facility supervisors were asked to explain how inmates are protected when learning an inmate is at substantial risk of sexual abuse. The Auditor was informed the inmate will be moved from his/her living unit and temporarily placed in another while an investigation was being conducted. The investigator and Classification Officer will then be informed.

The Auditor conducted formal interviews with classification staff. Staff was asked how they ensure the protection of an inmate who is at imminent risk of sexual abuse. The Auditor was informed a reassignment of housing would take place. The Auditor asked if any other classification adjustments would be considered. Classification informed programming, work, and educational assignments would be reviewed to ensure the victim will be maintained separately from abusers. Classification stated they would meet with the inmate who alleges an imminent risk of sexual abuse to ensure he/she is maintained safely in the facility.

The Auditor conducted formal and informal interviews with both security and non-security staff members. Each was asked what they would do if they were the first person to gain knowledge an inmate was at risk of imminent sexual abuse. Staff informed the Auditor they would immediately remove the inmate from the population and notify their supervisor. Non-security personnel stated they would immediately notify a security staff member. Supervisors informed the Auditor they would inform classification and the facility investigator to ensure an investigation was conducted.

Interviews were conducted with randomly selected and specifically targeted inmates. The Auditor asked each if they felt safe in the facility. Each stated they do feel safe in the facility. The Auditor asked each if they felt confident in staff’s ability to ensure their protection. An overwhelming majority informed the Auditor they are confident in staff’s ability to protect them. The Auditor asked why those inmates were not confident in staff’s abilities. Several had not been in the facility long enough to form an opinion of staff’s abilities and one stated he informed a staff member of a comment another inmate made to him and nothing was done about it. The Auditor asked each of those inmates if they believe there is at least one staff member they feel confident in and was informed “yes.”

The facility reported no incidents in which facility staff learned an inmate was at substantial risk of imminent sexual abuse. The Auditor reviewed classification records and found no evidence in which an inmate was determined at risk of imminent sexual abuse.

Conclusion:
The Auditor concluded that staff, volunteers, and contractors take appropriate actions to ensure the protection of inmates who are at a substantial risk of imminent sexual abuse. The Auditor reviewed facility policy and procedures, made observations and conducted interviews with staff and inmates to determine the facility meets the requirements of this standard.

**Standard 115.63: Reporting to other confinement facilities**

**115.63 (a)**
- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

**115.63 (b)**
- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

**115.63 (c)**
- Does the agency document that it has provided such notification? ☒ Yes ☐ No

**115.63 (d)**
- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ 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:**
Facility policy requires the Operations Bureau Chief notify the head of the facility or appropriate office of the agency where an alleged sexual abuse occurred upon receiving an allegation that an inmate was sexually abused while confined at another facility. Policy dictates the notification must be documented and take place within 72 hours after receiving the allegation. The Operations Bureau Chief is required to document the notification.

Policy requires the Internal Affairs Manager to ensure an allegation is investigated in accordance with PREA Standard 115.63.

**Evidence Relied Upon:**
Policy – Reporting to Other Confinement Facilities – PREA 115.63 pg. 1

Interviews with Staff

Analysis/Reasoning:
The Newport News Sheriff’s Office reported receiving no notifications from another facility that one of Newport News City Jail’s former inmates alleged being sexually abused while incarcerated at the NNCJ in the past 12 months. The facility reported receiving no notifications from an inmate alleging sexual abuse while incarcerated at another facility in the past 12 months.

The Auditor conducted an interview with the Newport News Sheriff. The Sheriff is aware of his requirement to report allegations of sexual abuse to other confinement facilities within 72 hours after receiving the allegation. Notification to other agencies is made by telephone and followed up with an email. The facility’s policy stipulates the Operations Bureau Chief is responsible for making notification to other agencies. Policy does not stipulate a designee in the event the Operations Bureau Chief is vacant from the facility. The Internal Affairs Manager ensures all allegations received by other facilities are fully investigated.

The Auditor conducted formal interviews with facility staff and contract personnel. Each person interviewed stated they are required to immediately report and document any and all knowledge, suspicion and information regarding sexual abuse and sexual harassment. The Auditor asked each how quickly they are required to report and was informed “immediately.”

Conclusion:
The Sheriff and Operations Bureau Chief fully understand the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff members at the Newport News City Jail understand the department’s requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the facility’s policies and procedures and interviewed staff and determined the facility meets the requirements of this standard.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,
changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The Newport News Sheriff’s Office policy requires the first security staff member to respond to an alleged sexual abuse perform the following steps:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Facility policy requires a non-security first responder to request the alleged victim not take actions that could destroy physical evidence and notify a security staff member.

The Auditor observed the agency’s policy and procedures require the staff first responder to request the “alleged victim and abuser” not take actions that would destroy physical evidence. The requirement of this standard is to “request” the victim not take actions to destroy evidence and “ensure” the abuser not take actions to destroy physical evidence. The Auditor recommended the agency specify such in its policy.
Evidence Relied Upon:
Policy – Staff First Responder Duties – PREA 115.64 pg. 1
Interviews with Security First Responders
Interviews with Non-Security First Responders

Analysis/Reasoning:
The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. Each security staff member was able to articulate an appropriate response which included the above listed actions following an alleged sexual abuse incident. The Auditor asked each how they would ensure the alleged victim and alleged abuser were separated. Staff informed they immediately lock the living unit down and remove the victim and abuser from the living unit. Staff stated they would immediately call for assistance and inform their supervisor.

Each staff member was asked how they ensure the protection of evidence of the crime scene. The Auditor was informed the area would be blocked off and placed under constant supervision until evidence could be processed by the investigator. Staff informed the Auditor a logbook will be maintained to ensure each person who entered the crime scene and any removal of items would become a matter of record.

The Auditor asked supervisory staff to explain who would be allowed in a crime scene following an alleged sexual abuse. Supervisors stated the criminal investigator would be the only person allowed in a crime scene to process physical evidence. Supervisors were asked to explain their response following an alleged sexual abuse. The Auditor was informed they would ensure the alleged victim and alleged abuser were immediately removed from the crime scene and maintained separately in the facility. The crime scene would be secured or a staff member posted to ensure no one enters the scene. Supervisors stated they would send the victim to the medical area for immediate medical treatment. The supervisor would prepare a staff member to transport the victim to the hospital for processing of forensic evidence. Supervisors stated they would then immediately inform the facility Sexual Abuse Investigator. Supervisors were asked if they would ensure the abuser received medical attention and informed the Auditor “yes.”

The Auditor conducted formal interviews with non-security personnel. Each non-security personnel interviewed by the Auditor were asked what actions they take following an alleged sexual abuse. The personnel were able to articulate they would ensure the victim remains with them and immediately inform a security staff member. The Auditor asked each how they ensured the evidence would be preserved. Non-security personnel informed they would request the victim not take actions to destroy any evidence. Non-security personnel were aware of the first responder requests such as not washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Medical personnel at the facility have been trained by Correct Care Solutions how to preserve physical evidence while treating victims of sexual abuse. Medical personnel informed they would first ensure a victim’s immediate medical needs are met. Medical personnel stated they
would request the victim not use the restroom, shower, or take any other actions which could destroy evidence. Staff explained how they attempt to preserve evidence while treating a sexual abuse victim. Medical staff informed they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse.

The facility reported no incidents in the previous 12 months in which first responder duties were performed.

**Conclusion:**
The Auditor determined both security and non-security staff are knowledgeable in their duties as first responders of sexual abuse. The Auditor reviewed facility policies and procedures and conducted interviews with security and non-security staff to determine the facility meets the requirements of this standard.

### Standard 115.65: Coordinated response

**115.65 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **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:**
The facility’s policy requires a written plan, through the “Memorandum of Mutually Developed Protocol for the City of Newport News Sexual Assault Response Team,” that coordinates the actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The Auditor reviewed the facility’s Coordinated Response Plan prior to arriving on site. The facility’s Coordinated Response Plan did not include written actions for medical and mental health practitioners. The Auditor immediately informed the PREA Compliance Manager of the observation. The PREA Compliance Manager responded and ensured the Coordinated Response Plan was corrected to include response actions of medical and mental health practitioners.
Evidence Relied Upon:
Policy – Coordinated Response – 115.65 pg. 1
Coordinated Response Plan
Staff Interviews

Analysis/Reasoning:
The facility has a written Coordinated Response Plan. The plan includes response actions for staff first responders, medical and mental health practitioners, investigators and facility leadership.

During interviews with specialized staff members the Auditor asked first responders, medical and mental health practitioners, investigator, and leadership questioned regarding their duties in response to an alleged sexual abuse incident. Each specialized staff interviewed by the Auditor was knowledgeable regarding their required actions. The totality of responses confirms the facility has ensured appropriate actions are taken in response to an alleged sexual abuse incident and staff has been appropriately trained to respond to such incidents.

Conclusion:
The Auditor determined the facility maintains an appropriate institutional plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of the facility’s policies, procedures, coordinated response plan and interviews with staff, the Auditor determined the facility meets the requirements of this standard.

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ 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:
The Newport News Sheriff’s Office has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The facility’s policy prohibits entering into a collective bargaining agreement or other agreement that limits the facility’s ability to remove alleged staff sexual abusers from contact with inmates. Policy stipulates nothing in this standard shall restrict the entering into or renewal of agreements that govern:

- The conduct of the discipline process, as long as such agreements are not inconsistent with the provisions of PREA standard 115.72 and 115.76; or
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in a staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.

Evidence Relied Upon:
Policy – No Contact with Abusers – PREA 115.66 pg. 1
Code of Virginia
Staff interviews

Analysis/Reasoning:
Virginia Code §40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service.

Interviews with staff reveal the Newport News Sheriff’s Office staff do not participate in collective bargaining agreements.

Conclusion:
The Auditor determined facility personnel do not participate in a collective bargaining agreement. After a review of facility policies, procedures and the Code of Virginia the Auditor determined the facility meets the requirements of this standard.

Standard 115.67: Agency protection against retaliation

115.67 (a)
- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
• Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

• Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

• In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

• If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The NNSO has a policy to ensure the protection of inmates and staff from retaliation who report allegations of sexual abuse, sexual harassment, or those who cooperate with sexual abuse/harassment investigations. Policy names the Professional Standards Bureau and the appropriate Administrator responsible for monitoring retaliation. Agency protection methods required by policy include the following:

- Housing changes
- Transfers for victims or abusers
- Removal of alleged staff or inmate abusers from contact with victims
- Emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations

The appropriate Administrator is required to monitor the conduct and treatment of inmates or staff who reported an allegation of sexual abuse and for inmates who suffered sexual abuse...
for at least 90 days. The monitor is required to act promptly to remedy any such retaliation. The monitor is responsible for determining if there are changes that may suggest possible retaliation by inmates or staff. The retaliation monitor is required to continue monitoring beyond the 90 day period in the event initial monitoring indicates a continuing need. The Newport News Sheriff’s Office requires monitoring of the following:

- Any inmate disciplinary reports;
- Housing or program changes;
- Negative performance reviews; and
- Reassignments of staff.

Any monitoring of staff and inmates who reported or suffered sexual abuse must include periodic status checks from the monitor. The facility places no obligation for staff to monitor retaliation if the Professional Standards Bureau determines an allegation is unfounded.

The NNSO requires the appropriate Administrator to take appropriate measures to protect any other individual against retaliation if such individual expresses a fear of retaliation for cooperating with investigators.

**Evidence Relied Upon:**
Policy – Agency Protection Against Retaliation – PREA 115.67 pg. 1-2
Policy – No contact with Abusers – PREA 115.66 pg. 1
Interview with Retaliation Monitor
Interviews with inmates

**Analysis/Reasoning:**
The facility’s policy includes the requirements of PREA standard 115.66 to ensure inmates and staff is protected from retaliation by staff or other inmates. The facility has specifically named the Professional Standards Bureau and the appropriate Administrator responsible for monitoring retaliation as required by PREA standard 115.67.

The Auditor conducted a formal interview with a staff member responsible for monitoring retaliation. The Auditor asked the staff member to explain what he reviews when performing retaliation monitoring. The Auditor was informed he reviews disciplinary charges, Incident Reports, classification actions, staff evaluations, and duty assignments. The Retaliation Monitor reviews documents maintained in an inmate’s central record file. The Auditor asked the staff member to discuss the process if retaliation is against a staff member. The Auditor was informed the monitor will review shift and post assignments, disciplinary actions, grievances, and evaluations. He also meets with the employee and his/her supervisor and appropriate leadership personnel.

The Auditor asked the Retaliation Monitor what is the maximum amount of time he will monitor for acts of retaliation. The staff member stated the Newport News Sheriff’s Office does not designate a maximum amount of time. The monitoring will continue until the threat of retaliation no longer exists or the inmate or staff member is no longer at the facility. The
Auditor asked the minimum amount of time for monitoring retaliation. The retaliation monitor stated he monitors retaliation for a period no less than 90 days. The Auditor asked the monitor to explain what actions he takes to ensure inmates are protected if he discovers the inmate is being retaliated against. The monitor explained he will recommend housing adjustments, programming assignment changes, and education adjustments, and place disciplinary charges against the person who is retaliating against the inmate. He ensures other support mechanisms are offered to the inmate and/or makes referrals for support services. In the event the inmate cannot be protected at the facility he will recommend a transfer to the Hampton Roads Regional Jail.

The Auditor asked how the monitor ensures the protection of an inmate who is being retaliated against by a staff member. The Auditor was informed the monitor will discuss the staff member’s duty assignments with the Shift Commander to ensure the staff member is not placed in an area where the inmate is housed, attends programs or education. The retaliation will be reported through the chain of command and discipline measures are taken against the staff member when warranted.

The Auditor conducted formal interviews with inmates. No inmate who was the subject of a sexual abuse or sexual harassment incident, or a witness, informed the Auditor he/she was being retaliated against for reporting sexual abuse or sexual harassment or for cooperating with a sexual abuse or sexual harassment investigation.

The Newport News City Jail reported no acts of retaliation against a staff member or inmate were alleged during this audit period.

Conclusion:
The Newport News Sheriff’s Office has appointed a staff member responsible for monitoring acts of retaliation against inmates and staff. The staff member is well educated in his responsibilities for monitoring retaliation. The Auditor reviewed the facility’s policies and procedures and conducted formal interviews with staff and inmates and determined the facility meets the requirements of this standard.

### Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☒ *Exceeds Standard* *(Substantially exceeds requirement of standards)*
- ☐ *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:**
The Newport News Sheriff’s Office has a policy which requires the protection of an inmate who is alleged to have suffered sexual abuse. The policy requires the use of segregated housing be subjected to the requirements of PREA standard 115.43.

**Evidence Relied Upon:**
- Policy – Post-Allegation Protective Custody – PREA 115.68 pg. 1
- Policy – Protective Custody – PREA 115.43 pg. 1-2
- Interview with Segregated Housing Unit Staff
- Segregation Housing Records
- Classification Records
- Observations

**Analysis/Reasoning:**
The Auditor reviewed the agency’s policy regarding the use of segregation housing. The Post Allegation Protective Custody policy states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of POL-PREA 115.43. Agency Policy Protective Custody includes the requirements of PREA standard 115.43 in the case segregation housing is utilized to ensure the protection of a sexual abuse victim.

The Auditor conducted formal and informal interviews with staff who supervise inmates in segregation housing. The Auditor asked if they have supervised an inmate who has been placed in segregation housing after allegedly suffering sexual abuse. Each informed the Auditor they were unaware of an inmate being housed in segregation for that reason. The staff was asked if inmates in segregation housing have access to programs, education, work and other privileges. The Auditor was informed inmates do have access to such, as long as legitimate security concerns allow such.

The Auditor discussed the use of segregation housing with the classification staff. The Auditor asked classification staff if they conduct a review of those placed in segregation after suffering sexual abuse. Classification staff informed the Auditor a review is conducted every 30 days in the event a victim is placed in segregation. The Auditor asked if the inmate is removed from programming, education or work status. The Auditor was informed the inmate can still participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim.

Classification staff informed the Auditor there are multiple housing options available and therefore do not automatically place a sexual abuse victim in segregation for protection. Classification explained other alternatives are explored and segregation is utilized as a last resort. The Auditor was informed there are numerous areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregation housing. Classification also stated they can transfer the abuser or victim to the
Hampton Roads Regional Jail if need be. The Auditor asked if there were any inmates placed in segregation for protection as a sexual abuse victim in the last 12 months. Classification informed there were no inmates placed in segregation for protection as a sexual abuse victim.

The Auditor participated in a detailed tour of the facility, including segregation housing. A review of segregation records revealed there were no inmates housed in segregation for protection as a sexual abuse victim at the time of the audit. The Auditor observed multiple housing areas the facility can utilize to protect male and female sexual abuse victims without having to place the victim in segregation housing.

The facility reported no incident in which an inmate suffered sexual abuse in the previous 12 months. The facility reported there were no inmates placed in segregation housing for protection as a sexual abuse victim in the previous 12 months.

**Conclusion:**
The facility’s policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a thorough review of the facility’s policies and procedures, segregation records, classification records, making observations, and interviewing staff the Auditor determined the facility meets the requirements of this standard.

### INVESTIGATIONS

#### Standard 115.71: Criminal and administrative agency investigations

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<th>115.71 (a)</th>
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<tr>
<td>▪ When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA</td>
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<tr>
<td>▪ Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA</td>
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<th>115.71 (b)</th>
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<tr>
<td>▪ Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No</td>
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- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No
115.71 (j)  
 Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
☒ Yes ☐ No

115.71 (k)  
 Auditor is not required to audit this provision.

115.71 (l)  
 When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The Newport News Sheriff’s Office’s Sexual Abuse Investigators conduct administrative and criminal investigations. The policy stipulates investigations into allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The NNSO requires investigators receive special training to conduct sexual abuse investigations in confinement settings. The policy requires investigators:

- Gather and preserve direct evidence;
- Circumstantial evidence;
- Any available physical and DNA evidence; and
- Any available electronic monitoring data.

Investigators shall also:

- Interview alleged victims, suspected perpetrators, and witnesses;
- Review prior complaints and reports of sexual abuse involving the suspected perpetrator.
Investigators at the facility may only conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for criminal prosecution. Investigators are required by policy to assess the credibility of an alleged victim, suspect, or witness on an individual bases and may not determine credibility on the person’s status as an inmate or staff member. Policy prohibits requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

The facility’s policy requires administrative investigations conducted by the Professional Standards Bureau include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. Policy requires criminal investigations conducted by the Services Bureau be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of documentary evidence where feasible.

The NNSO Sexual Abuse Investigator is required to refer substantiated allegations which appear to be criminal in nature for prosecution. Investigators are required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the NNSO, plus an additional 5 years. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

The Newport News Sheriff’s Office Sexual Abuse Investigators are required by policy to cooperate with outside investigators and to endeavor to remain informed about the progress of a sexual abuse investigation.

At the time of the audit the agency employed 2 staff members who have received specialized training to conduct sexual abuse investigations in confinement facilities.

Evidence Relied Upon:
Policy – Criminal/Administrative Investigations – PREA 115.71 pg. 1-3
Investigator Training Records
Interview with Sexual Abuse Investigator
Investigative Files
Observations

Analysis/Reasoning:
The Auditor conducted a formal interview with the facility’s Sexual Abuse Investigator. The Investigator discussed the procedure he utilizes when conducting an investigation. He starts his investigation with a review of information maintained in the Offender Management System. The Investigator then interviews the victim, perpetrator and any witnesses, including staff witnesses. The Auditor asked what the Investigator is looking for when he reviews information maintained in the Offender Management System. The Investigator explained he reviews criminal history, disciplinary history, looks for any current or past grievances, and any Incident Reports submitted regarding the victim, abuser, and witnesses.
The Investigator informed the Auditor he reviews any video monitoring when available. The Auditor asked the Investigator if he attempts to discover if staff actions or failures to act contributed to any incident. The Investigator stated he does review staff actions or failure to act. The Auditor asked the Investigator to explain the types of evidence he attempts to gather during his investigation process. The Investigator explained he gathers video footage, Incident Reports, Inmate Request Forms, grievances, telephone recordings, staff logs, testimonies, and any other relevant documents and items which could be considered evidence to support his determination. The Investigator explained he begins his investigation efforts as soon as he receives an allegation.

The Auditor observed office areas where the agency’s investigative files are maintained. Investigative files are maintained electronically and in written format. All electronically stored investigative files require a password for access. The computers are located in a locked office. All “hard” copies of investigative files are maintained in a locking file cabinet in a locked office. The Investigator and PREA Compliance Manager explained all investigative files are maintained for a minimum of 5 years after the abuser has been released or a staff abuser is no longer employed with the Newport News Sheriff's Office. The Auditor asked the NNSO Sexual Abuse Investigator if he requires inmates to submit to a polygraph examination at any time during his investigation. He explained the facility does not polygraph inmates who make an allegation of sexual abuse.

The Auditor asked the Sexual Abuse Investigator how he conducts an investigation which is reported anonymously. He stated he conducts the investigation as any other investigation. The Investigator conducts the investigation to the fullest extent and attempts to make a determination. The Investigator continues his investigative efforts even if an inmate is released or a staff member terminates employment during or before the investigation begins.

The facility has received three (3) allegations within the previous 12 months. The Auditor reviewed all 3 investigative files. A review of the files reveals the facility’s Sexual Abuse Investigator gathers evidence, interviews witnesses, victims, perpetrators, and conducts the investigation promptly and thoroughly. The Auditor determined each investigation was conducted objectively. The Auditor did not observe the reason behind credibility assessments included in any of the investigative files reviewed. The Auditor observed investigative efforts to reveal if staff actions or lack thereof, contributed to an incident documented in investigative reports.

The Auditor conducted a review of the NNCJ’s Sexual Abuse Investigator’s training records. Each investigator had received specialized training to conduct sexual abuse investigations in confinement settings. The training seminar attended by each investigator was received as required by PREA standard 115.34 as notated earlier in this report.

No state or Department of Justice component is responsible for conducting investigations in the Newport News City Jail.

**Corrective Action:**
The Auditor determined the facility’s sexual abuse investigative reports did not include the reason behind credibility assessments as required by 115.71 (f) (2). The Auditor met with the Chief of Professional Standards, PREA Compliance Manager, and an Investigator to discuss the finding. The Auditor discussed the requirement to include a written assessment of the credibility of a victim, witness, and perpetrator. The Auditor informed the staff how credibility assessments are accomplished, determined and documented. During the meeting the Auditor informed the investigator it appears he is performing credibility assessments, just not documenting them.

The Auditor provided a sample of an investigative report to include a credibility assessment to the PREA Compliance Manager and Chief of Professional Standards. The Auditor requested the PREA Coordinator send a copy of the next investigative report if an allegation is made before the audit has been finalized. Since a sexual abuse allegation cannot be predicted the Auditor did not implement a corrective action time period for this standard.

**Conclusion:**
Although the investigative reports reviewed by the Auditor did not include the reasons behind credibility assessments, the Auditor determined facility Investigators understand how to conduct a credibility assessment and appear to be conducting them without documentation. The Auditor was informed investigative staff will document the reasons behind credibility assessments in any future reports. The facility received no new allegations from inmates prior to finalizing the audit of the Newport News City Jail. Investigators at the NNCJ are conducting appropriate sexual abuse and sexual harassment investigations. Each Investigator has received the appropriate training to conduct such investigations. The Auditor determined the facility meets the requirements of this standard.

### Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ 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:**

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The Newport News Sheriff’s Office has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Evidence Relied Upon:**
Policy – Administrative Investigations – PREA 115.72 pg. 1
Investigative Reports
Interview with Investigators

**Analysis/Reasoning:**
The Auditor conducted a formal interview with the facility’s Sexual Abuse Investigator. The Investigator was questioned about the meaning of preponderance. The Investigator explained preponderance means – more evidence to support a determination in either finding.

The Auditor reviewed 3 investigative reports. A review of the reports reveals the Sexual Abuse Investigator is utilizing a preponderance to make a determination.

**Conclusion:**
The Auditor was able to determine the Investigator utilizes preponderance as the basis for his determinations. The Auditor reviewed the facility’s policies and procedures, investigative reports, and interviewed an agency investigator and determined the facility meets the requirements of this standard.

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**Standard 115.73: Reporting to inmates**

115.73 (a)
- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)
- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)
- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the
resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ✗ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ✗ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ✗ Yes ☐ No

115.73 (d)

- Following an inmate’s allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ✗ Yes ☐ No

- Following an inmate’s allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ✗ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ✗ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

✗ 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:
The Newport News Sheriff’s Office policy requires inmates be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following
an investigation. If the facility’s Sexual Abuse Investigator does not conduct the investigation he/she is required to request the relevant information from the investigative agency so he/she may inform the inmate at the conclusion of the investigation. Facility policy requires an inmate be notified of actions taken following an allegation of sexual abuse against a staff member (unless the determination was unfounded). Those actions include the following:

- The staff member is no longer posted within the inmate’s housing area;
- The staff member is no longer employed by the NNSO;
- The NNSO learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The NNSO learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

After an inmate alleges another inmate committed sexual abuse against the inmate policy requires the inmate be informed whenever:

- The NNSO learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The NNSO learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy mandates the notifications be documented. There is no obligation to inform an inmate of the above listed actions if the inmate is released from the agency’s custody.

Evidence Relied Upon:
Policy – Reporting to Inmates – PREA 115.73 pg. 1-2
Interview with Investigator

Analysis/Reasoning:
The Auditor conducted a formal interview with the agency’s Sexual Abuse Investigator. The Investigator informs inmates of the results of an investigation at the conclusion of the investigation. The Auditor asked who informs the inmate victim when charges are placed on the abuser or the abuser has been convicted. The Investigator informed the Auditor investigative staff makes those notifications.

There were no inmates incarcerated at the time of the audit who had previously suffered sexual abuse at the facility for the Auditor to interview.

Conclusion:
The Auditor concluded the NNSO informs inmates of investigative findings after the conclusion of an investigation. The Auditor reviewed facility policies and procedures and conducted an interview with a Sexual Abuse Investigator to determine the facility meets the requirements of this standard.
Standard 115.76: Disciplinary sanctions for staff

115.76 (a)
- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)
- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)
- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ 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:
The Newport News Sheriff’s Office staff is subject to disciplinary sanctions up to and including termination for violating the NNSO’s sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Disciplinary sanctions for personnel who have not engaged in sexual abuse but have violated the facility’s sexual misconduct policies are commensurate with the following:
- The nature and circumstances of the acts committed
- The staff members disciplinary history
- The sanctions imposed for comparable offenses by other staff with similar histories

The facility notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that act was clearly not criminal.

**Evidence Relied Upon:**
Policy – Disciplinary Sanctions for Staff – PREA 115.76 pg. 1
Interviews with Staff
Investigative Report

**Analysis/Reasoning:**
The Auditor conducted formal interviews with Newport News Sheriff’s Office staff. Each staff member the Auditor interviewed was aware of the facility’s policy making termination the presumptive disciplinary sanction for engaging in an act of sexual abuse. The agency’s leadership utilizes the facility’s zero tolerance approach and disciplines staff for violating the agency’s sexual abuse and sexual harassment policies. Interviews with command staff reveal the agency will terminate a staff member who engages in sexual abuse with an inmate.

The agency has legal authority to place criminal charges against a staff member who engages in sexual abuse or a criminal act of sexual harassment. Agency staff will notify the Commonwealth’s Attorney following such an incident if the act was clearly criminal. Agency staff stated they would notify the Department of Criminal Justice Services following a criminal act or a resignation which would have resulted in a termination. The Department of Criminal Justice is a licensing agency for Sheriff’s Deputies.

The Auditor asked who would be notified if the staff member was not a Sheriff’s Deputy. The Auditor was informed the Virginia Department of Health Professionals will be notified if the staff person is a nurse, mental health professional, or counselor. Command staff does not notify relevant licensing bodies if an act of sexual abuse or sexual harassment was clearly not criminal. The agency does notify relevant licensing bodies when a staff member terminates employment if that staff member would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

The agency conducted one investigation which determined a staff member violated agency sexual harassment policies. The staff member immediately resigned from the NNSO. The agency reported no staff member violated agency sexual abuse policies in the past 12 months. There was no volunteer or contractor who violated the agency sexual harassment or sexual abuse policies and procedures in the past 12 months.

**Conclusion:**
The Newport News Sheriff’s Office an appropriate policy to ensure personnel who violate sexual abuse or sexual harassment policies are appropriately disciplined and the appropriate agencies are notified. The Auditor conducted a review of the facility’s policies and procedures, investigative reports, and interviewed staff and determined the facility meets the requirements of this standard.

### Standard 115.77: Corrective action for contractors and volunteers

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:**
The Newport News Sheriff’s Office has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with inmates. The facility’s policy is to notify law enforcement agencies and relevant licensing bodies, unless the act was clearly not criminal in nature.

**Evidence Relied Upon:**
Policy – Corrective Actions – PREA 115.77 pg. 1
Interview with Staff
Interviews with Contractor

**Analysis/Reasoning:**
The Newport News City Jail has had no reported incidents in which a volunteer or contractor has engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with contract personnel. Each contract personnel interviewed was aware of the agency’s discipline sanctions for violating sexual abuse or sexual harassment policies.

The facility’s leadership is aware of the requirement to notify relevant licensing bodies following a contractor or volunteer’s participation in sexual abuse. Staff informed the Auditor a contractor or volunteer would be prohibited from inmate contact if determined to have participated in an act of sexual abuse. The facility does not notify relevant licensing bodies if the act committed by a volunteer or contractor was clearly not criminal.

Conclusion:
The Newport News Sheriff’s Office maintains appropriate policies to ensure contractors and volunteers are removed from inmate contact after committing an act of sexual abuse or sexual harassment. The Auditor reviewed the facility’s policy and procedures and conducted formal interviews with staff and contract personnel and made a determination the facility meets the requirements of this standard.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)
- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)
- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)
- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)
- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No
Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The agency’s policy allows staff to discipline an inmate for participating in an act of inmate-on-inmate sexual abuse. Inmates will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the inmate participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt. The agency’s policy allows staff to discipline an inmate for acts of sexual abuse after a criminal finding of guilt. According to facility policy, sanctions following the discipline process must consider the following:

- The nature and circumstances of the abuse committed
- The inmate’s discipline history
- The sanctions imposed for comparable offenses by other inmates with similar histories

The discipline process is required to consider whether the inmate’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. Policy allows for the consideration whether to require the offending inmate participate in mental health treatment as a condition of access to programming or other benefits if medically necessary or appropriate as determined by the mental health services staff.
Facility staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation.

Sexual activity between inmates is prohibited at the Newport News City Jail. Any inmate found to have participated in sexual activity is disciplined for such activity. If sexual activity between inmates is found to be consensual the Newport News Sheriff’s Office personnel may not consider the sexual activity as an act of sexual abuse.

**Evidence Relied Upon:**
- Policy – Discipline Sanctions for Inmates – PREA 115.78 pg. 1-2
- Inmate Handbook pg. 10
- Interview with Sexual Abuse Investigator
- Interviews with Medical Professionals
- Interview with Mental Health Professionals
- Interviews with Inmates

**Analysis/Reasoning:**
The facility reported no incidents in which an inmate had been disciplined for filing a report of sexual abuse or sexual harassment. The Auditor conducted formal interviews with staff. The Auditor asked each if they were aware of an inmate receiving disciplinary charges for filing an allegation of sexual abuse or sexual harassment. No staff member was aware of an inmate receiving charges for such.

The Auditor conducted a formal interview with the facility’s Sexual Abuse Investigator. The Investigator was asked if he has ever disciplined an inmate for filing an allegation of sexual abuse. The Investigator informed the Auditor he has not placed disciplinary charges on an inmate who filed a report of sexual abuse or sexual harassment. The Auditor discovered no evidence which reveals an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment.

The Auditor conducted formal interviews with Correct Care Solutions medical and mental health practitioners. The Auditor was informed counseling and other interventions are offered in an attempt to address and correct underlying reasons or motivations for sexual abuse. The Auditor was informed an inmate’s participation or non-participation in such interventions do not hinder the inmate’s ability to attend programming or other benefits. Mental health personnel stated they do make an attempt to address underlying reasons for perpetrators of sexual abuse.

None of the three (3) inmates who reported an allegation of sexual abuse or sexual harassment within the previous 12 months were still incarcerated at the time of the audit. The Auditor conducted formal interviews with randomly selected and specifically targeted inmates. These inmates were asked if they had been disciplined or have heard of an incident in which an inmate who reported an allegation of sexual abuse or sexual harassment was disciplined for doing such. No inmate reported they were disciplined or knew of an incident in which an inmate who made an allegation was disciplined for doing such.
Conclusion:
The Auditor discovered the facility maintains policies which align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an inmate for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility’s policies and procedures, Inmate Handbook, interviewed staff, medical and mental health contractors, and inmates and determined the facility meets the requirements of this standard.

MEDICAL AND MENTAL CARE

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

115.81 (a)
- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No ☐ NA

115.81 (b)
- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)
- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)
- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)
- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:**

The Newport News Sheriff’s Office policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any inmate who informs staff he/she previously experienced sexual victimization. The policy applies to any inmate who reported whether the abuse occurred in an institutional setting or in the community.

Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

**Evidence Relied Upon:**

Policy – Screenings – PREA 115.81 pg. 1
Inmate Classification Records
Inmate Medical and Mental Health Records
Interviews with Medical Professionals
Interview with Mental Health Professional
Interviews with Inmates

**Analysis/Reasoning:**

The Auditor randomly selected 25 inmate classification records. Of the 25 records reviewed 6 inmates reported previously suffering sexual abuse. None of the 25 had a history of perpetrating sexual abuse. The Auditor reviewed the medical records of the 6 who previously suffered sexual victimization. A review of the 6 medical records revealed all 6 inmates were offered a follow-up meeting with a mental health professional. Three of the six inmate victims accepted the follow up with a mental health professional. The Auditor reviewed the mental health records of the 3 inmates who met with a mental health professional. The longest time elapsed between time of booking and the date of a meeting with a mental health professional was 10 days. A review of the inmate medical records reveals most meet with a mental health
professional the next day. The three inmates had met with the mental health professional numerous times.

The Auditor conducted a formal interview with a mental health professional. The mental health professional informed the Auditor an automatic notification is sent by email when an inmate answers yes to the sexual abuse intake questions. The mental health professional stated inmates typically meet with the mental health professional within days when they request a 14 day follow-up. The Auditor asked who the mental health professional shares information with relating to sexual victimization or abusiveness that occurred in an institutional setting. The mental health professional informed only those who need to know. The mental health professional stated informed consent would be obtained prior to sharing information related to sexual victimization suffered in the community. The Auditor was informed there has been no need to report victimization suffered in a community setting with anyone other than a medical or mental health professional.

The Auditor conducted formal interviews with Correct Care Solutions medical professionals. The Auditor asked who they share information relating to sexual victimization or abusiveness that occurred in an institutional setting with. Medical professionals stated they inform supervisory staff, and those who make treatment and classification decisions. Medical records are maintained electronically through CoreEMR. Each medical and mental health practitioner has an individual username and password to gain access. The Auditor asked medical professionals if they share information related to sexual victimization that occurred in a community setting. The Auditor was informed if there was ever a reason to share that information informed consent would be obtained first. Medical professionals are aware of obtaining informed consent prior to reporting victimization that occurred in a community setting.

The Auditor conducted formal interviews with inmates who reported suffering sexual abuse during the booking process. The Auditor asked each inmate if they were offered a follow-up meeting with a medical or mental health practitioner. Each inmate informed the Auditor they were offered a follow up with a mental health practitioner. The Auditor asked each how long it took before the meeting occurred. Those who accepted the follow up informed the Auditor the meeting occurred within several days.

**Conclusion:**
The Auditor concluded inmates are offered a follow-up with a medical or mental health professional after reporting they have suffered sexual victimization. Medical and mental health practitioners inform only those with a “need to know” of information related to sexual victimization or abusiveness. The Auditor reviewed the facility's policies and procedures, inmate medical and classification records, and conducted interviews with medical and mental health practitioners and inmates. After a thorough review the Auditor concluded the facility meets the requirements of this standard.

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**Standard 115.82: Access to emergency medical and mental health services**

**115.82 (a)**
Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.82 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The Newport News Sheriff’s Office policy requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners. The facility offers inmate victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

Policy requires security staff members to take preliminary steps to protect a victim pursuant to policy when no qualified medical or mental health practitioners are on duty at the time a report
of recent abuse is made. Security staff is required to immediately notify the appropriate medical and mental health practitioners. The facility does maintain 24 hour medical coverage.

**Evidence Relied Upon:**
- Policy – Access to Emergency Services – PREA 115.82 pg. 1
- Interviews with Medical professionals
- Interview with Sexual Assault Nurse Examiner
- Interviews with First Responders
- Staff Training Records

**Analysis/Reasoning:**
The Auditor conducted formal interviews with contracted medical and mental health professionals. Medical and mental health professionals were asked if they feel medical services provided at the Newport News Jail are consistent with a community level of care. Each medical and mental health professional interviewed stated they feel services are consistent with a community level of care and in some cases are better. The Auditor asked if there is ever a time when no medical or mental health practitioner is on duty. The contractors informed there was never a time because they provide 24 hour coverage.

The Auditor was informed inmates receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Auditor asked medical contractors if they offer timely information and access to emergency contraception and sexually transmitted infection prophylaxis to inmates who suffer sexual abuse while incarcerated. The Auditor was informed the information and access is offered to victims. The Auditor was informed information and access to emergency contraception and sexually transmitted infection prophylaxis is offered during the forensic examination. Correct Care Solutions staff will offer access to emergency contraception and sexually transmitted infection prophylaxis if a victim refuses to undergo a forensic examination.

The Auditor reviewed the training records of security staff. All security staff has received training in CPR and first aid in the event first responder treatment is needed. Formal interviews were conducted with Sheriff’s Deputies. The Auditor was informed deputies take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Deputies informed the Auditor they immediately notify a supervisor and medical staff following an incident of sexual abuse.

The Auditor asked contracted medical personnel and deputies if inmate victims of sexual abuse are charged a fee for treatment services related to sexual abuse. The Auditor was informed all services related to sexual abuse treatment are free to inmate victims of sexual abuse. There were no inmate victims of sexual abuse for the Auditor to interview. Interviews with inmates reveal they are aware services related to sexual abuse victimization are offered at no cost to the inmate victim.

The Auditor conducted an interview with the Sexual Assault Nurse Examiner. The SANE informed the Auditor inmate victims are offered timely access to emergency contraception and sexually transmitted infections prophylaxis. The Auditor asked if the inmate victim is billed for
such services. The SANE does not bill the inmate victim for services related to sexual victimization.

**Conclusion:**
The facility provides access to timely and unimpeded access to emergency medical services. Contracted medical personnel provide inmate victims with sexually transmitted infection prophylaxis and emergency contraception. The Auditor reviewed the facility’s policies and procedures, training records, and interviewed staff, medical contract personnel and inmates and determined the facility meets the requirements of this standard.

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

115.83 (a)
- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)
- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)
- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)
- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)
- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)
- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No
Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

115.83 (h)

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Exceeds Standard (Substantially exceeds requirement of standards)
☐ Does Not Meet Standard (Requires Corrective Action)

Auditor Discussion:
The NNSO policy is to offer medical and mental health evaluations and treatment, as appropriate, to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:

- Follow-up services;
- Treatment plans;
- Referrals for continued care following a transfer to, or placement in, other facilities, or release from custody.

The NNSO policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care.

All medical and mental health treatment services are provided to inmate victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Evidence Relied Upon:
Policy – Ongoing Health Care – PREA 115.83 pg. 1-2
Interviews with Medical Professionals
Interviews with Mental Health Professional
Interview with SANE
Interviews with Inmates
Review of Medical Records

**Analysis/Reasoning:**
The Auditor conducted formal interviews with contracted medical and mental health professionals. Mental health personnel do not stipulate a minimum or maximum amount of time they meet with victims and abusers. The Auditor was informed mental health personnel meet with victims and abusers as long as medically necessary. The Auditor asked what services are provided to inmate victims of sexual abuse. Mental health personnel informed the Auditor inmate victims participate in counseling sessions, are referred to the psychiatrist if needed, treatments, follow-up services, and referrals for continued care when needed. The Auditor asked if treatment plans are created for inmate victims of sexual abuse. The Auditor was informed treatment plans are created and followed.

The Auditor asked each medical and mental health practitioner if they feel their services are consistent with a community level of care. The Auditor was informed medical and mental health services are consistent with a community level of care. The Auditor was informed some inmates receive access to mental health services in the jail when they would more than likely be denied access in the community. The Auditor was informed female inmates are offered pregnancy tests and timely and comprehensive information and access to lawful pregnancy-related services after suffering sexually abusive vaginal penetration. Medical personnel informed inmates are offered testing for sexually transmitted infections. The SANE informed the Auditor pregnancy tests are offered to female victims of sexual abuse during the forensic examination.

The Auditor was informed by medical and mental health personnel that inmates are not charged a fee for services related to sexual abuse victimization.

The Auditor conducted formal interviews with 6 inmates who reported suffering sexual abuse in a community setting. The Auditor asked each if they were offered mental health services after reporting the victimization. Each stated they were offered mental health services. A review of the 6 inmates’ medical records revealed three of them participated in services with mental health personnel on an ongoing basis.

There were no inmates incarcerated at the time of the audit who suffered sexual victimization at the facility for the Auditor to interview.

**Conclusion:**
The facility’s medical and mental health personnel offer counseling, treatment, pregnancy testing, sexually transmitted infections testing, lawfully pregnancy related medical services, and make referrals for continued care. The services provided to inmate victims are consistent with a community level of care. The Auditor reviewed the facility’s policies and procedures, interviewed medical and mental health practitioners, medical records, and conducted interviews with inmates and determined the facility meets the requirements of this standard.
## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)
- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)
- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)
- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)
- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)
- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No
Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ 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:
The Newport News Sheriff’s Office policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegations was determined unfounded. The incident review is required to be conducted no later than 30 days of the conclusion of the investigation. The NNSO requires the review team include command staff, with input from line supervisors, investigators, and medical or mental health practitioners. Agency policy requires the review team to conduct the following tasks:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the jail 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.

The agency’s policy requires the review team prepare a report including the team’s findings, determinations, and recommendations for improvement. The Incident Review Team is required to submit the report to the Operations Bureau Chief and the PREA Coordinator. The facility will either implement any recommendations for improvement, or shall document the reasons for not implemented such recommendations.

Evidence Relied Upon:
Policy – Sexual Abuse Incident Reviews – PREA 115.86 pg. 1-2
Incident Review Team Report
Interview with Incident Review Team Member

Analysis/Reasoning:
The Auditor conducted a review of the facility’s incident review process. The facility conducts a review at the conclusion of every substantiated and unsubstantiated allegation. The review team performs the review within 30 days of the investigative finding. The team consists of command staff, line supervisors, investigators, and medical or mental health practitioners.
The Auditor conducted a formal interview with an Incident Review Team member. The team member informed the Auditor the team reviews each alleged incident to identify problems and address concerns to improve the overall prevention, detection, and response efforts of the facility. The team member informed the Auditor they review the area of the incident, discuss the need for policy changes, review the staffing level, and the deployment of monitoring technologies. The Auditor asked the team member if the team considers whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation, or other group dynamics. The Auditor was informed the team does such.

The team meetings are documented in minutes submitted to the Jail Administrator and PREA Coordinator. Each member of the team signs a roster to document proof of attendance. The Auditor reviewed a sample of the Incident Review Team’s documentation practice. The Auditor determined the facility can strengthen its Incident Review Report as the typed report did not include each aspect of the standard. The Auditor discussed the process with the PREA Compliance Manager and provided a sample of an Incident Review Report. The sample provided was a formatted report which would ensure all elements of this standard would be considered when conducting an incident review. After discussions with the PREA Compliance Manager and Incident Review Team Member the Auditor determined the review team is considering the requirements as listed in this standard although the report reviewed by the Auditor was missing some information.

Conclusion:
The Auditor determined the facility is conducting incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The Auditor reviewed the facility’s policies and procedures, Incident Review Team meeting minutes, and conducted an interview with an Incident Review Team Member and determined the facility meets the requirements of this standard.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)
- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ 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:**

NNSO policy requires accurate, uniform data collection for every allegation of sexual abuse utilizing a standardized instrument and set of definitions. The data must be aggregated annually by the PREA Coordinator. Facility policy requires the instrument contain incident data sufficient enough to answer all questions from the most recent version of the United States Department of Justice’s, Survey of Sexual Violence. When receiving the Survey of Sexual Violence the PREA Coordinator is required to submit the previous calendar year’s data to the U. S. Department of Justice no later than June 30th.

**Evidence Relied Upon:**

- Policy – Data Collection – PREA 115.87 pg. 1
- Policy – Definitions Related to Sexual Abuse – PREA 115.6 pg. 1-2
- Agency Website
- Interviews with Staff
- PREA Annual Report
Analysis/Reasoning:
The Auditor reviewed the facility’s 2016 and 2017 “PREA Annual Report” published on the Newport News Jail’s website. The data collected included definitions of the following:
- Inmate-on-inmate nonconsensual sex acts
- Inmate-on-inmate abusive sexual contact
- Inmate-on-inmate sexual harassment
- Staff-on-inmate sexual victimization
- Staff sexual misconduct
- Staff sexual harassment
- Sexual abuse
- Sexual abuse of an inmate by another inmate
- Sexual abuse of an inmate by a staff member, contractor, or volunteer
- Voyeurism by a staff member, contractor, or volunteer
- Sexual harassment

Data reviewed by the Auditor for each report was aggregated from January 1st to December 31st. Both facility reports can be accessed by the public on the Newport News Jail’s website. The Jail does not contract with a private facility for confinement of its inmates as such, is not required to aggregate data collected from a private facility.

The Auditor interviewed staff responsible for collecting and aggregating the facility’s data. Staff informed the Auditor data is collected from investigative reports. Investigative reports include supporting documents such as, Incident Reports, Incident Reviews, Discipline Reports, logbook copies and other supporting documents. The Survey of Sexual Violence was not provided to the Newport News Sheriff’s Office for submission during this audit period.

The Auditor reviewed facility policy which includes definitions sufficient enough to answer questions of the U. S. Department of Justice’s, Survey of Sexual Violence.

Conclusion:
The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the facility’s policies and procedures, website, PREA Annual Report, and interviewed staff and determined the facility meets the requirements of this standard.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes  ☐ No
Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? ☒ Yes ☐ No

115.88 (c)

Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:**
The Newport News Sheriff’s Office policy requires the Operations Bureau to review collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review attempts to:

- identify problem areas;
- Take corrective action on an ongoing basis; and
- Prepare an annual report of its findings and corrective actions.

Policy requires the data review report include the following:
• A comparison of the current year’s data and corrective actions with prior years;
• Provide an assessment of the department’s progress in addressing sexual abuse;
• Must be approved by the Sheriff; and
• Must be readily available to the public through the Sheriff’s Office Annual Report or through other means.

Policy allows the Sheriff to redact specific material from the report when publication would present a clear and specific threat to the safety and security of the facility. Any redactions must be documented in the report to indicate the nature of the material redacted.

Evidence Relied Upon:
Policy – Data Review for Corrective Action – PREA 115.88 pg. 1
PREA Annual Report
Agency Website
Interview with Staff

Analysis/Reasoning:
The Auditor reviewed the Newport News Sheriff’s Office website. The website maintains annual reports which include a review of facility data. Each facility report is accessible through a hyperlink labeled as “Newport News Sheriff’s Office [2015, 2016 or 2017] PREA Annual Report”. The reports published on the facility’s website include data collected and compared from 2015 through 2017.

A review of each PREA Annual Report reveals the agency attempts to discover problem areas within the Newport News Jail based on a review of data collected. The Auditor observed the facility has not documented a problem area discovered in any of its annual reports. There were 3 inmate-on-inmate incidents reported during the 2017 calendar year with 1 staff-on-inmate incident. The 2016 calendar year had 2 total incidents while the 2015 calendar year recognized no reported incidents.

The Auditor discussed the annual reporting process with the PREA Compliance Manager. The PREA Compliance Manager informed the Auditor information for the annual report is derived from investigative reports and reports from the Incident Review Team. Corrective actions are enacted when needed as the Incident Review Team recommends corrective actions when warranted. Any corrective actions taken will be documented in the annual report. When problem areas are discovered agency staff recommend a solution to address the problem area and include the specifics in the annual report.

When the Department of Justice requires the Newport News City Jail to complete the Survey of Sexual Violence report, the Newport News Sheriff approves the agency’s report prior to publishing on the agency’s website. The Auditor did not observe personal information redacted from the annual report as the agency does not include personal identifying information in its annual report.
Conclusion:
The Auditor concluded the Newport News City Jail completes an annual review of collected and aggregated sexual abuse data. The facility's annual report addresses problem areas and corrective actions taken and is approved by the Sheriff prior to publishing on the facility's website. The Auditor reviewed the facility’s policies and procedures, website, PREA Annual Report and interviewed staff to determine the agency meets the requirements of this standard.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)
- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
  ☒ Yes ☐ No

115.89 (b)
- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?
  ☒ Yes ☐ No

115.89 (c)
- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?
  ☒ Yes ☐ No

115.89 (d)
- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?
  ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ 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:
The facility’s policy requires the Professional Standards Bureau ensure sexual abuse data is securely retained. Policy requires the Operations Bureau make all aggregated sexual abuse data readily available to the public at least annually in the annual report or through other means. Policy stipulates personal identifiers will be removed. The Professional Standards
Bureau is required to maintain sexual abuse data for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

Evidence Relied Upon:
Policy – Data Storage, Publication, and Destruction – PREA 115.89 pg. 1
Agency Website
Annual Report
Interview with Staff
Observations

Analysis/Reasoning:
The Auditor conducted a formal interview with a staff member from the facility’s Professional Standards Bureau. The staff member informed the collected data is maintained electronically in a computer database. The Auditor was informed information for the aggregated sexual abuse data is derived from investigative reports.

The Auditor reviewed the facility’s website. The website included annual sexual abuse data collection in an annual report published on its website. The Auditor reviewed the sexual abuse data published on the website and found no personal identifiers within. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. A username and password is required to gain access to the computers utilized by the Professional Standards Bureau.

Conclusion:
The Auditor reviewed the facility’s website, collected data, made observations, and interviewed staff and determined the facility meets the requirements of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)
- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
  ☒ Yes  ☐ No  ☐ NA

115.401 (b)
- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  ☐ Yes  ☒ No
- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
  ☒ Yes ☐ No

115.401 (i)
- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?
  ☒ Yes ☐ No

115.401 (m)
- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
  ☒ Yes ☐ No

115.401 (n)
- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?
  ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ 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:
The Newport News Jail had its first PREA Audit in July 2014. The Audit was conducted within the first year of the 3 year audit cycle. The Newport News Jail operates one facility which was required to have its PREA audit before August 20, 2014 and this audit before August 20, 2017. This Audit was conducted beyond the required date of August 20, 2017.

Evidence Relied Upon:
Previous PREA Audit Report
Facility Tour
Correspondence from Inmate
Interactions with Staff

Analysis/Reasoning:
The Auditor reviewed the facility’s previous PREA report and observed the facility complied with all standards without corrective action initiated. Previous auditors were allowed to access all facility areas, interview staff and inmates, were provided with facility documents and inmates were allowed to communicate confidentially with the auditors through written correspondence. Although the facility conducted this audit beyond the first year of the audit.
cycle, the Newport News Jail is ensuring its facility undergoes a PREA audit during the three-year audit period.

The facility provided the Auditor with a detailed tour of the facility in its entirety. The PREA Compliance Manager and shift supervisors cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area of the facility. Facility staff provided the Auditor with all requested documents, reports, files, video, and other information requested by the Auditor. Facility staff allowed the Auditor distance to allow for privacy while informally interviewing inmates during the facility tour.

On March 12, 2018 the Auditor sent a letter to be posted in all inmate living areas which included the Auditor’s address. The Auditor received 1 correspondence from an inmate prior to arriving on site for the audit. The Auditor observed confidential correspondence notices posted in each inmate living unit. These notices were emailed to the PREA Compliance Manager to post in each living unit prior to the audit. The notices to inmates were posted 6 weeks in advance of the Auditor arriving on site.

**Conclusion:**
The Auditor determined the Newport News City Jail meets the requirements of this standard.

### Standard 115.403: Audit contents and findings

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ 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:**
The agency has published its previous PREA Audit report on its website.
Evidence Relied Upon:
Facility Website
Previous PREA Audit Report

Analysis/Reasoning:
The Auditor reviewed the facility’s website which includes a link for its previous PREA Audit final report. The Auditor accessed the link and reviewed the final report which was submitted January 25, 2015.

Conclusion:
The Auditor determined the agency meets the requirements of this standard.
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission. Auditors are not permitted to submit audit reports that have been scanned. See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Paul Perry 07-10-2018

Auditor Signature Date

1 See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.