

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Augusta Correctional Center			
Physical address: 1821 Estaline Valley Road, Craigsville, Virginia 24430			
Date report submitted: 07/29/2014			
Auditor Information			
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Tel. no.: 954-818-5131			
Date of facility visit: 07/08/2014			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: 804-887-8081			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Agency Information			
Name of agency: Virginia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i>			
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AUDIT FINDINGS

NARRATIVE:

The Augusta Correctional Center was audited on July 8-10, 2014. A review of the pre-audit documents had been conducted prior to the on-site visit. Present during the entrance was Warden Woodson, PREA Manager David Little, PREA Analyst Joseph Banks and other members of the facility staff.

During the entrance tour, all areas of the facility were toured including the Sanitation Shop, Shoe Shop, Tailor Shop, Laundry, Food Service, Housing buildings, Vocational Building, Medical and Visitation. It was noted that throughout the tour the auditor observed that PREA related material was posted, as well as the PREA audit notice was posted in each housing area.

After the tour, a list of selected persons was identified for interviews. This list included select staff and inmates as well as random staff and inmates. A total of 25 inmates and 22 staff were interviewed.

During the three days, specific information was reviewed for compliance with PREA. This included various incident reports, grievances, staff backgrounds, staff orientation and training records, inmate screening tools, and inmate orientation documents.

During this audit, PRC posted a FAQ on the website regarding the searching of transgender and intersex inmates. As this auditor was advised of the procedure to search transgender and intersex inmates in a manner that the PRC has now deemed inappropriate, conversation was held after the audit period to further identify the new procedure that will be used. The auditor was advised that the state agency will convene a work group to identify best practices in this area and begin implementation. It is noted that there have been no identified transgender or intersex inmates held at this facility in the past 12 months.

Many thanks to Warden Woodson for his hospitality; and to PREA Analyst Joseph Parks and PREA Manager David Little who worked closely with the auditor throughout the long days and endless questions.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Augusta Correctional Center is a level 3 secure facility with a capacity of 1222 male inmates which opened in 1986. This facility sits on 841 acres in Craigsville, VA. Housed at this facility are inmates with single, multiple and life sentences.

There are twenty-four housing pods (6 housing buildings of four pods each), of which twenty-three are currently in use. The medical area contains a 4-bed sick call room, as well as 2 mental health segregation units with appropriate cameras that are observed by medical staff. The vocational building contains a gym, program room, Chaplin's office, and two libraries (law and general). Building A/B, C/D and M/N are used for housing. There are designated work areas for the VCE Enterprises. The facility also provides vocational training in Business Software and Application, Custodial Maintenance, and Roofing/Siding Instruction. The administration building is located inside the secure area.

This facility also houses the Virginia Correctional Enterprise Clothing and Shoe Industries. These industries make all shoes and clothing for inmates throughout the state. Additionally, they also make all uniforms for VA DOC staff. A truly massive undertaking that appears well coordinated, and well organized, within the facility.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	3
Number of standards met:	38
Number of standards not applicable:	2
Number of standards not met:	0

Standard**§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

There is a written policy addressing zero tolerance toward sexual abuse and sexual harassment. Policy 038.3 addresses this in detail and was last revised on 2/4/14. This policy outlines the implementation of the agency's approach to the preventing, detecting, and responding to sexual abuse and harassment. Policy 130.1 addresses the rules of conduct between employees and inmates and became effective on 8/2/13. This policy defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions.

Elisabeth Thornton, the state agency PREA coordinator, is in a dedicated position and reports sufficient time and authority to the development and implementation of agency efforts in PREA compliance. She has three regional PREA analysts to provide additional over-site of all state correctional facilities.

David Little, the facility PREA manager, is a Case Manager. He reports 20% of his workload is PREA related and 80% of his workload as case management duties.

Interviews with both Warden Woodson and PREA Coordinator Elisabeth Thornton confirm the Virginia Department of Corrections stand on sexual abuse and sexual harassment and their commitment to enforcing the zero tolerance policy.

Standard**§115.12 – Contracting with other entities for the confinement of inmates****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

There is one contracted prison in the Virginia Department of Corrections. Policy 260.1 identifies that all contracts for the confinement of DOC offenders shall include requirements of the entity's obligation to adopt and comply with PREA standards, as well as provide for the agency contract monitoring to be conducted.

Operated by the GEO Group, Inc. is the Lawrenceville Correctional Center. The last contract amendment was in March 2014 and included a requirement to adapt and comply with PREA standards. Additionally, the contract requires state agency monitoring of PREA compliance. Per conversation with the PREA analysts, this will occur as mock audits each year.

Standard**§115.13 – Supervision and monitoring****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 401.2 requires all facilities shall have a staffing plan that takes into consideration all 11 requirements of the PREA standard; requires documentation and justification of deviations of the plan; and requires an annual review of the existing staffing plan and all post audits. This facility staffing plan identifies assigned posts and emergency/relief posts. Also identified are the six reasons for most deviations of the staffing plan: vacant positions, unscheduled leave, mandatory training, short term disability, scheduled leave and vacant budgetary positions. Deviations are documented on the Duty Roster each day and each shift. The last review of the staffing plan was conducted by Joseph Parks, PREA Analyst and was dated June 6, 2014.

Policy 401.3 addresses the requirement of the Facility ADO's to conduct and document unannounced rounds intermittently during the month. Policy 401.1 addresses staff are prohibited from alerting other staff of supervisory rounds. A review of the logbook entries found that these rounds are conducted at random on all shifts.

Standard

§115.14 – Youthful Inmates

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Youthful inmates are not held at Pocahontas State CC. Per memo from Elisabeth Thornton, dated 2/12/13, all youthful inmates shall be housed at Sussex I State Prison.

Standard

§115.15 – Limits to cross-gender viewing and searches

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 445.1 addresses cross-gender strip searches which are prohibited unless there is an immediate threat to the safe, secure, orderly operation of the facility, and there is no other available alternative. Policy 445.1 addresses the limits of cross-gender frisk searches for female inmates. This does not apply to this facility as this is a male facility. This policy also notes that only medically trained professionals are permitted to conduct body cavity searches. All cross-gender searches shall be documented on an Internal Incident Report as per policy 445.1.

Policy 801.1 notes procedures and practices to enable inmates to shower, perform bodily functions, and change clothing without non-medical staff or staff of the opposite gender viewing, except in exigent circumstances or where viewing is incidental to routine cell checks. This process includes the announcing of opposite gender staff onto the housing unit, as well as documenting the announcement in the central control logbook. A review of the logbook shows documented announcements.

In this facility, a housing unit is defined by the state agency as an area which contains one control center overlooking two pods. Each pod is separate from the other. A notice was posted at each control room door advising that opposite gender staff must ensure their presence is announced prior to entering and that they are to ensure the announcement is logged in the log book.

Policy 720.2 allows only for the identification of the transgender or intersex inmates genital status to be determined through means other than a strip search by non-medical staff.

Policy 350.2 addresses required staff training for cross-gender frisk searches and searches of transgender and intersex inmates. During the audit, no intersex or transgender inmates were housed at this facility. In July 2014, the PRC posted a FAQ on what is not accepted as proper search procedures for these inmates. The Virginia DOC, being proactive, is assembling a task force to research best practices of searching this population and will update their staff training based on their findings.

Standard

§115.16 – Inmates with disabilities and inmates who are limited English proficient

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 addresses the agency’s commitment to provide inmates with disabilities, or who are limited English proficient, appropriate means to participate in all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This commitment prohibits the use of resident interpreters or readers 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 or the investigation of the inmate’s allegations.

The agency has access to information in Braille through the Virginia Correction Enterprises Braille at Fluvanna Correctional Center for Women for blind or low vision inmates. They also have an MOU with Purpose Language for the provisions for Sign Language Translation and Video Remote Interpreting for deaf or hard of hearing inmates.

Signage, orientation, and inmate handbooks are provided in both English and Spanish. The agency would, if necessary, have these documents interpreted into other languages as the need arose.

One interview with an inmate with dyslexia reported that the information provided to his was too small of a font for him to attempt to read. This was discussed with the PREA manager and PREA analyst. They assured the auditor that moving forward a larger font would be used to assist this inmate.

Standard

§115.17 – Hiring and promotion decisions

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policies 030.3, 040.1, 260.1, 101.1, 057.1 and 170.1 address all components of the standard. Policy 030.3 confirms the commitment to not hire or promote any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or has been civilly or administratively adjudicated to have engaged or 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. The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor. This policy also addresses required background screenings to be conducted prior to any new staff having

contact with inmates or before enlisting the services of any contractor who many have contact with inmates. There is a provision for background checks to be completed every five (5) years. As per the HR staff, this practice just began in 2014.

Policy 040.1 and 260.1 confirms the failure of a staff, or a contractor, to report when charged or found liable in any civil or disciplinary proceedings of having engaged or attempted to engage in sexual activity by force as noted in the standard. Additionally they must also report any charges or convictions of a criminal offense or moving traffic violation. Failure to report or material omissions regarding charges or convictions of sexual abuse or sexual harassment is grounds for termination

Policy 101.1 requires employees to complete an Employee Self-Assessment during their annual Performance Evaluation that addresses the above behaviors.

Policy 057.1 requires Virginia DOC to provide information on substantiated allegations of sexual abuse or harassment involving an employee to any institutional employer who provides a written request.

Policy 170.1 allows for the direct questioning of an applicant or employee about previous misconduct.

Hiring and promotions policies and practices include specific interview questions as required by the standard, and has a commitment to not hire or promote any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or has been civilly or administratively adjudicated to have engaged or 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. The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor, prior to any inmate contact an initial background check is completed.

Five year background checks are required to be completed for all staff; however it was discovered during the audit that only one staff had a 5-year background screening completed. Within two weeks, the facility provided documentation that all but 5 of the 344 staff have now had a rescreening completed. Additionally, the agency requires each staff to complete an Employee Self-Assessment form during their annual Performance Evaluation which addresses specific behaviors as described in the PREA standards. The agency reports sustained allegations of a sexual nature to other institutional employers upon request.

Standard

§115.18 – Upgrades to facilities and technology

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility recently underwent a variety of upgrades in order to meet the PREA standards. There were two new cameras installed 6 months ago to address blind areas. Additionally, the facility is slated for an additional \$32,000.00 of camera equipment to address blind areas within the VCE area.

Standard

§115.21 – Evidence protocol and forensic medical examinations

Overall Determination:

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The Virginia DOC is responsible for investigating allegations of sexual abuse. Policy 030.4 requires the use of a uniform evidence protocol that is developmentally appropriate for youth. The Sexual Assault Victim Search/Evidence Collection Protocol shall be followed for all investigations into allegations of sexual abuse.

Policy 720.7 allows for the facility to offer a victim a forensic medical examination that is performed by a SAFE or SANE examiner at no cost to the victim. It also requires a victim advocate to be provided upon request. The agency has an MOU with Action Alliance for the whole state of Virginia that provides for the training of internal victim advocates. Victim advocates are on-call and do not respond to their own work location. Advocates may, as requested, accompany victims at forensic exams, during investigations and may also include follow-up visits or communications with the victim.

Standard

§115.22 – Policies to ensure referrals of allegations for investigation

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 addresses administrative and criminal investigations. The DOC Special Investigations Unit (SIU) conducts administrative and criminal investigations after an internal investigation at the facility level has definitely determined the allegations is not unfounded. SIU have statutory authority to conduct investigations. They will confirm with the Commonwealth Attorney's Office which has the authority to prosecute.

The agency conducts both administrative and criminal investigations. Criminal investigations are conducted through the Special Investigative Unit (SIU), who will confirm with the Commonwealth Attorney's Office regarding prosecution. The auditor reviewed three investigation files. In the first, there was only the statement of the Lieutenant, there was no IIR or investigative notes. In the remaining two files, all paperwork was identified.

Standard

§115.31 – Employee training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires all new staff to receive PREA Orientation which includes all ten items identified in the standard prior to assuming any job duties with a unit.

Policy 350.2 requires annual training of all staff in PREA, which includes all ten items as identified in the standard.

Agency training for employees includes all ten required items of the standard. The facility reports that 100% of the staff have been trained. Staff interviews confirm training and the training topics. It was noted that one of the actual post tests completed by an employee showed a score of 100%, but had failed to answer one of the questions. It is recommended that a system be in place to ensure that all tests are accurately graded.

Standard

§115.32 – Volunteer and contractor training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires all volunteers and contractors that have contact with inmates are trained on their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures. And, at a minimum, will be notified of the zero –tolerance policy and how to report. The agency shall maintain documentation of the training or confirmation of receiving the zero-tolerance policy and how to report.

All volunteers and contractors that have contact with inmates are trained on their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures. And, at a minimum, will be notified of the zero –tolerance policy and how to report. The agency maintains documentation of the training or confirmation of receiving the zero-tolerance policy and how to report. The agency provided signed copies of the training certification for all contractors and volunteers. The contractor interviewed reported receiving the training and a copy of the training was reviewed.

Standard

§115.33 – Inmate education

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 36.3 requires all inmates upon admission be given the *Sexual Assault Awareness and Prevention* brochure (English or Spanish), and that within ten (10) days of arrival shall receive comprehensive education including the video “Speaking Up: Discussing Prison Sexual Assault”. The inmate is required to sign the Training form at the completion of the video and the facility maintains a copy in the inmates Institutional Record.

Policy 810.2 requires all inmates having been transferred to receive a copy of the brochure. If there is no documentation of having received the PREA comprehensive training completed at a prior DOC facility, the facility shall repeat the education with the inmate. Once completed, a copy will be placed in the inmate’s Institutional Record.

All inmates are provided PREA information (Sexual Abuse Brochure) on admission to the facility, as well as a comprehensive education with video within 10 days of their arrival. A review of records found that none of the education took place later than 48 hours after the inmate’s admittance into the facility. Additionally, there is information available throughout the facility in order to keep inmates educated after their admittance into the facility, i.e. posters, handbooks, and brochures. It is recommended, as a large older population is present in the facility, to provide education information in a larger font for ease in reading.

Standard

§115.34 – Specialized training: Investigations

Overall Determination:

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

period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 and 350.2 require SIU investigators to receive additional training regarding PREA; specifically, 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. This is a two and one half day training that covers all material as required and additional material. Additionally, this training covers not only PREA investigative courses, but all PREA standards.

SUI Investigators and the facility PREA investigator have completed a 2 - 1/2 day training as required by standard and that is documented. Based on an interview with the investigator and a review of three investigations, it was recommended that additional mentoring and training be provided. The investigator received the same from Pocahontas State CC in the areas of PREA master index sheets, file organizations, response letters, internal incident reports, interviewing techniques, retaliation reviews, documentation of notification e-mails, PREA spread sheet (documentation of complaints), audit folders, and National PREA Resource Center/BJA PREA compliance audit tools.

Standard

§115.35 – Specialized training: Medical and mental health care

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires medical and mental health care practitioners to receiving training mandated for employees or for contractors and volunteers depending upon the practitioner's status.

Policy 701.1 requires all full and part-time medical and mental health staff work with regularly in DOC receive specialized training in the detection and assessment of signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional response to sexual abuse and sexual harassment victims, and the reporting of allegations or suspicions of sexual abuse and harassment. Training sign-in sheets confirm training.

All medical and mental health practitioners have received initial mandated training based upon contact with inmates. Specialized training is also completed and documented. No forensic examinations are conducted on site. These are conducted at the hospital.

Standard

§115.41 – Screening for risk of victimization and abusiveness

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 810.1 requires an initial assessment be completed within 72 hours by the reception center staff. That any inmate who scores as a High Risk Sexual Victim (HRSV) and/or High Risk Sexual Aggressor (HRSA) be referred to the facility Senior QMHP for follow-up. The policy also requires a 30-day reassessment based upon any additional and relevant information that may have been received. This policy identifies that sensitive information is not disseminated outside of the persons

who are identified in policy and that no inmate will be disciplined for refusing to answer questions or for not disclosing complete information. Policy 810.2 mirrors 810.1 in these areas for transferred inmates.

Policy 730.2 identifies that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. When identified as HRSV or HRSA, the QMHP will meet with the inmate within 14 days of identification as HRSV or HRSA to notify inmates of available medical and mental health treatment and programming that is available.

Policy 861.1 requires any inmate convicted of a sexual assault and any victims shall be referred to their Counselor for reassessment of the inmate's risk of sexual victimization or abusiveness.

The screening tool considers all identified criteria as per the standard with the exception of civil immigration purposes. Virginia DOC does not hold ICE inmates. The agency uses a scoring system to identify a known victim, potential victim or a non-victim, as well as a known sexual aggressor, potential sexual aggressor or a no current indicator of sexual aggressor. The initial screening considers prior acts, convictions and history of prior institutional violence or sexual abuse for HRSA, and all other required components of the standard for HRSV classification.

A review of 10 files on-site indicated that 2 were not completed within the 72 hours. The agency was asked to provide additional information on prior admissions before the end of the initial 30 day report. Received on July 24, 2014, of the past 63 admissions only 33 were completed within the 72 hours (52%). Of the inmates admitted since the on-site audit 14 screenings of the 18 admitted were conducted within 72 hours (77%). Of the inmates admitted in the last week, four out of 5 received the appropriate screening within 72 hours (80%). Based on the figures provided above, it is clear that the facility has now created systems to ensure that all screening is completed within 72 hours and as such meets the requirements of the standard.

Identification of HRSV or HRSA is determined through an objective screening tool. For HRSA, the PREA Coordinator stated that *the automatic HRSA trigger question is "Does the offender have a history of institutional sexual disciplinary offense." Additionally, the questions "regardless of conviction; history of any physical or sexual violence within past 10 years", what is "The most serious current offense for classification (1st question/the system does pull from listed offense, is current offense assaultive, is current offense sexual in nature" are all weighted in the determination of classification for HRSA.*

Standard

§115.42 – Use of screening information

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 425.5 identifies the steps taken by the facility to utilize the Classification Assessment as a tool to make individualized determinations of housing and bed assignments while keeping the goal of separating high risk victims from high risk sexual aggressors. This policy also addresses the placement of transgender or intersex inmate on a case-by-case basis keeping in mind the inmates views to their own safety as well as the safety of the facility.

Policy 730.2 requires mental health staff to conduct 6 months reviews of any transgender or intersex inmate to ensure appropriate housing and programming is in place.

Policy 841.2 identifies the steps for work placement by the Work Program Assignment Reviewer for inmates who are identified as HRSA or HRSV.

Policy 038.3 addresses transgender and intersex inmates being allowed to shower separately from other inmates.

Cell assignment is made using the VACORIS system which allows for the identification inmates with similar criminal and institutional histories to be seen side by side on the computer screen. Housing decisions are made by the cell assignment committee.

There is also a Gender Identity Disorder Committee that makes housing decisions for transgender or intersex inmates; decisions are based strictly on the inmate's view of their safety and the safety of the facility. At the time of the audit, there were no identified transgender or intersex inmates at Augusta CC.

Standard

§115.43 – Protective Custody

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 425.4 allows for special housing for inmates who are identified as HRSV or who alleged to have suffered sexual abuse with the victims consent, unless there are no other alternative means of separation from likely abusers. The facility may hold an inmate only up to 24 hours in special housing only if an assessment was not completed immediately upon arrival or new information obtained.

Policy 830.5 allows for HRSV or offenders alleged to have suffered sexual abuse be placed in segregation with their consent, unless there are no other alternative means of separation. The placement of an inmate under this policy requires clear documentation of the basis and normally would not extend beyond 30 days. Reviews by mental health staff of inmates under this policy are done weekly for 8 weeks, and then every thirty days if needed.

Policy allows for special housing for inmates who are identified as HRSV or who alleged to have suffered sexual abuse with the victims consent, or when there is no alternative placement available to separate the victim from the subject. Interviews with inmates indicate that reporting abuse leads to segregation; however this is a perception. The agency is removing the victim from the area to ensure the safety of the reporter and in order to conduct an investigation. According to the auditor's interview with Warden Woodson, an inmate who reports sexual abuse or sexual harassment would be moved to segregation for the victim's protection while an investigation is on-going. There was some discussion of the stopping of regular programming for victims while in segregation. This should be addressed at the facility level to ensure that in fact regular programming, as is possible, is continued or there is documentation as to why it cannot be continued.

Standard

§115.51 – Inmate reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 038.1 identifies staff accepts allegations of sexual abuse or sexual harassment that are made verbally, in writing, anonymously, and from third parties and shall prepare an Internal Incident Report.

Policy 801.6 offers the inmates the use of the Offender Request where a report of sexual abuse or sexual harassment and retaliation by other inmates or staff can be reported privately.

Policy 803.3 identifies that inmates have the ability to use a dedicated hotline when the inmate telephones are available by dialing #55.

Policy 866.1 identifies the Offender Grievance Procedure is one of the internal methods available for inmates to privately report sexual abuse/harassment, retaliation or staff neglect/violation of responsibilities.

The facility accepts multiple ways for inmates to report sexual abuse or sexual harassment which includes an Offender Request, Offender Grievance, or the Hotline. There is a MOU established with Action Alliance which allows inmates to dial #55 on the inmate phones and privately and anonymously report to an outside agency. Contact with Action Alliance was made and the auditor was informed that all calls are then forwarded back to the state agency PREA Coordinator's office for follow-up only if agreed upon by the caller. Action Alliance staff did report that they maintain a list of calls that is provided quarterly to the state agency. During interviews, both staff and inmates confirmed that the various methods of reporting are known, including contacting the outside abuse agency, and allegations are responded to as identified in policy.

Standard

§115.52 – Exhaustion of administrative remedies

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 866.1 addresses the all components of the PREA standard regarding exhaustion of administrative remedies. The policy addresses: staff are not to respond to grievances written about them; inmates are not disciplined for filing in good faith; an informal complaint process is not required prior to filing a grievance; and there is no time limit on grievances regarding an allegation of sexual abuse. The grievance system allows for third-party reporting and assistance in completion of grievance paperwork. Responses to regular grievances are based on level. The total time allowed for the final agency decision is 70 days (Level 1 – 30 days; Level 2 – 20 days; Level 3 – 20 days) with an extension of a 30 day period at each level that requires the inmate be notified of the delay.

The policy also addresses emergency grievances for alleging a substantial risk of imminent sexual abuse. The policy requires notification to both the Facility Unit Head and the PREA Compliance Manager. A first response within eight (8) hours is expected from the ADO or Shift Commander.

Inmates have access to both the grievance system and the emergency grievance system without stipulations of using the informal process first. Grievances are not turned into nor answered by a staff who is the subject of the grievance. Grievances are handled within required timeframes. Emergency grievances of a substantial risk of imminent sexual abuse are addressed within eight (8) hours. All delays of the responses required documentation. Third party persons are allowed to assist.

Standard

§115.53 – Inmate access to outside confidential support services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

The agency has an MOU with Action Alliance to provide confidential support services. Information for inmates is provided through brochures which list the mailing address and two phone numbers (800 number and #55). The handbook identifies monitoring of these through the description of telephone calls and mail; and instructions on how to call them on the phone is posted in each pod.

Standard

§115.54 – Third-party reporting

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency offers four ways of third-party reporting of sexual abuse and sexual harassment. The Virginia DOC website identifies the e-mail of the director for electronic correspondence, the e-mail of the PREA Grievance Office for electronic correspondence, a phone number to the Confidential Reporting Hotline, and forms in both Spanish and English that can be printed, filled out and mailed. Inmate and staff interviews note that they are aware of third-party reporting.

Standard

§115.61 – Staff and agency reporting duties

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 38.1 requires all employees, volunteers or contractors to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation for reporting or staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. This policy also addresses the prohibition of revealing information to a person who is not a part of investigation, treatment or management of the particular incident or victim/subject.

Policy 720.2 requires all medical and mental health professionals at initiation of services to disclose their duty to report and the limitations of confidentiality.

Policy 030.4 requires that all allegations of sexual abuse and sexual harassment be reported to the facility designated investigator for initial investigation and notification to the PREA analyst.

All employees, volunteers or contractors to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation for reporting or staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. The policy addresses confidentiality of the information and with whom information may be shared.

Standard

§115.62 – Agency protection duties

Overall Determination:

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

period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 425.4 requires immediate referral and consult with the Facility Unit Head regarding action to be taken when an inmate is at substantial risk of imminent sexual abuse or further victimization.

The agency has in place steps to take in the event an inmate is at substantial risk of imminent sexual abuse or further victimization including mental health consult and the Facility Unit Head to determine housing interventions or other actions as identified. It is clear through interviews with both the Warden Woodson and inmates that the agency will immediately relocate a potential victim. There were no instances of this policy being implemented during the past 12 months.

Standard

§115.63 – Reporting to other confinement facilities

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 requires the Facility Unit Head to ensure an investigation is initiated when an inmate reports prior sexual abuse at another facility.

Policy 038.3 requires the head of the facility to immediately notify the head of the facility or the appropriate office of the agency when an alleged prior abuse had occurred.

The policies meet the requirement of the standards in regards to reporting prior institutional sexual abuse to the facility head or appropriate office of the agency when identified. There was one reported prior victimization at this facility in the past 12 months.

Standard

§115.64 – Staff first responder duties

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 identifies steps to be taken immediately when there is an allegation of sexual abuse that includes separating the victim from the subject, preserving and protecting the scene, and ensuring both the victim and the subject do not take any actions that could destroy physical evidence upon their bodies.

Policy 075.1 identifies the presence and use of the facility specific checklist that details out steps for any responder to include the above noted steps and further includes moving the victim to the medical department for assessment and treatment and to notify mental health. If the first person to respond is not a trained first responder, they are to protect and separate the victim from the subject and notify administration.

Policies detail all required steps of the standard. A facility specific checklist is available that includes all steps identified

above, as well as notification requirements to the investigator, Unit Head, ADO, the taking of photographs and transport to local hospital for forensic evidence collection. This check list identifies those persons responsible for specific tasks and requires each person to sign off that the task has been completed. Staff interviewed are aware of the necessary steps for responding to an allegation of sexual abuse.

Standard

§115.65 – Coordinated response

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 075.1 details the presence and use of the facility specific checklist for responding to an allegation of sexual abuse.

The facility has a Sexual Assault Checklist that details all the steps to be taken in the event of an allegation of sexual assault. Additionally, the facility has a PREA Management Plan that is specific to the facility that details all steps to be taken in the event of an allegation of sexual assault. Staff interviewed are aware of the necessary steps for a coordinated response.

Standard

§115.66 – Preservation of ability to protect inmates from contact with abusers

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Collective bargaining in Virginia is prohibited by §40.1-57.2.

Standard

§115.67 – Agency protection against retaliation

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 075.5 identifies the Crisis Response Team as the emotional support service for staff who fear retribution or retaliation for reporting or cooperating with sexual abuse or sexual harassment investigations.

Policy 130.1 provides protection measure for inmates and staff who report sexual abuse or sexual harassment or who cooperate with an investigation or who may fear retaliation by other inmates or staff.

Policy 038.3 provides multiple protections measures that mirror the standard, as well as monitoring of the conduct and treatment of offenders or staff who have report sexual abuse or cooperated in an investigation each month for 90 days, or longer if necessary. This policy also includes the requirement of periodic status checks for inmates.

The agency has identified services, protections, and monitoring for any staff or inmate who reports sexual abuse or sexual harassment, or who cooperates in an investigation. The Facility PREA Manager is the designated person to conduct monitoring. There is a log to be completed for all monitoring that includes the name, date of incident, and dates monitored. Monitoring is to be for a minimum of 90 days and shall occur every 30 days. If an inmate or staff leaves the facility, there is a comment section. I would recommend that the date the inmate or staff left the facility be included in this area to better determine if monitoring was conducted until their departure from the facility. There were no instances of reported retaliation in the past 12 months.

Standard

§115.68 – Post-allegation protective custody

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 830.5 provides provisions for the use of segregation only in the event that the victim requests or that it has been determine that there is no other available means of separation from the likely abuser. Any use of segregation for this purpose requires an Institutional Classification Authority Hearing report which documents the details of reasons for the use of segregation. This policy limits the use of segregation for this purpose to not ordinarily exceed 30 days. Additionally, mental health will recommend appropriate release from segregation or transfer to a Protective Custody Unit.

Policy 425.4 requires the use of a Special Housing Review Report for any inmate placed in segregation that continues to be maintained in this unit. In addition, the segregation area may be used for no longer than 24-hours in the event that a moved is deemed necessary prior to an assessment being completed.

The agency has a method of providing post-allegation protective custody that may use segregation as an intermediate tool pending release or transfer to a Protective Custody Unit. A memo is provided that states the use of segregation for a victim of sexual abuse or HRSV has not been used to date.

Standard

§115.71 – Criminal and administrative agency investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 identifies that allegations of sexual abuse and sexual harassment are investigate by the agency internal SIU investigators who have receive specialized training; and that such investigations shall be conducted promptly, thoroughly, and objectively. This policy also details the collection of evidence, interviews with alleged victim and suspected perpetrators and witnesses and shall review prior complaints and report involving the same suspected perpetrator. The policy also addresses credibility of the alleged victim, suspect or witnesses and includes that all efforts are documented in a written report. Those allegations where the investigation identifies potential criminal conduct shall be referred for prosecution. It also addresses the departure of the alleged abuse is not a reason to stop the investigation.

The policy complies with all aspects of the standard. There is a system in place to conduct investigations of sexual abuse and sexual harassment once identified by the Facility PREA Investigator. The Facility PREA inspector (FPI) reported that

there is currently no system of reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator. The facility upon notification assigned the FPI a mentor who provided additional PREA training. A memo from the Warden assures that there have been no cases referred to the SIU.

Standard

§115.72 – Evidentiary standards for administrative investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 130.1, 135.1 and 861.1 state that a preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt in an investigation.

The policies meet the requirement of the standard. The Facility PREA Investigator stated the same.

Standard

§115.73 – Reporting to inmate

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 requires the SIU to notify the Facility Unit head as to the determination of any allegation.

Policy 038.3 requires that at the conclusion of an investigation the investigator in charge shall inform the offender as to the determination using the Offender PREA Allegation Letter, and requires notification of certain information if the allegation was against staff or another inmate as per the standard.

There were 14 investigations where criminal and/or administrative investigations were completed. A random sampling of these investigations found a copy of a letter addressed to the inmate with the final ruling. I would recommend that the facility obtain the signature of the inmate, if they are still at the facility, to further show compliance with policy and PREA standard.

Standard

§115.76 – Disciplinary sanctions for staff

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 130.1 details consequences of staff and inmate relationships. In the event of sexual misconduct, termination is the presumptive disciplinary action for those who have engage in sexual abuse. Additionally, if the staff resigns before conclusion and eventual termination, the incident shall be report to any relevant licensing bodies and law enforcement agencies, unless the activity was clearly not criminal.

Policy 135.1 advises staff of the requirement for any violation of the sexual abuse or sexual harassment policies to be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal.

The agency policies comply with the PREA standards. One file was reviewed where staff showed poor judgment in making sexual harassing remarks to another staff. This staff was disciplined; however it is noted that there were 9 staff that had either been terminated or resigned prior to termination in the past 12 months.

Standard

§115.77 – Corrective action for contractors and volunteers

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 027.1 details possible grounds for volunteer dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally, allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer.

Policy 130.1 details possible grounds for volunteer or contractor dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally, allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

The agency policy meets all of the requirements of the standard in regards to corrective action for contractors and volunteers. A memo provided by the Warden assures that there have been no instances of a volunteer or contractor dismissed under this standard.

Standard

§115.78 – Disciplinary sanctions for inmates

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 820.2 requires inmate who are found guilty of a disciplinary or criminal offense for sexual abuse shall be offered therapy, counseling or other interventions if they are offered at the facility. Offenders that do not comply with required services as noted previous shall be charged in accordance with Policy 861.1 or .2.

Policy 861.1 details the Disciplinary Hearing Procedure that encompasses the requirements of the standard in full. There is consideration given based on the identification of any mental disabilities or mental illness and the requirement of participation in various therapy or counseling sessions. Should the investigation find that an unfounded allegation was made on good faith, the inmate cannot be disciplined. All findings of consensual sexual contact between an inmate and a staff member shall not be disciplined.

The policies contain all requirements of the standard. A memo from the Warden as assured that there have not been any inmate on inmate sexual abuse or inmate on staff sexual abuse reported that required disciplinary sanctions for inmates.

Standard

§115.81 – Medical and mental health screenings; history of sexual abuse

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 730.2 identifies the process for the QMHP to follow up with an inmate who is identified as HRSA or HRSV during the assessment. Any information obtained during the screening related to a sexual victimization or abusiveness that occurred in an institutional setting is limited to those staff necessary to direct treatment plans and security and management decision. Additionally, all practitioners are required to obtain informed consent from inmates before reporting information about a prior sexual victimization that did not occur in an institutional setting.

The policies meet all requirements of the standard including the need for follow-up referrals, privacy of information, and informed consent. Interviews with specialized staff confirm the requirement for informed consent. Samples reviewed showed that QMHP follow-ups were conducted within 48 hours of referral and are well documented.

Standard

§115.82 – Access to emergency medical and mental health services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 075.1 requires that if no medical or mental health staff is on duty when there is an allegation, that the first responders shall take preliminary steps to protect the victim and contact the facility's designated medical and mental health practitioner.

Policy 720.4 requires emergency services to be provided regardless if the victim identifies the subject or cooperates with any portion of the investigation.

Policy 720.7 provides for emergency services in a timely, unimpeded manner; as well as the requirements for emergency contraception and STD treatment. All of this is offered at no cost to the inmate.

All agencies policies provide for the requirements of this standard. There are provisions in place additionally to address any needs at a later date as per the interview with medical staff. A memo from the Warden reports no emergency medical or mental health services was needed due to any substantiated cases of rape.

Standard

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

Overall Determination:

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

period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 720.7 requires the medical and mental health evaluation and treatment, as appropriate to all inmates who have been victimized in any institutional setting. This shall include assessment, treatment plans, follow-up services and referrals. These services shall be provided at a level consistent with community care. Victims of sexual abuse while incarcerated shall be offered STD testing and treatment as appropriate. All treatment services offered under this policy shall be free of charge to the victim regardless of the identification of the perpetrator or cooperation in any investigation.

Policy 720.4 addresses the requirement that all emergency and ongoing treatment for victims of sexual abuse while incarcerated shall be offered free of cost to the victim.

All policies address the components of the standard. Interview with medical and mental health staff indicate that these services are available at no cost to the inmate. The Sexual Assault Response Checklist is used for allegations of abuse at the housing facility includes a referral to the mental health staff for evaluation. Additionally, the Sexual Assault Assessment is completed by the QMHS and details the necessity of further services and treatment as identified during the evaluation. A memo from the Warden indicates that there have been no reported sexual assaults at Augusta CC in the past 12 months.

Standard

§115.86 – Sexual abuse incident reviews

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 038.1 requires a Review Team shall be conveyed to review all instances of sexual abuse and sexual harassment. The review shall begin as soon as possible after completion of the investigation, and a formal report shall be submitted within seven days. The policy addresses members of the review team and the specifics as required by the standard.

The policy addresses all requirements of the standard. There is a specific form, Report of Incident Review, which is required to be completed and contains all elements of the standard. One incident was reviewed that was alleged improper strip searches. The outcome found was that staff were not consistent in following procedure and therefore there was a belief that those who conducted searches per procedure were actually being inappropriate. The report recommends on-going monitoring of staff for appropriate compliance with the facility search procedures. An additional recommendation was to educate inmates in regards to the policy so they understand the procedure. This report was completed within the 30 day time limit. It is recommended that the close date of any investigation be added to the form in order to ensure adherence with the 30 day time frame.

Standard

§115.87 – Data collection

Overall Determination:

X Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 addresses the collection of accurate and uniform data for every allegation of sexual abuse at facilities under their direct control. The collection shall also include any privatized facility that is contracted by the agency.

The state agency collects information from all facilities regarding allegations of sexual abuse utilizing a standardized instrument. This system for collection of information is used to assist in the preparation of the DOJ Survey of Sexual Violence as well as assisting the agency in addressing trends and the need for corrective action.

Standard

§115.88 – Data review for corrective action

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 identifies a data review process with corrective action. The review includes identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings and corrective actions for each facility – and as a whole for the agency. Policy requires a comparison of the current data with prior years, and that this report is made public through the agency website. Redaction of certain information is made along with a statement about the nature of the material redacted.

The policy addresses all requirements of the standard, including identification of corrective actions for each facility as well as the agency as a whole. This report is available on the agency website. The auditor reviewed the current 2013 report on the website and found that the corrective action identified for Pocahontas State CC was indeed corrected at the facility and was observed by the auditor.

Standard

§115.89 – Data storage, publication, and destruction

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 025.3 addresses retention of records for 10 years after the date of the initial collection and that data must be under the direct control of the agency.

All indicators are that the data collected is maintained with the direct control of the agency and that records are maintained for the appropriate number of years.

AUDITOR CERTIFICATION:

The auditor certifies that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Bebbi Pehlman-Rodgers
Auditor Signature

07/30/2014
Date