

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 22, 2017

Auditor Information			
Auditor name: Alton Baskerville			
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Email: abville42@aol.com			
Telephone number: 804-980-6379			
Date of facility visit: May 2, 2017			
Facility Information			
Facility name: Caroline Correctional Unit #2			
Facility physical address: 31285 Camp Road Hanover, Virginia 23069			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 804-994-2161			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Donald Wilmouth, Superintendent			
Number of staff assigned to the facility in the last 12 months: 47			
Designed facility capacity: 144			
Current population of facility: 137			
Facility security levels/inmate custody levels: Level 1			
Age range of the population: 20-72			
Name of PREA Compliance Manager: April Spencer		Title: Lieutenant	
Email address: April.Spencer@vadic.virginia.gov		Telephone number: 804-499-3043	
Agency Information			
Name of agency: Virginia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 6900 Atmore Drive, Richmond, Virginia 23225			
Mailing address: <i>(if different from above)</i> P.O.Box 26963, Richmond, Virginia 23261-6369			
Telephone number: 804-674-3119			
Agency Chief Executive Officer			
Name: Harold Clarke		Title: Director	
Email address: Harold.Clarke@vadic.virginia.gov		Telephone number: 804-887-8081	
Agency-Wide PREA Coordinator			
Name: Rose Durbin		Title: PREA/ADA Supervisor	
Email address: Rose.Durbin@vadic.virginia.gov		Telephone number: 804-887-7921	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of Caroline Correctional Unit #2 (CCU#2) was conducted on May 2, 2017. The audit team consisted of Lead Certified PRE.A Auditor Alton Baskerville, and Assistant Phyllis Baskerville, who retired as warden from the Virginia Department of Corrections in January, 2014.

The audit team wishes to thank Superintendent Wilmouth and his staff for their hospitality, professionalism, and cooperation shown us during our stay at the facility. The team was impressed with their ability to provide additional documentation in a timely manner when requested.

The audit team would like to thank Rose Durbin, PREA/ADA Supervisor, Lawanda Long, Regional PREA Analyst, and April Spencer, PREA Compliance Manager for their hard work in preparing the facility for a successful audit. We found audit documentation to be thorough and easily assessable.

On March 8, 2017 the auditor provided the facility a PREA Audit Notice to be posted throughout the facility where the offenders could have access to it. The notice had my name and contact information for offenders to contact me prior to the May 2, 2017 onsite audit. I instructed the facility to keep the notice posted at least six weeks after the May 2nd audit date. The audit notice was posted at CCU#2 on March 9, 2017. As of the date of this report, I have not received any communications from offenders at the facility. The audit notices were posted throughout the facility on the day of the audit.

I received the Pre-audit Questionnaire, policies and procedures, and relevant information concerning the operation of CCU#2 four weeks prior to the May 2, 2017 audit date. I did not have any questions prior to the onsite visit. I forwarded a tentative schedule of the audit weeks prior to the audit.

An entrance meeting was held at 9:00 A.M. in the administration conference room. The following persons were present: Superintendent Wilmouth, Major Merritt, Lt. April Spencer, Lt. J. Harris, Sgt. Maldonado, Rose Durbin, Lawanda Long, Jane Packett, RN, Ms. Wiseman, counselor, Ms. Islam, counselor, Deborah Childress, Fiscal Tech., and Robert Mundie, Buildings and Grounds Supervisor.

After the entrance meeting, I was escorted on a tour of the facility. Auditor Phyllis Baskerville began interviewing staff and inmates in a private office near the entrance to the housing unit. The tour lasted approximately an hour. We visited the housing unit which had two bays. The basement area of the housing unit contained recreational and program space. The housing unit had cameras in all areas except the restrooms and showers areas. There is privacy in the restrooms and shower areas. Female staff announce their presence when entering the housing unit bays. The PREA hotline number # 55 allowed offenders to contact a confidential third party to report sexual assault or sexual harassment concerns. I tested #55 and it worked. The PREA hotline notices in English and in Spanish were posted in the housing unit. We visited the segregation area which consisted of four cells. The segregation area which was vacate is rarely occupied because offenders who have problems are transferred to Haynesville Correctional Center for appropriate care. In addition to touring the housing unit, we toured the kitchen, food storage, offender dining, staff dining laundry area, personal property, medical, watch office, counselors' offices, visiting area and the Major's office.

I found the facility to be very clean, and neat. I interviewed about 15 offenders informally as I toured the facility. The offenders were willing to communicate and understood PREA and how to make notifications if they had a problem.

After the tour, this auditor went to a private office to conduct interviews with inmates and staff. Ten random selected offenders and one inmate with limited English proficiency were interviewed. Twenty-four staff members were interviewed. Six were random employees, eighteen specialized employees, including administrative, program, contract and volunteer staff. We saw documentation verifying that all staff and inmates that were interviewed had PREA training. All confirmed that they had PREA training and understood PREA requirements.

After conclusion of the audit, the team had an exit meeting with Superintendent Wilmouth, Major Merritt, Lt. Spencer, Rose Durbin and Lawanda Long. We gave an overview of the audit and thanked the staff for their hard work, and commitment to be in compliance of the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Caroline Correctional Unit 2 is located on 142 acres of land in Hanover County, Virginia. This facility is 26 miles North of Richmond, and was opened in 1965. It is a level one facility. Inmates assigned cannot have an escape history and no reports of disruptive behavior for at least 24 months. As of the day of the audit, 62% of inmates are black, and 38% are white.

Caroline Correctional Unit 2 has an administrative building outside the secure perimeter. The Superintendent's Office and other administrative offices are located there. The main facility is located within a fenced perimeter. It is a two-story structure that houses a two bay dormitory, segregation, food service, staff dining, offender dining, watch office, control room, records office, Major's office, Lieutenant's office, medical, and counselors' offices on the upper level. The lower level houses a recreation area/room, showers, toilets, locker room, laundry, clothing and storage areas, library, computer room, and personal property storage.

Inmates have work assignments which include the Virginia Department of Transportation road gangs, Agri-Business/Farm program, State Farm work gangs, green house, kitchen, maintenance, food service, housekeeping and others.

Caroline Correctional Unit 2 has 47 employees under the leadership of Superintendent Donald Wilmouth.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit, onsite audit, inmate and staff interviews and personal observations during the audit, this auditor has made the following determinations:

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Operating Procedure 130.1 states the Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment. This procedure defines prohibited behaviors regarding sexual assault and sexual harassment, and includes sanctions for those found to have participated in prohibited behaviors.

Operation Procedure 038.3 states the DOC prohibits and will not tolerate any fraternization or sexual misconduct by staff, contractors, or volunteers with inmates or between inmates as defined in this operation procedure. The DOC actively works to prevent, detect, report, and respond to any violation. This procedure also provides information on preventing, detecting, and responding to such conduct, and also includes definitions of prohibited behaviors regarding sexual assault and sexual harassment.

The Agency has designated an upper-level, agency-wide PREA coordinator who holds the title of PREA/ADA Supervisor. The PREA Coordinator reports directly to the Support to Corrections Operations Administrator. The Facility has designated Lt. April Spencer is the CCU PREA Compliance Manager.

Both the PREA Coordinator and PREA Compliance Manager acknowledge they have sufficient time to manage their PREA responsibilities. In addition, the agency has a part-time hotline coordinator used to manage and log all calls that come in through the PREA hotline. The agency has 35 PREA Compliance Managers who manage PREA compliance at their facility. The state is divided into three regions. The PREA Coordinator and two PREA analysts oversee PREA Compliance within their designated region. The PREA Coordinator not only oversees compliance in her region but also oversees compliance throughout the state. The PREA Coordinator, PREA Analysts, and PREA Compliance Managers meet annually to discuss any potential issues. Throughout the year, the PREA Coordinator maintains contact with the PREA Compliance Managers through email or phone.

Both inmate and staff interviews indicate a facility-wide awareness of the agency’s zero tolerance policy.

During the onsite audit, the auditor discovered the agency has sent six staff to the Department of Justice Auditor training. The auditor was advised this is an example of the agency’s commitment to the Prison Rape Elimination Act.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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XX Not Applicable

Operating Procedure 038.3 states through contracts and Board of Corrections operating standards, facilities and jails that contract for the confinement of DOC inmates shall include in any new contract or contract renewal the entity’s obligation to adopt and

comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Operating Procedure 260.1 states all contracts for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

CCU#2 does not contract for the confinement of offenders therefore the standard is not applicable.

Standard 115.13 Supervision and monitoring

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

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Operating Procedure 401.2 states each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- a. Generally accepted detention and correctional practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from Federal investigative agencies
- d. Any findings of inadequacy from internal or external oversight bodies
- e. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated)
- f. The composition of the offender population
- g. The number and placement of supervisory staff
- h. Institution programs occurring on a particular shift
 - i. Any applicable State or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- k. Any other relevant factors

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

By January 31 of each year and more frequently if needed, each facility shall review any existing staffing plan and post audits.

- a. This review shall assess, determine, and document whether adjustments are needed to:
 - i. The facility's established staffing plan
 - ii. The facility's deployment of video monitoring systems and other monitoring technologies
 - iii. The resources the facility has available to commit to ensure adherence to the staffing plan
- b. If the review indicates that the facility is not staffing to plan or staffing to post audits, the facility must provide a comprehensive written explanation as to why they are not able to staff to post audits and possible solutions to increase facility staffing levels
- c. These comprehensive written explanations shall be provided to the Regional Operations Chief for review and forwarded to the Regional PREA Analyst

During the pre-audit the auditor was provided with a copy of the facility's most recent staffing plan that was dated May 7, 2015.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common reasons for deviating from the staffing plan include: call-ins, mandated training, short term

disability, time adjustments and vacations.

Operating Procedure 401.3 states ADO's conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds should be made intermittently during the month and can be scheduled as part of the 24 hour clock.

Operating Procedure 401.1 states Post Orders shall require that Lieutenants and above conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

- a. Supervisors are prohibited from notifying staff of unannounced rounds
- b. Supervisors of the opposite gender shall announce their presence when entering an offender housing unit to conduct an unannounced round and document this announcement in the post log book.

During the pre-audit, the auditor was provided with a sample of log book entries, documenting unannounced supervisor rounds. A review of this information confirms unannounced supervisor rounds are occurring on both shifts (facility operates under 12 hour shifts).

Standard 115.14 Youthful inmates

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

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

XX Not applicable.

Operating Procedure 038.3 and 425.4 states a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. DOC provides specialized housing arrangements for youthful inmates to meet the requirements of this standard. Exigent circumstances may require removal to a special housing unit. During the pre-audit, the auditor was provided with documentation stating the facility does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Operation Procedure 445.1 prohibits cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. Policy requires all cross-gender strip-searches and cross-gender visual body cavity searches be

documented. In the past 12 months, there has not been any cross-gender strip or cross-gender body cavity searches of inmates.

Female inmates are not housed at Caroline Correctional Unit #2.

Operating Procedure 401.2 states officers of the opposite gender should be allowed to supervise offender housing areas, with appropriate physical modifications made to toilet and shower areas to provide a reasonable degree of offender privacy. Facility procedures and practices shall enable offenders 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. Staff of the opposite gender shall announce their presence when entering an offender housing unit. These announcements shall be documented in the log book.

During the pre-audit, the auditor was provided with a sample of logs showing female staff is documenting their announcement of female on the pod.

Operating Procedure 445.1 states a transgender or intersex offender shall not be searched or physically examined for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined through conversation with the offender, a review of the medical record, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

No such searches have occurred in the past 12 months.

Operating Procedure 350.2 states all new Corrections Officers (and any other offender care workers at Detention/Diversion Centers) receive at least 120 hours of training (in addition to orientation) during their first year of employment. This training includes cross-gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

During the pre-audit, the auditor was provided with documentation of a transgender search training memo, as well as staff signature logs acknowledging receipt of such training.

During the pre-audit, the auditor was advised 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor was advised staff went over the agency search policy during muster. The auditor was provided with a sample of training logs.

Staff interviews indicate female security staff announces their presence at the beginning of their shift. In addition, an announcement is made anytime non-security female staff enters the housing unit.

Staff and inmate indicated whenever female staff enters a housing unit; an announcement of their presence is made prior to entering. Staff acknowledged this announcement is logged in the log book located in the control room of the housing unit. Both staff and inmates advised inmates are never viewed by female staff while in a state of undress.

The auditor finds CCU#2 in compliance with this standard through observations, interviews with staff and offenders through review of policies and procedures.

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

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

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

Operating Procedure 038.3 has specific language for offenders with disabilities and offenders who are limited English proficient. Policy states the DOC shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The DOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The DOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. The DOC shall 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 offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The DOC shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-responder duties, or the investigation of the offender's allegations.

During the pre-audit, the auditor was provided with a copy of a contract with Purple Communications, Inc. for Sign Language Translation and Video Remote Interpreting. This contract is from November 25, 2016 to November 24, 2017.

During the pre-audit, the auditor was provided with sexual assault awareness brochures in English and Spanish, as well as a brochure for the hearing impaired. CCU#2 does not house deaf, hearing impaired or offenders who are limited English proficient.

Staff interviews indicate staff were aware of the agency policy prohibiting the use of inmate interpreters whenever an inmate alleges sexual abuse. Staff advised they would use staff interpreters to translate.

Standard 115.17 Hiring and promotion decisions

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

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

Operating Procedure 102.2 states the DOC shall not hire or promote anyone who may have contact with offenders, and shall not enlist services of any contractor who may have contact with offenders who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined as 42 U.S.C. 1997).
- b. 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, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

The DOC shall 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 offenders.

Before hiring new employees who may have contact with offenders, the DOC shall:

- a. Perform a criminal background records check
- b. 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.

CCU#2 is in compliance with this standard based on review of the VADOC Operating Procedure 102.2 and interview with the Human Resource Manager who complies with Operating Procedure 102.2.

Standard 115.18 Upgrades to facilities and technologies

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

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

Operating Procedure 801.1 states the effect of the facility’s design, acquisition, expansion or modification on the facility’s ability to protect the offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect offenders from sexual abuse.

CCU #2 has installed 38 additional cameras in July, 2014 to bring the total number of cameras to 60. All of the Housing Unit, with exception of the toilets and showers, and all program and works areas inside the facility is under camera surveillance. This is very impressive for an older facility the size of CCU #2.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Operating Procedure 030.4 is the agency procedure for evidence protocol and forensic medical examinations. Policy states SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview.

During the pre-audit, the auditor was provided with documentation which states CCU#2 utilizes a SAFE/SANE at VCU Health for forensic examinations.

Operating Procedure 720.7 states if evidentiary or medically appropriate, victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. A history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed

by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender for this examination. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A qualified DOC Mental Health/counseling staff member or a qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A qualified DOC Mental Health/counseling staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the appropriate authority (PERK kit recommended). Although it is recommended that a PERK kit be collected within 72 hours, it should be beyond that time whenever there is possibility of evidence remaining. If the offender alleging assault refuses to be examined, it shall be documented in the Health Record and the offender shall sign a Health Services Consent to Treatment; Refusal 720_F3. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

During the pre-audit, the auditor was provided with documentation showing the agency has an existing MOU with Virginia Sexual & Domestic Violence Action Alliance to provide support services to victims of sexual abuse. This contract was renewed in May 2017.

During the onsite audit, the auditor used one of the inmate phones in the housing unit and dialed #55. An automated voice stated "press 1 for English, press 2 for Spanish." After selecting English, the auditor was prompted to press 1 to leave a message, or press 2 to speak to someone about victim services. Any report received would be documented and forwarded to the agency hotline coordinator. The hotline coordinator would then notify the investigative staff, Warden, and Regional PREA Analyst. An investigation would be initiated and treatment would be provided to the victim. Action Alliance would be able to provide victim support services to victims of sexual abuse whenever needed.

During the pre-audit, the auditor was provided with documentation for 7 separate volunteer victim advocates that are available in the Eastern Region.

During the pre-audit, the auditor was provided with a list of local contacts who would be capable of providing SAFE/SANE services to facilities in the Eastern Region, including CCU#2. The auditor was advised the hospital has 9 SANE staff and one of these staff is available 24 hours a day, 7 days a week. The auditor was advised there has never been an instance when there was not a SANE available to conduct an examination. During the past 12 months, CCU#2 had no forensic medical exam conducted by SAFEs/SANEs professionals.

Random staff interviews indicate staff are aware of how to collect usable, physical evidence and know who is responsible for conducting sexual abuse investigations. Staff indicate victim advocate services would be provided by Virginia Sexual & Domestic Violence Action Alliance or by staff member trained in providing these services.

This auditor finds CCU#2 in compliance with this standard based on interviews with staff and offenders, review of relevant policies and procedures of the VADOC.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Operating Procedure 030.4 states the SIU is responsible for conducting administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this procedure.

During the past 12 months, there have been no allegations of sexual abuse, allegations of sexual harassment or any allegations referred for criminal investigation.

Operating Procedure 038.3 states an administrative or criminal investigation conducted in accordance with PREA standards shall become completed for all allegations of sexual abuse and sexual harassment. Initial investigation may be conducted by the facility investigator. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit (SIU). The facility shall document all such referrals. The SIU shall conduct investigations into criminal behavior, procedural or administrative violations, or employee misconduct affecting the operations of the DOC. The Chief of Special Investigations Unit or a designee shall review the nature of the allegations received to determine if an investigation is warranted. Upon notification of an allegation of sexual abuse or misconduct, investigative staff shall follow Operating Procedure 030.4, Special Investigations Unit.

During the pre-audit, the auditor located the policy stating referrals of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website <https://vadoc.virginia.gov/about/procedures/documents/030/038-3.pdf>.

Staff interviews indicate the DOC has a Special Investigation Unit (SIU) with law enforcement authority to investigate crimes in facilities within the DOC. Institutional Investigators handle administrative investigations at the facility. When an allegation is received, the warden of the facility, the institutional investigator, and the PREA Analyst are notified. If the allegation is criminal in nature, SIU would also be notified. Staff would ensure the victim is protected and all protocols are instituted. Any allegation received from another agency is processed the same way. If an allegation is received that happened at another agency, the DOC reports these allegations to the respective authority.

Standard 115.31 Employee training

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

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Operating Procedure 102.6 outlines orientation training for new employees. Policy states PREA Orientation will consist of the following:

- i. Its zero-tolerance policy for sexual abuse and sexual harassment.
- ii. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- iii. Offenders' rights to be free from sexual abuse and sexual harassment.
- iv. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- v. The dynamics of sexual abuse and sexual harassment in confinement.
- vi. The common reactions of sexual abuse and sexual harassment victims.
- vii. How to detect and respond to signs of threatened and actual sexual abuse.
- viii. How to avoid inappropriate relationships with offenders.
- ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders, and
- x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. The agency shall document through employee signature or electronic verification that employees understand the training they have received.

All staff who may have contact with offenders, who were trained or retrained on the PREA requirements enumerated above. This equates to 100% of all staff. Staff receive refresher training annually.

During the pre-audit, the auditor was provided with copies of the agency's PREA curriculum, training logs, certificates of completion, training acknowledgement forms. The training curriculum meets all requirements under 115.31 (a)-1.

Random staff interviews indicate staff have received the training required under 115.31. Staff were knowledgeable of the agency's zero-tolerance policy, their duty to report any form of sexual abuse, as well as how to detect and respond to sexual abuse.

Standard 115.32 Volunteer and contractor training

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

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

Operating Procedure 027.1 states the Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with offenders, but all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with offenders, but all volunteers who have contact with offenders shall be notified of the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A briefing on security procedures, privacy laws, chain of command, basic knowledge or criminal behavior, and other related topics, as pertinent and applicable. Completion of orientation/training will be documented by the volunteer's signature on the Rules for Volunteers.

During the pre-audit, the auditor was provided with a copy of a memo from the PREA Coordinator, dated October 17, 2012. The memo outlines three distinct levels for contractors and volunteers, and they mandated PREA training required for each level.

All volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed on how to report such incidents.

During the pre-audit, the auditor was provided with sample documentation confirming that the volunteers/contractors understand the training they have received.

Volunteer/Contractor interviews indicate volunteers and contractors receive training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policies and procedures. Training consists of the agency zero tolerance policies and staff discuss with contractors and volunteers what their responsibilities are under PREA. Volunteers and contractors are required to sign an acknowledgement sheet confirming they understand the information they received.

Standard 115.33 Inmate education

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

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

Operating Procedure 038.3 states when an offender enters a DOC facility from a jail, the offender shall receive information explaining the DOC’s zero-tolerance policy for sexual abuse and sexual harassment and instruction on how to report incidents or suspicions of sexual abuse or sexual harassment. This information shall be communicated verbally and in writing, in language clearly understood by the offender. Immediately upon intake to DOC, the offender shall receive an initial PREA training, utilizing the Preventing Sexual Abuse & Sexual Assault-Trainer Outline-Intake. The offender will watch Section 1 of the PREA: What You Need to Know video and a copy of the Sexual Assault Awareness and Prevention brochure that includes the Sexual Assault Hotline number. Within 10 days of arrival, the offender shall receive comprehensive PREA training, utilizing the Preventing Sexual Abuse & Sexual Assault-Trainer Outline-including use of videos PREA: What You Need to Know and Breaking the Silence of Offender Sexual Abuse. Facilities shall make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. The offender shall document receiving the Sexual Assault Awareness and Prevention brochure and both of Preventing Sexual Abuse and Sexual Assault Trainings (Intake and Comprehensive) by signing the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training. The signed acknowledgement will be placed in the offender’s Institutional Record. It is mandatory that offenders attend both trainings. Offenders refusing shall be charged with Offense Code 200, per Operating Procedure 861.1, Offender Discipline, Institutions.

Information shall include the following topics; definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and offenders, DOC Zero-Tolerance Policy, Prevention, self-protection, reporting sexual abuse/assault, treatment and counseling, offender telephone sexual abuse Hotline Number #55.

Operating Procedure 810.2 states an offender received from another DOC facility via transfer will be provided a copy of the Sexual Assault Awareness and Prevention brochure that includes the Sexual Assault Hotline number.

In addition to providing such education, each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

During the pre-audit, the auditor was provided with sample documentation of offenders signing for their receipt of the PREA brochure.

Staff interviews indicate offenders are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment as part of the orientation process. This information is provided in a brochure and given to all offenders within 1-2 hours of intake. The intake officer will also show all offenders an 8 minute PREA video during intake. Two additional PREA videos (one which is 10 minutes and one which is 20 minutes) is shown to all new intakes within a week of intake. These videos go over comprehensive PREA education. Offenders are required to sign for receipt of this information.

Inmate interviews indicate offenders receive information about the facility’s rules against sexual abuse and sexual harassment through brochures they receive during intake. Offenders also acknowledged watching a PREA video during intake and having staff discuss the agency’s sexual abuse and sexual harassment policies with them verbally.

Standard 115.34 Specialized training: Investigations

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

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

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

Operating Procedure 030.4 states sexual abuse and sexual harassment investigations shall only be conducted by SIU investigators who have received special training in sexual abuse investigations. In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include: techniques for interviewing sexual abuse victims, criteria and evidence required to substantiate a case for administrative action or prosecution referral. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators.

During the pre-audit, the auditor was provided with a copy of the training curriculum which was created by the Moss Group. The training curriculum was reviewed and determined to meet the requirements under 115.34.

There is (1) one investigator currently employed and working within the facility who has completed the required training. The auditor was provided with a copy of the investigator's training certificates documenting the investigator's completion of specialized training.

Investigative staff interviews indicate investigative staff are trained in conducting sexual abuse investigations in confinement settings. Training topics include: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Operating Procedure 102.6 states Prison Rape Elimination Act (PREA) training for medical and mental health care practitioners shall also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC.

Operating Procedure 701.1 states the Health Authority and/or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in:

- a. How to detect and assess signs of sexual abuse and sexual harassment PREA Audit Report 20
- b. How to preserve physical evidence of sexual abuse
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

CCU#2 has medical and mental care practitioners who work regularly at the facility, all whom have received the agency's required PREA training in accordance with VADOC policy and procedure 120.6 and procedure 701.1. CCU#2 medical staff does not conduct forensic examinations. This auditor finds CCU#2 in compliance with this standard based on interviews of medical and mental health staff, random offenders receiving medical and mental health care and review of training documents of staff interviewed

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Operating Procedure 810.1 states a counselor or other non-clerical reception center staff shall assess all offenders during reception for their risk of being sexually abuse by other offenders or sexually abusive toward other offenders. The assessment shall be completed and approved within 72 hours of arrival at the facility. Staff will interview and evaluate all incoming offenders for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the Classification Assessment in VACORIS.

Operating Procedure 730.2 states an offender'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 offender's risk of sexual victimization or abusiveness.

Operating Procedure 810.1 states offenders may not be disciplined for refusing to answer or not disclosing complete information in response to questions asked in the Classification Assessment interview. Within 30 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The auditor interviewed intake staff and reviewed intake screening forms of random offenders. In addition, the auditor questioned random staff and offenders in reference to offender screening for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of intake. CCU#2 is in compliance of this standard.

Standard 115.42 Use of screening information

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

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

Operating Procedure 038.3 states the DOC shall use information from the offender risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The DOC shall make individualized determinations about how to ensure the safety of each offender. Specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by Mental Health staff with Gender Dysphoria shall be made by the Gender Dysphoria Committee. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender.

- a) The Institutional Program Manager (IPM) or designated staff for facilities without an IPM shall pull the Facility Offender Alert custom report from VACORIS in the months of January and July in order to complete a six month reassessment of housing and programs for all transgender and intersex offenders.
- b) The staff member must meet with the offender to discuss their program and housing needs and to ensure their current assignments are still appropriate.
- c) A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration.
- d) A note shall be placed in VACORIS indicating "six month housing and program assignment reassessment completed" and documenting any necessary action taken regarding changes to housing and programs.
- e) The IPM or designated staff shall refer the offender to QHMP for follow-up, as needed.
- f) All reassessments shall be completed by the last day of the designated months.

Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

The DOC shall not place lesbian, gay, bisexual, transgender, or intersex offenders in designated facilities, units, or wings solely on the basis of such identification or status.

Staff interviews indicate medical and mental health staff are made aware of any offenders who screen as victims as well as those screening as being abusive. Medical and mental health staff will conduct follow-up evaluations. All offenders receive an initial intake screening prior to being housed. After the screening is conducted, staff will conduct a compatibility assessment and ensure offenders identified as HRSA are not housed in the same cell with offenders identified as HRSV.

In the past 12 months, CCU#2 did not have any offenders found to be HRSA or HRSV. At the time of the audit there were no transgender or intersex inmates at the CCU#2.

Standard 115.43 Protective custody

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

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

Operating Procedure 810.1 states offenders identified as HRSV shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the Qualified Mental Health Practitioner (QMHP), in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. If the Facility cannot conduct an assessment immediately, the Shift Commander may place the offender in Special Housing on General Detention for no more than 24-hours while completing the assessment. The facility must clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

In the past 12 months, CCU#2 did not have any offenders found to be HRSV, placed in protective custody or placed in involuntary segregation housing due to high risk for sexual victimization.

This auditor finds CCU#2 in compliance with this standard based on a review of policy and procedures and interviews of relevant staff and offenders.

Standard 115.51 Inmate reporting

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

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

Operating Procedure 038.3 states offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only to the immediate point-of-contact line officer. An offender may report such incidents to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline Number #55, or in writing using an Offender Request or Informal Complaint. An offender who is sexually assaulted shall immediately notify staff that a sexual assault has occurred. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Offenders who observe, are involved in, or have any knowledge or suspicion of a sexual abuse or unauthorized relationship shall immediately notify staff. The agency shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials allowing the offender to remain anonymous upon request. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders.

Operating Procedure 801.6 states the Offender Request is one internal way that offenders can privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept any report of PREA related issues submitted and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. If applicable, an internal incident report checked PREA shall be submitted in accordance with Operating Procedure 038.1 Reporting Serious or Unusual Incidents. Information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operation procedures, to make treatment, investigation, and other security management decisions.

Operating Procedure 803.3 states PREA/Sexual Abuse Hotline is available by dialing #55 at any time the offender telephones are available.

During the pre-audit, the auditor was provided with an MOU between the agency and Virginia Sexual and Domestic Violence Action Alliance. The MOU states the toll-free Family Violence and Sexual Assault Hotline (statewide hotline) shall be a resource for reporting sexual abuse or assault available to victims (DOC offenders) statewide who desire an external method of reporting.

Operating Procedure 866.1 states the Offender Grievance Procedure is one of the multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept any report of PREA related issues made through the Offender Grievance Procedure and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

Operating Procedure 866.1 states staff shall accept any report of PREA related issues made through an Informal Complaint and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

Operating Procedure 866.1 states staff shall accept any report of PREA related issues made through a Regular Grievance and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Manager. The facility PREA Compliance Manager shall notify the Regional PREA Analyst.

During the onsite audit, the auditor tested the PREA Hotline, #55. There were options for both English and Spanish. The auditor was able to make contact with a leave a message with Virginia Sexual and Domestic Violence Action Alliance, using the hotline. Staff acknowledged offenders have the ability to make a report using the hotline 24 hours a day and 7 days a week. Staff advised the representative with Virginia Sexual and Domestic Violence Action Alliance would take the information and forward the information to the hotline coordinator who would forward the information to facility investigators, the PREA Analyst, and the PREA Coordinator.

Staff interviews indicate offenders can privately report sexual abuse or sexual harassment by sending a private report to the Watch Commander or by calling the PREA Hotline #55 (for offenders) and toll-free hotline (for staff). Staff acknowledged they would accept reports from offenders regardless of whether they were verbal, written, anonymous, or from third parties. Verbal reports would be documented by staff, immediately after receiving the report.

Inmate interviews indicate offenders were aware they could utilize the PREA Hotline (#55) when making a private report. Offenders acknowledged staff would accept verbal, written, anonymous, and third party reports.

Standard 115.52 Exhaustion of administrative remedies

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

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

Operating Procedure 038.3 is the agency's administrative procedure for dealing with inmate grievances regarding sexual abuse. Policy states there is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

Operating Procedure 866.1 states an offender is not required to use the informal complaint process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Operating Procedure 866.1 states each institution shall ensure in its Implementation Memorandum that:

- a. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.
- b. Such grievance is not referred to a staff member who is the subject of the complaint.

Operating Procedure 866.1 states total continuances on a grievance that alleges sexual abuse will not exceed 70 days.

Operating Procedure 866.1 states a regular grievance for good reason(s). The offender must be notified in writing of the continuance prior to the expiration of the specified time limit at any level and provide a date by which a decision will be made.

Operating Procedure 866.1 states emergency grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm. It is the

duty of all corrections employees to be responsive to emergency grievances. After receiving an Emergency Grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the employee receiving it shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Administrative Duty Officer or Shift Commander to provide the response within 8 hours. The initial response and final agency decision shall document the institution's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance.

Operating Procedure 861.1 states a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Operating Procedure 866.1 states disciplinary charges may be brought against an offender for filing a grievance related to alleged sexual abuse only where the institution demonstrates that the offender filed the grievance in bad faith.

In the past 12 months, there have not been any emergency grievances alleging substantial risk of imminent sexual abuse that were filed.

Standard 115.53 Inmate access to outside confidential support services

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

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

Operating Procedure 038.3 states offenders may contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for contact information for access to outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential manner as possible. The facility shall inform offenders, 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. The DOC maintains a Memorandum of Understanding (MOU) with a community provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA Coordinator.

During the pre-audit, the auditor was provided with PREA Brochures in English, Spanish, and for those who are hearing impaired. The posters contained phone numbers and mailing addresses for victim emotional support services.

The facility informs offenders, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

During the pre-audit, the auditor was provided with a contract renewal between the agency and Virginia Sexual & Domestic Violence Action Alliance. The contract included support services to victims of sexual abuse. The date on the renewal was May 2017.

Standard 115.54 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 038.3 states the Department of Corrections public website provides contact information on how to report sexual abuse and sexual harassment on behalf of an offender.

During the pre-audit, the auditor was provided with a screen shot of the agency’s website, which states; “If you or someone you know were sexually abused or sexually harassed while in custody or under the supervision of the Virginia Department of Corrections, you may complete and mail in the Third Party Reporting Form, email us, or call Confidential Reporting Hotline to initiate a review. The VADOC will take appropriate steps to protect staff, contractors, volunteers, offenders and probationers from retaliation for reporting occurrences of sexual abuse or sexual harassment.”

Third party reporting forms are available on the agency website in both English and Spanish. Information on third-party reporting was also readily available in posters that were posted in the lobby of the facility, as well as the visitation area.

Standard 115.61 Staff and agency reporting duties

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

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

Operating Procedure 038.1 states any employee, volunteer, or contractor shall immediately report to his or her supervisor or the officer in charge 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 DOC; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If applicable, an internal incident report checked PREA shall be submitted. Apart from reporting to designated supervisors or officials any information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions.

Staff interviews indicate staff are aware the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, as well as retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

Medical and mental health staff indicate they disclose the limitations of confidentiality and their duty to report, at the initiation of services to an inmate. Medical and mental health staff also acknowledged being required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning it.

In the past 12 months, there have been no cases where an offender determined to be in substantial risk of imminent sexual abuse. CCU#2 is in compliance with this standard based on review of policy and interviews with staff and offenders.

Standard 115.62 Agency protection duties

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

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

Operating Procedure 038.3 states when a facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender.

In the past 12 months, there have not been any times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Staff interviews indicate the facility takes protective action to protect offenders who are subject to a substantial risk of imminent sexual abuse. Staff would immediately move the inmate to a secure location and notify a supervisor. If appropriate, staff would move the inmate to another housing unit. The inmate would only be placed in segregated housing if they requested such protection, or if it was determined that there was no alternative housing available.

CCU#2 is in compliance with this standard based on review of policy, file information and interview with management staff.

Standard 115.63 Reporting to other confinement facilities

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

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

Operating Procedure 038.3 states upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Unit Head shall document that it has provided such notification. The facility head or agency office that receives such notifications shall ensure that the allegation is investigated in accordance with these standards.

Operating Procedure 030.4 states when the Facility Unit Head receives notification from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA standards.

During the past 12 months, there have not been any allegations of sexual abuse that the facility received from other facilities.

Staff interviews indicate when they receive allegations from other facilities about incidents that occurred within their

facility, the investigators would investigate the allegation the same as allegations they receive directly. A review of VADOC policy and interviews of staff and offenders show CCU#2 is in compliance of this standard.

Standard 115.64 Staff first responder duties

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

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

Operating Procedure 030.4 states upon learning of an allegation that an offender was sexually abused; the first security staff member to respond to the report shall be required to:

- 1) Separate the alleged victim and abuser
- 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
- 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
- 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged clothes, urinating, defecating, smoking, drinking, or eating.

Operating Procedure 038.3 states if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

In the past 12 months, CCU#2 had no sexual assaults. This auditor finds CCU#2 in compliance with this standard based on review of audit files, and interviews of investigative staff and random staff.

Standard 115.65 Coordinated Response

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

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

Operating Procedure 038.3 states each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership.

During the pre-audit, the auditor was provided with a copy of the facility's coordinated response plan (Caroline Correctional Unit #2 PREA Response Plan) and sexual assault checklist. A review of the Institutional Management Plan indicates areas of responsibility are clearly outlined.

This auditor finds CCU#2 in compliance of this standard after reviewing facility files, checklists and interviews with multiple staff.

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

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

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

XX Not Applicable

During the pre-audit, the auditor was provided with documentation stating in accordance with the Code of Virginia, collective bargaining is prohibited.

Staff interviews indicate the agency does not have collective bargaining agreements.

Standard 115.67 Agency protection against retaliation

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

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

Operating Procedure 038.3 states all staff offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. For at least 90 days following a report of sexual abuse, the DOC shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items to be monitored include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DOC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of offenders, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the DOC shall take appropriate measures to protect that individual against retaliation. The DOCs obligation to monitor terminates if it is determined that the allegation is unfounded.

In the past 12 months, there have been no incidents of retaliation. This auditor finds CCU#2 in compliance with this standard based on review of the Operating Procedure 038.3, and interviews of offenders and staff.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Operating Procedure 830.5 states, for an offender identified as HRSV or an alleged victim of sexual abuse who has been assigned to Special Housing without their consent, Mental Health staff shall advise the ICA on whether the offender can be released to General Population or whether they must be assigned to Segregation and/or transferred to the DOC Protective Custody Unit. Involuntary assignment to Segregation shall only be made until an alternative means of separation from likely abusers can be arranged. The ICA must clearly document the basis for the institution’s concern for the offender’s safety and the reason why no alternative means of separation can be arranged. This assignment shall not ordinarily exceed a period of 30 days.

During the past 12 months, there have not been any offenders who alleged to have suffered sexual abuse who were held in involuntary segregated housing. This auditor finds CCU#2 in compliance of this standard based on interviews of random, classification, and segregation staff, and reviewing documents in files in classification section and segregation.

Standard 115.71 Criminal and administrative agency investigations

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

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

Operating Procedure 030.4 states administrative investigations; shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

During the past 12 months, no allegations were referred for prosecution. This auditor finds CCU#2 in compliance with this standard based upon review of related policies and reports reference to criminal and administrative investigations. Interviews with administrative and investigative staff verify compliance.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

Operating Procedure 135.2 states a preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the past 12 months, no allegations were referred for prosecution. This auditor finds CCU#2 in compliance with this standard based upon review of related policies and after interviews of investigative staff and administrative staff.

Investigative staff interviews indicate a preponderance of evidence is used to substantiate allegations of sexual abuse and sexual harassment.

Standard 115.73 Reporting to inmates

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

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

Operating Procedure 030.4 states upon completion of the investigation, SIU should inform the Facility Unit Head as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Operating Procedure 038.3 states following an investigation into an offender's allegation that he or she suffered sexual abuse in a DOC facility, the investigator in charge shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the DOC did not conduct the investigation, the institutional investigator shall request the relevant information from the investigative agency in order to inform the offender. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the DOC shall subsequently inform the offender whenever;

- a) The DOC has determined that the allegation is unfounded;
- b) The DOC has determined that the allegation is unsubstantiated;
- c) The staff member is no longer posted within the offender's unit;
- d) The staff member is no longer employed at the facility;
- e) The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- f) The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an offender's allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever;

- a) The DOC has determined the allegation is unfounded;
- b) The DOC has determined that the allegation is unsubstantiated;
- c) The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- d) The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented and sent to the offender in the same manner as legal mail. DOC's obligation to report under this standard shall terminate if the offender is released from custody.

During the past 12 months, there have not been any investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency. This auditor finds CCU#2 in compliance of this standard.

Standard 115.76 Disciplinary sanctions for staff

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Operating Procedure 130.1 states sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1 Standards of Conduct. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal.

Operating Procedure 135.1 states disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Operating Procedure 135.1 states staff who are terminated, or who choose to resign in lieu of termination, for violation of the DOC sexual abuse or sexual harassment policies shall be informed of the DOC's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal.

In the past 12 months, there has not been any staff from the facility who was terminated for violating sexual abuse or sexual harassment policies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Operating Procedure 027.1 states any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer.

Staff interviews indicate any contractor or volunteer who violated agency sexual abuse or sexual harassment policies would be banned from the facility and from all contact with offenders, pending an investigation. If the violation was a minor violation, staff may provide additional training and/or discipline the contractor; however, for major violations of policy, the contractor would be banned from all state DOC facilities. If the actions were criminal in nature, the agency would seek criminal charges.

In the past 12 months, there have not been any contractors or volunteers reported to law enforcement for engaging in sexual abuse of offenders. This auditor finds CCU#2 in compliance of this standard based on review of VADOC policy. Also, review of investigative files, and interviews with investigative and administrative staff support compliance.

Standard 115.78 Disciplinary sanctions for inmates

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Operating Procedure 820.2 states facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in such interventions as a condition of access to programming or other benefits. Offenders that do not comply with therapy, counseling, or other interventions should be charged with offense code 200 in accordance with Operating Procedure 861.1 Offender Discipline, Institutions or offense code 217 in accordance with Operating Procedure 861.2 Offender Discipline, Community Corrections Facilities.

Operating Procedure 038.3 states offenders shall not be charged for reports of sexual abuse made in good faith, based upon reasonable belief that the alleged conduct occurred. The agency prohibits all sexual activity between offenders. The agency deems such activity to constitute sexual abuse only if it determines the activity is coerced.

In the past 12 months, there have been no reports of staff on offender or offender on offender sexual abuse. This auditor finds CCU#2 in compliance of this standard based on review of VADOC policy. Also, review of investigative files and interviews with investigative and administrative staff support compliance.

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

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

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

Operating Procedure 730.2 states in institutions, within 14 days, the QMHP will notify offenders identified as HRSA or HRSV of the availability of a follow-up meeting with a mental health practitioner and relevant available treatment and programming. Notification will be documented on the Prison Rape Elimination Act (PREA) QMHP Follow-up.

Operating Procedures 425.4 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners 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.

Operating Procedure 701.3 states medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

In the past 12 months, CCU#2 did not have any offenders report being a victim of abuse during the classification assessment, nor did any offender meet the qualifications as a HRSA or HRSV. There have been no offenders who required a 14-day follow-up with Medical or with Mental Health staff. Also, no allegations were substantiated; therefore, no follow-ups were needed. This auditor finds CCU#2 in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

Operating procedure 720.7 states offender victims of sexual abuse shall 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 judgement. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Offender victims of sexual abuse while incarcerated shall be 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. Treatment and services shall be 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.

In the past 12 months, CCU#2 did not have any allegations of sexual assault or sexual harassment requiring a response from medical or mental health staff. This auditor finds CCU#2 in compliance with this standard.

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

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

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

Operating Procedure 720.7 states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The facility is an all-male facility; therefore, Standards 115.83 (d)-1 and 115.83 (e)-1 are not applicable.

Operating Procedure 720.7 states offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Operating Procedure 730.2 states all prisons shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners.

In the past 12 months, CCU#2 did not have any allegations of sexual assault or sexual harassment requiring a response from medical or mental health staff. This auditor finds CCU#2 in compliance with this standard based on review of files and interview of medical and mental health staff.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Operating Procedure 038.1 states a sexual abuse incident review shall be conducted 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. A sexual harassment incident review shall be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation has been determined to be substantiated. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews. The review should begin as soon as practical after the incident and a Report

In the past 12 months, CCU#2 did not have any allegations of sexual assault or sexual harassment. This auditor finds CCU#2 in compliance with this standard based upon review of pre-audit documentation and interview of investigative and management staff.

Standard 115.87 Data collection

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

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

Operating Procedure 038.3 states the DOC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. Upon request, the DOC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The auditor was provided with the data collected from 2014 and 2015. The data collection instrument was the Bureau of Justice Statistics Survey on Sexual Violence (SSV) Form. The instrument included definitions of prohibited misconduct. This auditor finds CCU#2 in compliance with this standard based upon review of documents, and staff interviews.

Standard 115.88 Data review for corrective action

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

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

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

Operating Procedure 038.3 states the DOC shall review data collected and aggregated pursuant to this operation procedure in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- a) Identifying problem areas;
- b) Taking corrective action on an ongoing basis; and
- c) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the DOC's progress in addressing sexual abuse. The DOC report shall be approved by the Director and made readily available to the public through its website. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The annual reviews include a comparison to data and corrective actions with those from prior years.

Staff interviews indicate after an assault has occurred, there is a Critical Incident Debriefing and an After Action Report. The Regional Operations Chief, the Superintendent, ranking correctional officers, and the Chief of Correctional Operations meet and discuss the incident and what could have been done to prevent the incident from happening again. The report is sent to the Director and the Chief of Correctional Operations and the two other Regional Operations Chiefs as a "lessons learned" document. In addition, the DOC aggregates data regarding all assaults and looks for trends across the DOC and down to specific institutions. This information is shared with the Director, Chief of Correctional Operations, and the Regional Administrators. In addition, the PREA staff review all incidents involving sexual assaults or sexual harassment. If the report indicates a need to change policy or procedure, the appropriate change is made and communicated to all applicable DOC employees. All reports come to the Director for review and his approval before they are sent out publicly. Once approved, the reports are posted on the agency's website (<http://vadoc.virginia.gov/about/facts/prea/2014-prea-annual-report.pdf>). All personal identifiers are redacted.

Standard 115.89 Data storage, publication, and destruction

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

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

Operating Procedure 038.3 states the DOC shall ensure that data collected of allegations of sexual abuse at facilities under its direct control are securely retained. The DOC shall 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. Before making aggregated sexual abuse data publicly available, the DOC shall remove all personal identifiers. The DOC shall maintain this sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Information is gathered from investigations. Trends are identified from the data collected. The agency implements corrective action when warranted. Changes may be implemented at both the state and institution level.

Staff interviews confirm the agency data collected is retained on a secure data base that only the PREA Unit has access too.

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.

Alton Baskerville

May 22, 2017

Auditor Signature

Date