

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>		Caroline Correctional Unit	
<b>Physical address:</b>		31285 Camp Road, Hanover, Virginia 23069	
<b>Date report submitted:</b>		May 4, 2014	
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<b>Date of facility visit:</b>		April 2 – 4, 2014	
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		(804) 598-5503	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	X State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	x Prison	
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<b>Name of agency:</b>		Virginia Department of Corrections	
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> (			
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## AUDIT FINDINGS

**NARRATIVE:** The PREA Audit of the Caroline Correctional Unit (CCU) #2 was conducted from April 2 - 4, 2014. The Designated Auditor was Charles J. Kehoe. Mr. Kehoe was assisted by David K. Haasenritter in the preliminary review of the audit files and in the post-audit analysis. Mr. Haasenritter is also a Certified PREA Auditor.

The auditor wishes to extend his deepest appreciation to Superintendent Rodney W. Younce and his staff for their professionalism, hospitality, and kindness.

The auditor also wishes to compliment the DOC PREA Coordinator, Elizabeth Thornton and Regional PREA Analysts, Lawanda Long and Rose Durbin, for their outstanding work in organizing the electronic files that were provided to the auditors in advance of the audit. This enabled the audit to move forward very efficiently.

The Virginia Department of Corrections PREA Coordinator, one of the Regional PREA Analysts, and the agency contract manager were interviewed by Mr. Haasenritter and Mr. Kehoe on December 16, 2013. Mr. Haasenritter conducted a telephone interview with a representative of the victim advocacy agency that provides emotional support services for offenders in the Department of Corrections who have been sexually abused.

On December 30, 2013, the Designated Auditor, Charles Kehoe, interviewed the Director of Corrections, Mr. Harold Clarke.

An Entrance Meeting was held at 8:20 a.m. on April 2, 2014 with Superintendent Younce, Ms. Lawanda Long, Ms. Rose Durbin, and Lt. April Spencer to review the audit schedule and discuss preliminary information.

Following the Entrance Meeting, the auditor was given a very thorough tour of the Caroline Correctional Unit by the Warden. (A tour of the farm buildings and greenhouses was completed on Friday, April 5, 2014.) Following the tour, the audit team began the interviews and reviews of investigative files and other documents.

Ten offenders were interviewed. Those interviewed were randomly selected, by the auditor, from a list of all the offenders by their housing assignment at the Correctional Uni. In addition, one offender was identified as being in a specialized group and was interviewed.

Ten correctional officers were interviewed who were randomly selected by the auditor from both shifts. Nineteen interviews were conducted to addressed specialized staff or specialized areas and included the Superintendent, PREA Manager, Investigator, first responders, Nurse, Psychologist (mental health professional), Counselor (intake and screening), and an Incident Review Team member. The Human

Resource Manager, Psychologist, Investigator, and two Training Officers provide services to the CCU, but are located at the Haynesville Correctional Center in Haynesville, Virginia. Superintendent Younce, Ms. Long, Ms. Durbin, and the Auditor drove to Haynesville Correctional Center on April 3, 2014 so the Auditor could conduct those interviews at that facility. It should be noted that since this is a relatively small facility, several of the staff have multiple responsibilities so some individuals were interviewed more than once if their duties covered more than one specialized area.

Three contractors were also interviewed, who were installing cameras at the CUU. In all, the auditor conducted 43 interviews.

The audit found that, with the exceptions noted in this interim report, the Caroline Correctional Unit meets the vast majority of the PREA Prisons and Jail Standards. As will be noted in this report, the audit did find that some offenders did not recall all the specifics of what was given to them during the inmate orientation and education programs. For example, some offenders either did not know or they had forgotten that victim advocates are available for emotional support services related to sexual abuse, in spite of the fact that this information is provided in the PREA brochure and on the hotline. As with employees who receive regular training on PREA during muster and at the annual in-service training sessions, all offenders would greatly benefit from an annual PREA education refresher.

The auditor was informed that 59 cameras were being installed throughout the facility. During the tour blind spots were identified and the auditor was informed how these are being addressed with additional camera and supervision.

The auditor was impressed by what the correctional officers and other staff know about PREA, the zero tolerance policy, offender rights regarding PREA, first response, and evidence collection. There are a few staff who would benefit from a "refresher" training in specific areas, but the majority of staff clearly understand PREA and the agency's commitment to it. The auditor reviewed several training records and saw the documentation that the employees received the required training. Employees were tested at the completion of the PREA training.

Health care and mental health services that are provided to the offenders at CCU are very professional. During interviews, the offenders acknowledged that mental health professionals are available and that they can also see the counselors at this facility. Although the mental health staff is located at Haynesville, it was clear that are readily available and on-call for any mental health issue that might arise.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the facility a final finding, as there were some issues needing further attention, the audit team did give an overview of the audit and thanked the Superintendent and his staff for their hard work and commitment to the Prison Rape Elimination Act.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Caroline Correctional Unit is located on 142 acres of land in Hanover County, Virginia, 26 miles North of Richmond. This is a Security Level 1 facility (lowest end of the security scale). Offenders convicted of First or Second Degree Murder, sex offenses, or kidnapping or abduction cannot be assigned to this facility. To be eligible to be placed at the CCU, an offender cannot have any escape history and no reports of disruptive behavior for at least 24 months. The CCU operates under the administration of Superintendent Rodney W. Younce and his team of 51 employees. Superintendent Younce came to the facility in January of 2014.

The Offender Profile on January 14, 2014 reported the age ranges are 18 through 64 years. The Race of the offender population was described as 80% African American and 28% white. Two percent are described as having Hispanic Ethnicity. Ninety-three percent of the offender had no history or current evidence of mental health impairment. Seven percent were said to have minimal impairment. The average daily population is 138 offenders.

There is an administrative building that includes the Superintendent's Office and other administrative offices, located outside the secure perimeter of the facility.

The Facility/Dorm Building is a two-story structure that is located inside the fenced perimeter. On the lower level of the this building is the laundry, clothing and storage areas, showers, toilets, the locker room, personal property storage, a recreation area, a computer room and the library. On the upper level of the building is the food preparation area, food storage, offender dining, staff dining, the Watch Office and Control Room, the Major's Office, records area, the Lieutenants' Office, medical, counselors' offices, the dorm landing and Dorm A and Dorm B. Both dorms are "open-bay" and have unobstructed sight lines. The population is about evenly divided between the two dorms. There are also four segregation cells on the upper level.

As previously mentioned, the Superintendent stated that 59 cameras were being installed in the facility. This work is scheduled to be completed before the end of June.

The Pamunkey Farm, which is the part of the Department of Corrections' Agri-Business, includes several green houses and farm and equipment storage buildings.

Offenders can be assigned to several work programs that are both on and off the of the facility grounds. These include the Offender Highway Labor program that is a collaborative program with the Virginia Department of Transportation, the Agri-Business/Farm program, the Offender Kitchen Labor, Dorm Cleaning and Maintenance program, the Offender Librarian and Law Librarian, the Offender Barber Shop Services, and the Offender Recreation Program.

Educational programs include the GED program, computer training, Road-to-Success, Ready to Work, a Book Program and various religious programs.

CCU also offers offenders the opportunity to earn certificates in specific areas that helps to prepare them for reentry. The certificate programs include Waste Water Treatment, SERV SAFE, Forklift, Aerial Lift, Chainsaw, Ridge Hood Cleaning, Pesticide Technician, and a 10-Hour OSHA Certification.

Throughout the day offenders are moving in and out of the facility to these various assignments. The auditor was impressed with how organized and efficient these movements occur. The supervision of offenders is always the top priority.

#### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	1
Number of standards met:	39
Number of standards not met:	1
Non-applicable:	2

## **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Virginia Department of Corrections has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Operating Procedure 038.3 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, other agency policies such as Operating Procedure 057.1 Personnel Records, supplement the main PREA policy. Agency policies and procedures were well organized and have been continually revised over the last few years as Virginia Department of Corrections has developed and implemented PREA guidance and procedures.

Ms. Elizabeth Thornton is the PREA Coordinator. She supervises three regional PREA Analysts; Ms. Lawanda Long is the regional PREA Analyst for the Caroline Correctional Unit #2 and also serves as the PREA audit coordinator. Ms. Rose Durbin and Mr. Joseph Parks are the other two regional PREA Analysts. All three regional PREA analysts are active in managing the Virginia Department of Corrections PREA program. They conduct training and meetings to keep facility PREA compliance managers up to date on any changes and best practices. Ms. Long, Ms. Durbin and Mr. Parks are very knowledgeable about the PREA Standards and process and are actively involved in the full implementation of PREA. Ms. Long is also a Certified PREA Auditor. Ms. Long claimed to have enough time to perform her PREA duties and is very active at the facilities.

Lt. April Spencer is the CCU PREA Compliance Manager. Lt. Spencer also serves as the Administrative Lieutenant, the Hearing Officer, the Accreditation Manager, the Assistant Watch Commander, and the person who monitors retaliation. Lt. Spencer said there is ample time to do her PREA duties because the facility does not have a lot of PREA issues.

## **§115.12 - Contracting with other entities for the confinement of inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Virginia Department of Corrections has one contracted facility. The Lawrenceville Correctional Center operated by the GEO Group Inc. In March 2013 its contract was amended to include entity's obligation to adapt and comply with PREA standards and the Virginia Department of Corrections responsibility to monitor GEO's compliance with PREA and any standards promulgated in furtherance of PREA. The Virginia Department of Corrections Operating Procedure 038.3 established the requirements in policy. As per conversation with

Ms. Durbin and Ms. Long, the monitoring process will be a mock PREA audit each year the contracted facility does not undergo an official PREA audit.

### **§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)

CCU has developed a staffing plan and makes its best efforts to comply with the plan. The staffing plan is reviewed annually by the facility, region, and PREA Coordinator. The facility documents all deviations to the plan.

Unannounced rounds are documented in logs, and are done randomly by the Lieutenants, the Major, and the Superintendent. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring.

The facility is in the process of adding 59 video cameras to the CCU building. This will enhance the security of both levels in the building. This improvement should be completed before the end of June. Security audits are conducted at every DOC facility annually which also helps to identify any monitoring or supervision issues.

### **§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)

Not Applicable

CCU does not house youthful offenders. Operating Procedure 038.3 and 425.4 covers the standard of separating youthful inmates. All youthful inmates are housed at Sussex 1 State Prison.

### **§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)

CCU does not conduct cross gender strip searches. Body cavity searches are only done by medically trained professionals per Operating Procedure 445.1.

Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks.

Interviews with offenders and staff confirmed that female staff do not observe offenders naked, in the shower or when using toilet facilities.

Staff and offenders interviewed confirmed female staff are announced. The auditor observed female staff announce their presence when they entered the housing units. When female administrators make unannounced supervisory checks, they announce their presence when they enter the dorm area per the DOC policy and procedures that were amended on March 20, 2014 for opposite gender supervisors conducting unannounced rounds.

Per interviews pat down searches of transgender inmates are done by female staff doing the top and male staff doing the bottom of the inmate in accordance with Operating Procedure 445.1. No transgender inmates were assigned to CCU during the audit. Staff members interviewed knew and were comfortable with the procedures.

### **§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)
- XX Does Not Meet Standard (requires corrective action)

CCU takes some steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. While the PREA brochure is in English and Spanish, the inmate handbook is only printed in English.

Hearing impaired inmates go to Powhatan Correctional Center and Fluvanna Correctional Center. The Agency contracts for sign language and video remote interpreting services. Through the medical contract the agency also can access other language interpretations, though it was not well known amongst staff. The Auditor was told the DOC contracts with OPTIMAL for phone interpreters. Both offenders and staff stated offenders are not used as interpreters, especially if it is an issue with sexual abuse and sexual harassment.

### **§115.17 – Hiring and Promotion Decisions**

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

The Human Resources Manager at Haynesville Correctional Center has conducted 5-year background checks on all employees at CCU. The agency also provided documentation that background checks are required of all contractors who have contact with offenders.

Applicants and employees have a continuing affirmative duty to disclose any sexual abuse in prison or other institution; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community by force or coercion or victim did not consent. Reviewed documents that demonstrated were done. Virginia DOC recently changed policy 057.1 to allow information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to be furnished to any institutional employer for whom the former employee has applied to work.

### **§115.18 – Upgrades to Facilities and Technology**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Fifty-nine new cameras are being installed at CCU to improve the overall security at the facility. This project will be completed before the end of June 2014. The Auditor observed the work in progress and talked with the contractor who was doing the work.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy and procedures outline evidence protocols and requirements for forensic medical exams. No outside agencies conduct investigations. Hospitals with SANE/SAFE are identified and are provided at no costs to the inmate when requested. No inmate has requested a forensic medical examination during the audit period. Action Alliance trains Virginia DOC staff to be victim advocates. Victim advocates are on call and are not from facility victim is from. No victim advocates were required to date.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. Lt. April Spencer and Sgt. Kenneth Forrest at the Haynesville Correctional Center are the designated investigators for CCU. The Special Investigations Unit is assigned on criminal cases and advises the facility investigator on administrative investigations. All investigations are internal to DOC. The Auditor reviewed 1 investigation that had been conducted and was determined to be unfounded. The Auditor also interviewed the offender who made the claim. The incident comes from a search the offender felt was inappropriate.



The offender acknowledged that he was told of the findings and that he has been consulted regarding any retaliation, although it was not required.

### **§115.31 – Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Virginia DOC provides all employees a three hour class which includes a video. There is a Post-Test following the training. The Auditor reviewed six training records at CCU and found signed acknowledgement of training and understanding of material covered forms (the acknowledgement form lists all the required areas of the standard), attendance sheets, training agenda, and the actual test the employee took. Review of the lesson plan demonstrates all the required areas are covered. All staff have been trained. Interviews of staff demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting. Some staff had either forgotten some of the material or simply could not remember the training on some topics. A “refresher” session at Roll Call would help to reinforce the training.

### **§115.32– Volunteer and Contractor Training**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Interviews of three contractors demonstrated their knowledge of PREA and their responsibilities and agency zero tolerance policy. The auditor reviewed contractor and volunteer training records, each have to sign a PREA Training Acknowledgement form.

### **§115.33 – Inmate Education**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

During intake, offenders are provided information through a PREA pamphlet and Offender Orientation Handbook that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. During facility orientation

offenders receive additional training which consists of a video and additional information which expands on the previous information provided in the pamphlet and handbook. The inmates sign an acknowledgement of having received the training. Posters and offender handbooks are provided to inmates or posted in the dorms in formats accessible to all inmates.

During the interviews inmates acknowledged the information being provided upon arrival and orientation. All offenders knew the agency zero tolerance policy and how to access assistance if they are abused or harassed. Some offenders claim to be unaware that victim advocates are available for emotional support services related to sexual abuse. This information is available in the DOC brochure, but not in the handbook. As previously mentioned, the handbook is not available in Spanish. All offenders know that by calling #55 they can make a sex abuse or sexual harassment referral. The auditor recommends annual or refresher classes for the offender population as done for staff.

### **§115.34 – Specialized Training: Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Sgt. Forrest stated he and members of the SIU participated in three days of training for PREA Investigators that was held at the Virginia State Police Academy in 2013.

Lt. April Spencer also participated in the PREA Investigator Training at the Academy for Staff Development in October of 2013.

### **§115.35 – Specialized training: Medical and mental health care**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Medical staff do not conduct forensic medical examinations. Nurse Jane Packett stated she and the doctor have received PREA Health Care Training provided by the Department. Training records confirmed their participation in the training.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. The screening is completed within 72 hours of arrival by policy and check of records. Screening information is provided to mental health staff and records are maintained by the counselors.

The auditor was provided screening documentation that confirmed inmates were being asked their own perception of vulnerability.

### **§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)

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

The Department recently amended its policy regarding Gender Identity Disorder Committee and the local treatment teams which now meets the standard.

At the time of the audit there was no transgender or intersex inmate in the CCU.

### **§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)

Agency policy states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after that.

Only Riverside Correctional Center houses Protective Custody inmates. No offenders from CCU were placed in Protective Custody.

### **§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)

The Virginia DOC and CCU provide multiple internal ways for inmates to report sexual abuse, sexual harassment and retaliation. Offender interviews confirmed that offenders are aware of their options. The MOU with Action Alliance allows for reporting to Action Alliance and that the Alliance will only forward immediately if victim agrees. Per the MOU, if not immediately reported it will be forwarded to DOC as part of the quarterly report. Per conversation with Alliance; option includes outside reporting. A person will then take the information provided by the inmate, to include any request for follow-up actions and forward to the DOC. The inmate name will not be provided. Reports can also be taken through a third party. No third party calls have been to CCU.

### **§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)

Virginia DOC Grievance Operating Procedures have been modified to address PREA standards. CCU reports there have been no grievances submitted referencing sexual assault, sexual harassment or retaliation for reporting a sexual incident.

### **§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)

Action Alliance is used for confidential reporting and outside confidential support services. Phone numbers and mailing addresses are provided to the inmate population on the PREA pamphlets they receive upon arrival to the facility. Recent flier added a PO Box address. Inmate interviews indicated some offenders did not know these outside support services were available.

### **§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)

The Virginia Department of Corrections Web site provides point of contacts and how to do a third party report. Third party reporting forms are in English and Spanish. CCU has not received any third party report. Interviews with staff and offenders confirm that staff and offenders are aware that third party options are available.

### **§115.61 – Staff and Agency Reporting Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Every staff interviewed understood and spoke specifically about this procedure. Offender interviews supported the fact that offenders are also aware of the reporting and confidentiality requirements of sexual abuse and harassment cases.

### **§115.62 – Agency Protection Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risks. All staff interviewed knew this procedure. There was no case of an inmate who was subject to a substantial risk of imminent sexual abuse at CCU.

### **§115.63 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating Procedure 038.3 meets the requirements of the standard. One incident was reported at DMCC to the QMHP who reported it per procedure. CCU has not had any sexual abuse allegations made concerning other facilities.

### **§115.64 – Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency's operating procedures meet the standard. (OP 030.4; 075.1; and 038.3)

Interviews with staff at the CCU confirm that the staff know what to do upon learning that an offender was sexually abused.

### **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating procedures and the CCU PREA Checklist were reviewed and meet the requirements of the standard. However, a narrative plan was not included, as was the case in other facilities. Interviews with staff confirmed they were knowledgeable about the PREA Plan and the coordinated duties and collaborative responsibilities.

### **§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)

XX Not Applicable

State employees in the Commonwealth of Virginia do not have collective bargaining rights per the Code of Virginia 40.1-57.2. As a result, there has been no collective bargaining agreement entered into since August 2012.

### **§115.67 – Agency protection against retaliation**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating Procedure 130.1. has been updated to state that a specific staff member must be designated to monitor retaliation.

Lt. April Spencer, PREA Compliance Manager, is charged with monitoring retaliation and conducts checks with offenders who have been victimized or reported victimization every 30 days up to 90 days or longer if required to ensure no retaliation on the inmate has been instigated. Although the one allegation that was reported was determined to be unfounded and did not require monitoring, Lt. Spencer did follow-up with the offender. This was confirmed by the offender.

### **§115.68 – Post-Allegation Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

OP 425.4 meets the requirements of the standard. No offenders from CCU were placed in protective custody following an allegation.

### **§115.71 – Criminal and Administrative Agency Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Lt. April Spender will conduct initial investigations and call upon Sgt. Forrest if assistance is needed. If an allegation appears to be criminal in nature, the Investigator will call upon the DOC Special Investigation Unit (SIU) to conduct the investigation. The SIU will provide technical assistance and support to the facility investigator for administrative investigations. The DOC SIU has full police powers. All SIU Investigators have received PREA investigation training.

The one investigation was reviewed and was found to be promptly, thoroughly, and objectively, investigated.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A review of DOC OP 130.1.9, 135.1.E and 861.1.11.b and interviews with the investigator and administrative staff confirm the CCU meets the standard.

### **§115.73 – Reporting to Inmate**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A review of OP 030.4 and OP 038.3 and the one investigation completed indicates that the offender was informed of the outcome of the investigations.

### **§115.76 – Disciplinary sanctions for staff**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The DOC's Operating Procedures 130.1 and 135.1 meet the standard. The Superintendent reported that no staff at CCU have been subject to discipline for sexual abuse or sexual harassment policies.

### **§115.77 – Corrective action for contractors and volunteers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating Procedure 027.1 meets the requirements of the standard. Operating Procedure 130.1 was updated on 20 March 2014 designating the PREA Coordinator responsible to notify law enforcement and any relevant licensing body as applicable.

The Superintendent reported that there have been no allegations of sexual abuse by contractors or volunteers.

### **§115.78 – Disciplinary sanctions for inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating procedures 038.3, 820. 2, 830, and 861, confirm compliance with all parts of this standard. The Superintendent reported that there have been no reports of inmate-on-inmate sexual abuse.



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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

CCU meets the requirements of the standard as confirmed by review of OP 425.4, 701.3 and 730.2 and staff and offenders interviews. The Superintendent reported that there have been no cases reported of an offender being sexually abused at any prison, jail, or lockup.

### **§115.82 – Access to emergency medical and mental health services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Review of operating procedures and interviews with staff and offenders confirm compliance. A memo from the Superintendent confirmed there were no sexual assaults and therefore access to emergency medical services were not needed or utilized.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Review of operating procedures 720.1, 720.4, 720.7 and 730.2 and interviews with staff and inmates confirm compliance. A memo from the Superintendent confirmed there were no sexual assaults and therefore ongoing medical services and mental health care were not needed or utilized.

Standard 115.83 (e) is Not Applicable since this is an all-male facility.

### **§115.86 – Sexual abuse incident reviews**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A memo from the Superintendent confirmed there were no sexual assaults and therefore the Sexual Abuse Incident Review Team has not had a meeting. However, he did state that if an incident did happen the Team would review all the points required in 115.86 as per the DOC OP 038.1 and 038.3.

### **§115.87 – Data Collection**

XX 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)

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument since 2008. The system is continuously improved. The system allows the agency to submit the annual DOJ Survey of Sexual Violence timely; and for use by the agency to monitor, trend and take corrective action.

### **§115.88 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the VA DOC website.

### **§§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Data is properly stored, maintained and secured. Access to data is tightly controlled.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



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Auditor Signature  
Charles J. Kehoe,  
Certified PREA Auditor

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May 4, 2014

Date