

# PREA AUDIT: AUDITOR'S SUMMARY FINAL REPORT

## ADULT PRISONS & JAILS



<b>Name of facility:</b>		Central Virginia Correctional Unit #13	
<b>Physical address:</b>		6900 Courthouse Road, Chesterfield, Virginia 23832	
<b>Date report submitted:</b>		February 1, 2016	
<b>Auditor Information</b>		Charles J. Kehoe	
<b>Address:</b>		P.O. Box 1265, Midlothian, VA 23113	
<b>Email:</b>		charlesjkehoe@msn.com	
<b>Telephone number:</b>		(804) 873-4949	
<b>Date facility visit:</b>		November 4 - 5, 2015	
<b>Facility Information</b>			
<b>Facility mailing address:</b>		Same as above	
<b>Telephone number:</b>		(434) 447-3857	
<b>The facility is:</b>		<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit	
<b>Facility Type:</b>		<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>		Sheila Hughes	<b>Title:</b> Agency Mgt. Analyst
<b>Email address:</b>		Sheila.Hughes@vadoc.virginia.gov	<b>Telephone number:</b> (804) 318-5901
<b>Agency Information</b>			
<b>Name of agency:</b>		Virginia Department of Corrections	
<b>Governing authority or parent agency:</b>		N/A	
<b>Physical address:</b>		6900 Atmore Drive, Richmond, Virginia 23261	
<b>Mailing address: (if different from above)</b>		P.O. Box 26963, Richmond, Virginia 23261	
<b>Telephone number:</b>		(804) 887-8000	
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>		Harold Clarke	<b>Title:</b> Director
<b>Email address:</b>		Harold.Clarke@vadoc.virginia.gov	<b>Telephone number:</b> (804) 887-8081

**Agency-Wide PREA Coordinator**

<b>Name:</b>	Elisabeth Thornton	<b>Title:</b>	Corrections Operations Administrator
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<b>Email address:</b>	Elisabeth.Thornton@vadoc.virginia.gov	<b>Telephone number:</b>	(804) 887-8085
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# AUDIT FINDINGS

**NARRATIVE:** The PREA Audit of the Central Virginia Correctional Unit #13 (CVCU) was conducted on November 4 and 5, 2015. The Designated Auditor (auditor) was Charles J. Kehoe.

The auditor wishes to extend his deepest appreciation to Superintendent Rita Peters and her staff for their professionalism, hospitality, and kindness. The auditor worked with the Superintendent previously during another PREA audit and is impressed with her leadership and commitment to the Prison Rape Elimination Act.

The auditor also wishes to compliment the Virginia Department of Corrections (DOC) PREA Coordinator, Elisabeth Thornton, Regional PREA Analysts Lawanda Long and PREA/ADA Supervisor Rose Durbin, for their outstanding work in organizing the electronic files that were provided to the auditor in advance of the audit. This enabled the audit to move forward very efficiently.

The DOC PREA Coordinator, one of the Regional PREA Analysts, and the agency contract manager were interviewed by Certified PREA Auditor, David K. Haasenritter and Mr. Kehoe on December 16, 2013. On December 30, 2013, the Designated Auditor, Charles Kehoe, interviewed the Director of Corrections, Mr. Harold Clarke.

Prior to the on-site audit, the auditor contacted Action Alliance, the local victim advocacy agency that takes calls regarding allegations of sexual abuse and sexual harassment and also provides emotional support services to offenders who have been sexually abused in any DOC facility. The agency stated they had received no allegations from this facility. The auditor also called Just Detention International and was told no calls had been received concerning this facility.

An Entrance Meeting was held at 7:55 a.m. on Wednesday, November 4, 2015 with Superintendent Peters, PREA/ADA Supervisor Rose Durbin, and PREA Regional Analyst Lawanda Long and five administrative staff members. The Superintendent and her administrative team provided the auditor with an overview of the CVCU and the offender population it serves. The auditor reviewed the audit schedule and provided the Superintendent with a list of offenders and staff he randomly selected to be interviewed from the offender list and staff list that were provided to him.

Following the Entrance Meeting, the auditor conducted a comprehensive site review of CVCU with the Superintendent, the PREA/ADA Supervisor, the PREA Regional Analyst, the PREA Compliance Manager and the Major. The site review began at 8:42 a.m. and ended at 10:30 a.m. Throughout the site review, the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the DOC's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment.

Following the tour, the auditor began the interviews and reviews of investigative files, training and personnel files, offender files, and 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 facility. Two offenders were

identified as being in the specialized categories and were interviewed. One offender identified as being a lesbian and the other disclosed a prior victimization during intake.

Ten correctional officers were interviewed; they were randomly selected by the auditor from both shifts. Sixteen interviews were conducted with specialized staff or staff in specialized area. These interviews included the Superintendent, PREA Compliance Manager, Intermediate and Supervisory staff who make unannounced rounds (2), the health administrator, a mental health professional, the Human Resources Manager, the Institutional Investigator, the Counselor who conducts screening for risk of abuse or victimization, an officer who supervises offenders in segregation, an Incident Review Team member, the staff member who monitors for threats of retaliation, a non-security staff member who can act as a first responder, an Intake staff member, and the training Lieutenant at the Powhatan Correctional Center Training Facility. The auditor also interviewed one volunteer. In total, the auditor conducted 39 interviews during the audit.

It should be noted that since this is a smaller sized facility; some of the staff have multiple responsibilities so some individuals were interviewed more than once if their duties covered more than one specialized PREA area.

The auditor was impressed by what the correctional officers and other staff know about PREA, the zero tolerance policy, offender rights regarding PREA, first responder duties, and evidence collection. Regular PREA reminders are provided during the shift briefings which keep the importance of PREA in front of all the correctional officers.

The auditor selected and carefully reviewed three personnel files and seven training records of correctional officers he had randomly interviewed. The personnel files were very organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in Standard 115.17. The training records were also very complete and included written documentation that the correctional officers received the required training and understood it.

The auditor also reviewed four offender files and saw documentation of offender education, intake screening, and risk of victimization. The DOC's offender files are very organized and provided detailed information on the offender.

There have been two allegations of sexual harassment in the past year and no allegations of sexual assault. The auditor reviewed the two sexual harassment investigation files with the investigator. Both were determined to be unfounded.

Health care and mental health services that are provided to the offenders at VCCU 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.

The auditor found that the facility did not meet Standard 115. 15, because 8 of 10 staff were not familiar with the DOC's regarding transgender and intersex searches and Standard 115.21 because the offenders they were not aware of how to reach out to a community agency for emotional support. In less than a week, the CVCU had provided training to all staff regarding the correct procedures for searches of transgender and intersex residents and had also provided training for the offenders on how they could contact a community agency for emotional support.

When the on-site audit was completed, the auditor conducted the Exit Meeting on Thursday, November 5, 2015 at 2:20 p.m. While the auditor could not give the facility a final finding, as there was one issue needing further clarification, the auditor did give an overview of the audit and thanked the Superintendent and her staff for their excellent work and commitment to the Prison Rape Elimination Act.

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

Central Virginia Correctional Unit #13 is a security level 2 facility for female offenders that opened in 1971 as a male facility. In 1994 it was changed to a female offender facility. It is located at 6900 Courthouse Road, Chesterfield, Virginia, on 74 acres in Chesterfield County, Virginia, approximately 22 miles south of the City of Richmond. The women who are incarcerated here have been transferred from either the Fluvanna Correctional Center or the Virginia Correctional Center for Women. Security Level 2 - Assignment Criteria prohibit convictions for Murder I or II; Sex offenses, and Kidnap/Abductions, and no escape history. Offenders cannot have had any disruptive behavior for at least past 24 months. The average length of stay is 24 to 30 months.

The count on the first day of the audit was 247. The rated capacity for CVCU is 280 offenders

There are 71 authorized positions at this facility, including 51 security positions. On the first day of the audit there were five vacancies in staff positions. The Superintendent stated that they would be interviewing to fill these positions following the PREA audit.

The site review of the facility began at the Commissary where 3 to 4 offenders are normally assigned to one staff member. The staff member said she was familiar with PREA.

The auditor observed several maintenance/storage buildings and a staff meeting building. These buildings do not have cameras inside the buildings. However there are cameras that record the activities going on around the grounds. The auditor viewed the monitors and confirmed that there is thorough coverage of offender movement around the facility.

The kitchen and dining areas are open with good lighting and sight lines. The kitchen, food storage and dining areas are all covered by cameras.

The facility housing is a dormitory setting with four (4) dormitories. A and B dormitories house general population offenders and C and D dormitories house those offenders assigned to the Therapeutic Community. There is no Special Housing at Central Virginia Correctional Unit #13. There are four isolation cells in each dormitory building, but the auditor was told that given the population of offenders at this facility, these cells are rarely used. The isolation cells have four cameras that can see inside cells.

When the auditor inspected the dormitories, he observed large signs reminding all males entering the dorms to announce their presence. The dormitories have cameras and convex mirrors to prevent sexual abuse and harassment incidents. The toilet areas provide for privacy. Showers, a laundry, a recreation area, staff offices, classrooms and a library are located on the lower level. The showers and changing areas have been remodeled to enhance privacy for residents. Male correctional officers are not permitted near the shower areas.

There was signage throughout the facility that informed and reminded offenders how they can report sexual abuse and sexual harassment. The auditor also observed the notice of this audit

displayed throughout the facility, as well. The telephones offenders can use to report sexual abuse or sexual harassment are easily accessible in the dormitories. The auditor tested the line and called #55. The party who answered was very well informed about PREA and told the auditor that offenders can request emotional support, as well as report an allegation of sexual abuse or sexual harassment.

The auditor was impressed by how clean and orderly the dormitories were.

The auditor found that camera coverage was very adequate in the dormitory areas. The auditor was told that the video retention period was generally 30 days, but could be expanded to 90 days.

During the site review of the dormitories, the auditor checked the logs for the Superintendent and the Major confirmed that unannounced rounds are being conducted and that they are being documented.

The auditor met the dentist and the doctor in the health care areas during the site review. Mental health services are provided on a weekly basis by qualified mental health professionals from another facility.

Some of the female offenders assigned to Central Virginia Correctional Unit #13 have work assignments at the Virginia Correctional Enterprises warehouse, the State Corporation Commission Copy Center, and the Café at the Virginia Department of Corrections Headquarters.

As part of the re-entry program, Central Virginia Correctional Unit #13 offers several programs for the offenders:

- Healthy Relationships
- Parenting
- PREPS Ready to Work
- Road to Success
- Social Skills
- Substance Abuse Support (AA)
- Substance Abuse Support (NA)
- Topical Seminars
- Therapeutic Community
- Restorative Justice
- Substance Abuse Matrix Model
- A Cognitive Approach to Anger Management
- Thinking for a Change

#### SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	4
Number of standards met:	37
Number of standards not met:	0
Non-applicable:	2

### **§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)

Operating Procedure 038.3 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; other agency policies supplement the main PREA policy. Agency policies and procedures are well organized and easy to understand.

The DOC provided the auditor with the policy and procedure, the organizational chart showing the PREA Coordinator position in the Operations Division, and a work description and performance plan for Regional Analyst and a list of the PREA Compliance Managers in each facility.

Ms. Elisabeth Thornton is the PREA Coordinator. She was appointed to this position on November 1, 2011. She is assisted by a PREA/ADA Supervisor and two Regional PREA Analysts (one Regional Analysts position is currently vacant and in the process of being filled). Both the PREA/ADA Supervisor and the PREA Analyst are very knowledgeable about the PREA standards and certification process and are actively involved in the full implementation of PREA. They also conduct PREA related training and facilitate meetings to keep facility PREA compliance managers current on any changes and best practices. Ms. Durbin is the PREA/ADA Supervisor and serves as PREA Analyst for CVCU.

Sheila Hughes, Agency Management Analyst, is the PREA Compliance Manager for the CVCU. She stated she has time to manage her PREA duties and her other responsibilities.

### **§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)

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 the 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. The auditor interviewed Lawanda Long, Regional PREA Analyst by phone following a previous audit. Ms. Long stated that she

visits the Lawrenceville Correctional Center quarterly and monitors that facility's compliance with PREA by interviewing staff and offenders and checking records.

### **§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)

DOC Procedures 401.1, 401.2, and 401.3 satisfy the conditions of this standard.

CVCU staffing plan takes into consideration all the requirements for a staffing plan that are mentioned in the standard and (i.e., post audit) documents that the facility currently has 51 authorized security positions. Five (5) correctional officer positions are currently vacant. The Superintendent stated the process to fill these positions is underway. CVCU has 15 positions that are certified as BFOQ positions because of the facility's population.

The Superintendent has reviewed the deviations from the Post Audit and found the following six reasons are the most common causes of deviations from the staffing plan:

- Call-ins
- Staff attending mandatory training
- Staff on short-term disability
- Time adjustments for staff attending mandatory training on days off
- Positions held for budgetary reasons
- Staff scheduled off or accumulated leave time.

DOC Procedure 401.2 requires that before January 31<sup>st</sup> of each year, the Superintendent will review of the staffing audit/plan and forward her comments and observations to the Regional Operations Chief. The Regional Operations Chief will forward the Superintendent's review to the Regional PREA Analyst for review and comment.

DOC Procedure 401.1 and 401.3 require that Lieutenants and above conduct unannounced rounds throughout the month. This includes the Administrative Duty Officers who will make unannounced rounds on both 12-hour shifts. The auditor confirmed through interviews with administrative and supervisory staff that unannounced rounds are conducted as required. Written documentation of the unannounced rounds was seen in log books in the dormitories. The policy also prohibits staff from alerting other staff that unannounced rounds are being conducted.

There are 14 cameras located in the dormitories. Additional cameras located throughout the facility.

### **§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

There are no youthful offenders in this facility. 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)

CVCU 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. Some of the female offenders stated that at one time there was a concern that male correctional officers could possibly see into the shower and changing areas, but that has been corrected. The CVCU provided documentation that 15 positions are now considered BFOQ posts, including those that monitor the cameras in the shower and changing areas. It must be noted that the DOC has also made upgrades to the shower and toilet areas to further ensure offender privacy while still maintaining security and lines of site.

Staff and offenders interviewed confirmed male staff announce when entering the dormitory, shower, and changing areas. The auditor observed male staff announce their presence when they entered these areas. Operating Procedures 401.1 and 401.2 address these areas.

Procedure 445.1 was amended on August 21, 2014 by the Chief of Corrections Operations. The Memorandum that amends the procedure states that female correctional officers will conduct all frisk searches of transgender and intersex offenders unless exigent circumstances are present and documentable. The procedure also states that transgender and intersex offenders may express, in writing, a preference regarding the sex of the correctional staff conducting strip searches. The request would be made to the facility Treatment Team. However, during the random interviews with the staff, eight of ten staff interviewed could not describe this procedure for searching transgender and intersex offenders. Within 7 days following the audit, CVCU had retrained all the security staff on the procedures described in Operating Procedure 445.1. The PREA Regional Analyst sent the auditor signed documentation that every staff member had received the training and understood it.

Operating procedure 350.2, amended on May 1, 2015 requires "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 (§115.15[f], §115.215[f])."

## **§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)

Operating Procedure 038.3 states, “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 procedure also states that the institutions will accommodate offenders who may have hearing or visual disabilities.

The DOC has a contract with Vernacular Language Services which can provide interpreters in several languages via the phone. The DOC Central Regional Office also has a staff member who speaks Spanish and is readily available.

Virginia Correctional Enterprises has also published the DOC PREA Handbook in braille.

The DOC also has a contract with Purple Language Services to provide American Sign Language services for hearing impaired offenders.

The DOC brochure, “Sexual Assault Awareness and Prevention” and the PREA posters that are displayed throughout the facility are in both English and Spanish.

The DOC’s commitment to provide services to offenders with disabilities or who have limited English proficiency is very comprehensive and exceeds the requirement of the 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)

DOC Operating Procedures 040.1, 057.1, 101.1, 101.8, 135.1, 170.1, and 260.1 address all the requirements of this standard.

The auditor reviewed several background checks of new employees, and they confirmed that the five-year background checks were completed, as required. Documentation in the personnel files also confirmed that backgrounds are being done at the time of promotions.

Employees are also required to respond in interviews or written self-evaluations to the questions addressed in 115.17 (a) (1), (2), and (3). Operating Procedures also state that

employees have an affirmative duty to disclose any such conduct. In reviewing personnel files, the auditor confirmed that the questions are being asked and documented.

Background checks are also conducted on all contractors and volunteers who have contact with offenders. CVCU documented the background checks.

The DOC will provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee to an institutional employer for whom the employee has applied to work provided the request is in writing. A release is not required from the employee.

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

- 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)

There are over 24 cameras currently in the facility and cover the dormitories, recreation/visiting areas, isolation cells, kitchen and dining areas, the laundry, and the grounds.

The facility enhanced the shower and toilet areas in the housing units to provide more privacy for the offenders who are showering or using the toilet facilities.

The offenders the auditor interviewed, in random interviews, reported that they felt they had privacy in the shower and changing areas and when using the toilet.

### **§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)

DOC Operating Procedures 030.4, 038.3, 445.2, 720.7 and 730.2 address all the requirements of this standard. Investigations of sexual abuse are conducted by the facility and the Special Investigations Unit. The protocol the DOC uses is adapted from the current edition of the DOJ publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescence."

CVCU would take a victim of sexual abuse to the Virginia Commonwealth University Medical Center for a forensic exam by a Sexual Assault Nurse Examiner or a Sexual Assault Forensic Examiner. If that hospital could not provide the exam, the victim would be transported to St. Mary's Hospital. Both facilities are located in Richmond and both can conduct forensic exams.

The CVCU provided the auditor with the current MOU between the DOC and Action Alliance. Action Alliance is the designated agency that provides advocacy services to victims of domestic and sexual abuse and also provides emotional support to the victims, if requested. The DOC and Action Alliance have a very good working relationship, as observed by the auditor at training sessions.

In addition to the MOU, CVCU has a list of trained volunteers who would be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and would provide emotional support, crisis intervention, information, and referrals, if needed.

During random interviews with the offenders, seven of the ten offenders were not specifically familiar with any services outside of CVCU that could provide services to victims of sexual abuse. The auditor felt the agency did not meet the standard. On Tuesday, November 10, 2015, the PREA Compliance Manager reported to the PREA Regional Analyst that she had reviewed the PREA brochure with all dorms. She reminded the offenders how to report an allegation of abuse or harassment and the telephone number they can call to request emotional support. CVCU now meets the 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)

DOC Operating Procedures and 030.4 and 038.3 ensure that an administrative or criminal investigation will be conducted for all allegations of sexual abuse or sexual harassment. CVCU has a PREA trained investigator on staff. The facility investigator conducts all administrative investigations and the preliminary investigations of sexual assaults. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment are referred for investigation to the DOC Special Investigations Unit which has the legal authority to conduct criminal investigations. The PREA Investigators in the SIU have all received the PREA Investigator Training.

DOC Operating Procedure 038.3 that addresses the investigation of sexual assault and sexual harassment allegation is published on the DOC Web site. The Investigator and the auditor reviewed two PREA allegation files that were investigated. They were determined to be unfounded.

### **§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)

DOC Operating Procedures 160.1 and 350.2 address employee training related to PREA. Employees have an annual in-service training in which four-hours is devoted to PREA information. Online training must be completed before coming to the classroom in-service training. The employee must take an exam following the online training and pass the exam or the online course must be taken over until the employee passes the exam.

The Auditor reviewed the documentation in seven training records which acknowledged that employees received the required training and understand it.

Random interviews with correctional officers provided further evidence that all the officers had received the training and understand it.

The auditor also reviewed the PREA training curriculum and found it to be very comprehensive and professional.

### **§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)

The auditor interviewed a volunteer who confirmed that he had received PREA training. The volunteer was also given the DOC brochure “A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections.” The auditor also reviewed the written documentation that the contractors and volunteers sign that acknowledges that they have been given the training and understand the DOC Zero Tolerance Policy, and know how to report an allegation.

The amount of training volunteers and contractors received depends on their level of contact with the offenders.

DOC Operating Procedures 027.1, 038.3, 160.1, and 350.2 address contractors and volunteers training and responsibilities as they relate to PREA.

### **§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)

One offender of the ten that were randomly interviewed said she was not trained on PREA, within the first 30 days of her arrival at CVCU, but that she had remembered the training that she received at the Fluvanna Correctional Center. This offender came to this facility in March of 2015. All the other nine offenders interviewed said they have received the PREA training and that it usually took place within the ten days of the time they arrived. Most of the offenders said that it was done as part of their orientation.

The *Sexual Assault Awareness and Prevention* brochure is provided to every offender when they are admitted to the institution. If there is no documentation in the offender's file that she received the *Preventing Sexual Abuse and Sexual Assault Training* at another DOC Facility, then the offender will also be provided that training, which is a more detailed description of sexual abuse in correctional facilities and how to report it.

The offenders document receiving the *Sexual Assault Awareness and Prevention* brochure by signing the *Orientation Contract* form which is then placed in the offender's institutional record. The auditor reviewed four completed forms in offender files.

Sexual Assault/Abuse or Sexually Aggressive Behavior is also covered in the Offender Handbook and includes the reporting number #55.

DOC Operating Procedures 038.3 and 810.2 address the requirements of this 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)

Officer C. Gray received the PREA Investigator Training in 2014 and has also had refresher. Officer C. Robinson also received the Investigator training.

The auditor reviewed the agenda for the two and a half days of training and two examples of the training curriculum. The training is very comprehensive and provides great detail. For this reason, the auditor finds that the DOC exceeds the requirements of the standard.

DOC Operating Procedures 030.4 and 350.2 address Investigator Training.

### **§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)

The registered nurse and the qualified mental health professional stated they have received the specialized training for medical and mental health care professionals. A signed certificate confirmed the nurse had received the training.

The QMHP received his training at the Greenville Correctional Center. The auditor reviewed the training agenda and the documentation that the QMHP had completed the training.

DOC Operating Procedures 160.1, 350.2, 701.1 and 720.7 address specialized training for medical and mental health care professionals.

## **§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)

DOC Operating Procedures 730.2, 810.1, 810.2 and 861.1 describe the actions that must be taken to evaluate new offenders arriving at the facility, including screening for risk of victimization, and the 30-day review. The CORIS Classification Assessment is the objective screening instrument used by the DOC and covers all items in 115.41 (d) (1) through (9). The staff members perception of the offender's orientation is also recorded.

The auditor also reviewed four 30 day Reassessment Reviews form. These reviews included all the information required under 115.41(d) (1)-(9) and the statement for the staff member conducting the classification assessment to answer, "Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming." The screening also considers all prior sex offenses.

The risk assessment information is available only to the Superintendent, the Major, the PREA Compliance Manager, the QMHP, the nurses, and the counselors. Other staff do not have access to the information without expressed authorization.

## **§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)

Information that is gathered during the Classification and Assessment process is used to determine housing, bed, education, program, and work assignments with the goal of protecting offenders who are at high risk of sexual victimization from being sexually abused or harassed. Housing and program assignments are done on a case-by-case basis. The auditor reviewed 4 offenders' files and documentation confirmed the facility meets the requirements of the standard.

The DOC's Gender Dysphoria Disorder Committee and the CVCU treatment team would determine facility assignments for transgender and intersex offenders. As of the date of the audit, there have been no transgender or intersex offenders at this facility.

DOC Operating Procedures 038.3, 425.4, 730.2, 810.1, 810.2, 830.5 and 841.2 address all the specifics of this 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)

Agency policy states offenders at high risk 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. DOC Operating Procedures identify programs and services available to these offenders.

CVCU has not used the isolation cells (segregation cells) as protection for any victim of sexual abuse. There have been no allegations of sexual abuse during the reporting period. CVCU has not transferred any victim to any protective custody housing unit at another facility.

DOC Operating Procedures 425.4, 810.1, 810.2, and 830.5 address the requirements of this 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)

The DOC provides several ways of reporting sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment or staff neglect of duties that could have contributed to sexual abuse or sexual harassment incidents. Offenders can report by calling the Sexual Assault Hotline number, #55 on the phone, they can tell a trusted staff member (i.e., chaplain, psychologist, nurse, security staff, or administrator), they can file a grievance, or they can make a written *Offender Request*. The DOC also can accept Third Party referrals. The Third Party reporting form is on the DOC Web site and is available in English and Spanish. Offenders who were interviewed also knew they can ask a family to report a sexual abuse or sexual harassment. The brochure, *Sexual Assault Awareness and Prevention*, provides the "800" number offenders can use to call for emotional support and also states: "If you have been sexually assaulted or witnessed a sexual assault but you are uncomfortable reporting the incident to staff, you may report anonymously by dialing #55 for the sexual abuse hotline." The P.O. Box address is also listed in the brochure for offenders who may prefer to write.



The offenders who were randomly interviewed articulated the various ways sexual abuse, sexual harassment, and retaliation can be reported.

The facility provided documentation that the sexual abuse hotline does produce calls. As previously reported, the auditor did call the #55 and spoke with the representative on the hotline.

Random interviews with staff confirmed that the correctional officers and other non-security staff know that if they receive a report of a sexual abuse or sexual harassment in writing or verbally, they are to report it immediately and document all reports, including verbal reports.

Approximately half the staff who were interviewed knew how to privately report an allegation of sexual abuse or harassment by calling the Sexual Assault Hotline for staff (855-602-7001) or by calling the Special Investigation Unit. The auditor recommended to the Superintendent that a "refresher" announcement be made during muster. An announcement was made at muster within a week after the audit that reminded all staff how they can privately report sexual abuse, harassment, or retaliation.

DOC Operating Procedures 038.1, 038.3, 801.6, 803.3, and 866.1 meet all the requirements of this 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)

DOC Operating Procedures 038.3, 861.1 and 866.1 address the requirements of this standard. Operating Procedure 866.1 is about the grievance procedure and included information on filing Emergency Grievances that allege sexual abuse and sexual harassment. Emergency Grievances must be forwarded to Shift Commander or the Administrator on Duty. Emergency Grievances must be resolved within 8 hours, if possible.

The Offender Handbook also describes the ways offenders can report a sexual assault.

The Superintendent reported there were no grievances reporting sexual assault filed from July, 2014 through July 2015, and up to the time of the audit.

### **§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)

The DOC has a Memorandum of Agreement with Virginia Sexual and Domestic Violence Action Alliance. Action Alliance is used for confidential reporting and outside confidential support services. Phone numbers and mailing addresses are provided to the offender population on the *Sexual Assault Awareness and Prevention* brochure they receive upon arrival to the facility. Random offender interviews indicated some offenders did not know these outside support services were available. The auditor showed the offenders where the information is available in the brochure and also reminded them that the information was available by calling #55, the Sexual Assault Hotline. During the audit, the auditor called #55. The message directed the caller to enter one number to report a sexual assault and another number for emotional support. The phone system worked without any difficulty. Offenders are informed as to the extent their communications will be monitored.

The auditor found the CVCU did not meet Standard 115.21 because several offenders told the auditor they were not aware of the process for contacting an agency that could provide emotional support to victims of sexual abuse. Within a week after the audit, the PREA Compliance Manager met with all the offenders and reviewed the process for contacting the external agency that can provide emotional support. The agency also meets standard 115.21.

DOC Operating Procedure 038.3 addresses offender access to outside, confidential, support, services.

### **§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. CVCU had not received any third party reports as of the time of the audit. Interviews with staff and offenders confirm that staff and offenders are aware that third party options are available.

In addition to reporting via the Web site, under the "Contact Us" tab on the DOC Web site, persons can find the Director's email address, the email to report a PREA Grievance, the Sexual Assault Hotline number, and a fourth number for other PREA related questions.

DOC Operating Procedure 038.3 addresses third-party reporting.

The DOC's procedures and protocols for third-party reporting exceed the requirements of the standard and are very "user friendly."

### **§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)

DOC Operating Procedures 030.4, 038.1, 038.3, 720.2, 720.7, 730.2, and 801.6 all address various requirements for staff reporting and the DOC's responsibility to report specific cases to the Virginia Department of Social Services.

Agency policy requires all staff to immediately report 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 to the 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.

Medical and mental health staff stated that they are mandatory reporters under Virginia law.

The Superintendent stated this facility has not had any allegations of sexual abuse or sexual harassment reported by staff.

### **§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)

DOC Operating Procedures 038.3, 425.4, and 730.2 all require that when an offender is at imminent risk of sexual abuse the staff will inform the qualified mental health professional who will determine the level of risk and consult with the Superintendent/Warden, Administrator on Duty, or the Shift Commander as to housing changes or other actions to protect the offender.

All the correctional officers interviewed said they would immediately move the offender from the area of risk to a protected environment. The Superintendent stated there have been no reports of inmates being in imminent danger of sexual abuse at CVCU.

### **§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)

DOC Operating Procedure 038.3 meets the requirements of the standard. CVCU has not had any sexual abuse allegations made concerning other facilities in 2014 or in 2015. The Superintendent said she knows it is her responsibility to report to the other facility head if she is made aware of an abuse that occurred at another facility.

### **§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)

DOC Operating Procedures 030.4, 038.3, and 075.1 follow the exact requirements of the standard. Correctional officers and non-security staff that were interviewed by the auditor all described their responsibilities if they were a first responder. The DOC also has a Sexual Assault Response Checklist that a first responder can use to ensure that he/she does not miss any step in the process. All staff interviewed by the auditor reported that they have received training on what to do if they are a first responder.

### **§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)

DOC Operating Procedures 038.3 and 075.1 direct that each facility shall have a coordinated response plan and the suggested steps to include in the plan. The auditor reviewed the CVCU Prison Rape Elimination Act (PREA) Plan that was signed by the Superintendent and PREA Compliance Manager on September 3, 2015. The plan is comprehensive, specific, easily understood, and clearly articulates the responsibilities of the various departments within the facility (i.e., administration, security, medical, mental health, and investigations). It meets the requirements of the standard. Interviews with staff confirmed they were knowledgeable about the PREA Plan and the coordinated duties and collaborative responsibilities of the various departments. Staff also reported that the plan has been discussed in training.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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)

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

Does Not Meet Standard (requires corrective action)

DOC Operating Procedures 038.3, 075.5, and 130.1 describe the DOC's and the CVCU's response to retaliation against staff or offenders who report an allegation of sexual abuse or sexual harassment. The PREA Compliance Manager has been designated as the person who is primarily responsible for monitoring for retaliation at CVCU. The PREA Compliance Manager said she has multiple ways of responding to retaliation that include changing the victim's housing or the housing assignment of the person who reported the incident. She said there are also multiple choices the facility can use for staff, including changing assignments or posts. She added that if an assault happened, the abuser would very likely be moved to another facility. The Compliance Manager said she would monitor for retaliation up to 90 days, or longer if required, ensuring no retaliation takes place that involves the offender or the staff member who reported an allegation. The form, *Agency Protection Against Retaliation* would be used to document the monitoring of disciplinary reports, housing changes, and program/job changes over periods of 30, 60, and 90 days.

The Operating Procedures also state that the Crisis Response Team (CRT) can be called up to help any staff member who fears any kind of retaliation. The auditor also discussed retaliation in the interview with the Superintendent. She stated she would also monitor for retaliation if an incident happened. Interviews with the Superintendent and the PREA Compliance Manager confirmed their expertise in this area.

### **§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)

DOC Operating Procedures 425.4 and 830.5 meets the requirements of the standard. There is no Special/Segregated Housing Unit at CVCU. There are four isolation cells in each dormitory building, but the auditor was told, these cells are rarely used. A victim of a sexual assault would not be placed in an isolation cell without her consent unless it was an extreme situation and that was the only recourse for protecting the offender, at the time. The procedures require that the qualified mental health professional meet with the offender and consult with the shift commander as to available choices for safely housing the victim. No offenders from CVCU have been sexually abused and therefore protective custody has never been used. This was confirmed in a written memo from the Superintendent.

### **§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)

Two PREA allegations regarding inmate on inmate sexual harassment, were reviewed by the auditor and the investigator. The allegations were determined to be unfounded. In both cases, the offenders were informed, in writing, of the outcome of the investigation.

The auditor found that both of the investigations were initiated as soon as the complaint was made known, were professionally done, and the reports were well written. All the investigations were completed in less than 30-days.

There were no allegations of sexual abuse and therefore no cases were referred to the Commonwealth's Attorney.

DOC Operating Procedures 030.4 and 038.3 address the investigations. As previously noted, the investigators at CVCU have taken the PREA Investigator training.

### **§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)

DOC Operating Procedures 130.1, 135.1 and 861.1 all state, "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated." The Superintendent confirmed this in a written memorandum to the auditor.

### **§115.73 – Reporting to Inmate**

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)

DOC Operating Procedures 030.4 and OP 038.3 require notification to offenders of the status of investigations regarding their allegations. The auditor reviewed two investigation files and found the documentation that the offenders had been notified per the requirements of this 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)

The DOC's Operating Procedures 130.1 and 135.1 meet the standard. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Superintendent reported that no staff at CVCU 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)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

DOC Operating Procedures 027.1 and 130.1 meet the requirements of the standard. The PREA Coordinator is designated as the person responsible for notifying law enforcement and any relevant licensing body as applicable.

The CVCU 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)
- 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, 830.3, and 861.1, confirm compliance with all parts of this standard. Offenders cannot be disciplined for making an allegation of sexual abuse or sexual harassment, unless it is determined that the allegation was made in bad faith. An offender's mental disability or mental illness will be taken into consideration when sanctions are determined. DOC Operating Procedures state that if an offender who is a sexual abuser refuses to participate in treatment or programming that addresses his sexually aggressive behaviors, he can be restricted from other programming and benefits. Offenders will be subjected to the disciplinary process for sexual contact with an employee when it is shown the staff member did not consent to such contact.

The Superintendent reported that there have been no reports of inmate-on-inmate sexual abuse at this facility.

### **§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)

Operating Procedures 425.4, 701.3 and 730.2 address all the requirements of this standard. A review of four offender case files confirmed that medical and mental health screenings are done as part of the orientation process. The auditor interviewed the nurse and the qualified mental health professional and both stated they do obtain informed consent from offenders before reporting about prior sexual victimization that did not occur within an institutional setting. The QMHP stated he would encourage the offender to make the report herself, but if the offender did not, he would make the referral. They also inform the offenders that they are mandatory reporters. If the screening indicates that an offender was a sexual abuse victim, the medical and mental health staff will ensure the offender is offered a follow-up meeting with a medical or mental health professional within 14 days. The same is true for sexual abusers. The auditor interviewed an offender who disclosed sexual victimization during screening. She stated she was told she could see a mental health professional at the time.

The nurse and mental health professional both stated that information is confidential and is shared only with other staff on a "need-to-know" basis.

The Superintendent reported that no offenders have been identified who perpetrated a sexual abuse in the CVCU or in the community during the past 12 months.

### **§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)

DOC Operating Procedures 038.3, 075.1, 720.7, and 730.2 address access to emergency medical and mental health services and identify responsibilities of security staff to protect the victim of a sexual assault if medical or mental health staff are not on-site. The CVCU Coordinated Response Plan described what security staff would do and who they would notify if medical or mental health staff were not on duty. In the interview with the nurse, she stated that a victim of a sexual assault would be taken to the VCU Health Systems Medical Center in Richmond where a forensic exam would be conducted.

She also stated that offenders would be offered information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services would be provided to victims of sexual abuse at no cost to the offender regardless of whether the victim names the abuser or cooperates in the investigation.

The Superintendent reported there have been no cases of sexual abuse in the previous 12 months.

### **§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)

DOC Operating Procedures 720.7 and 730.2 address ongoing medical and mental health care for sexual abuse victims and abusers. This care includes a medical and mental health evaluation of the victim, the need for continuing medical or mental health treatment, and referral to victim advocacy services as needed, upon release or transfer to another facility. These services would be initiated without undue delay.

CVCU offenders would be offered information and timely access to emergency contraception and sexually transmitted infections prophylaxis, and pregnancy tests in accordance with professionally accepted standards of care, where medically appropriate. If a pregnancy resulted from the incident, the victim would also receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

A memo from the Superintendent confirmed there have been no sexual assaults at CVCU and therefore ongoing medical services and mental health care have not been needed or utilized.

### **§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)

DOC Operating Procedures 038.1 and 038.3 address the specific requirements of this standard.

CVCU has a Sexual Abuse Incident Review Team, although the teams has not formally met because there have been no incidents of sexual assault reported. The team is comprised of the executive staff at the facility, including the Superintendent, the Major, the Head Nurse, a mental health professional and the PREA Compliance Manager. The auditor interviewed the Major regarding the Incident Review Team and was told that the team would consider each of the elements in the standard and determine if any of these elements contributed to the sexual abuse incident. The Superintendent also confirmed that the team is aware of it responsibilities and what is required in the standard. The auditor encouraged the Superintendent to have the team members practice their Incident Review Team skills using scenarios.

### **§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)

The DOC collects accurate and uniform data for every allegation of sexual abuse at facilities under its control and has used a standardized instrument since 2008. The system is continuously improving. The system also allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion. The data is also used by the agency to monitor trends and take corrective action as quickly as possible.

The DOC has a full-time staff member who monitors all allegations of sexual abuse and sexual harassment and manages all the data collection and reporting requirements.

DOC Operating Procedure 038.3 addresses the data collection requirements in this standard.

Because the DOC procedures and practices for capturing accurate and timely information and uses the information for continuous improvement in the area of sexual safety, the auditor finds the agency exceeds the requirements of the 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)

DOC Operating Procedure 038.3 requires that the DOC 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)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

DOC Operating Procedures 025.3 and 038.3 ensure that data is properly stored, maintained and secured. Access to data is tightly controlled. The DOC Procedures require that data be retained for at least 10 years.

#### AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. Central Virginia Correctional Unit #13, Chesterfield Virginia, meets the requirements of the Prison Rape Elimination Act, Prisons and Jail Standards.



February 1, 2016

Auditor Signature

Date