

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report October 29, 2017

Auditor Information

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| Name: Donald Chadwick | Email: Donald.chadwick@nakamotogroup.com |
| Company Name: The Nakamoto Group Inc. | |
| Mailing Address: 11820 Parklawn Drive, Suite 240 | City, State, Zip: Rockville, Maryland 20852 |
| Telephone: (919) 208-8776 | Date of Facility Visit: September 26-27, 2017 |

Agency Information

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|---|--|---|---|
| Name of Agency: Virginia Department of Corrections (VDOC) | Governing Authority or Parent Agency (If Applicable): State of Virginia | | |
| Physical Address: 6900 Atmore Drive | City, State, Zip: Richmond, VA 23225 | | |
| Mailing Address: P.O. Box 26963 | City, State, Zip: Richmond, VA 23261-6369 | | |
| Telephone: (804) 674-3119 | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |

Agency mission: The mission of the VDOC is to enhance the quality of life in the Commonwealth of Virginia by improving public safety. VDOC attempts to accomplish this through reintegration of sentenced men and women in their custody and care by providing supervision and control, effective programs and re-entry services in safe environments which foster positive change.

Agency Website with PREA Information: www.vadoc.virginia.gov (Search PREA)

Agency Chief Executive Officer

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| Name: Harold Clarke | Title: Director |
| Email: Harold.Clarke@vadoc.virginia.gov | Telephone: (804) 887-8081 |

Agency-Wide PREA Coordinator

| | |
|--|---|
| Name: Rose Durbin | Title: PREA/ADA Supervisor |
| Email: Rose.Durbin@vadoc.virginia.gov | Telephone: (804) 887-7921 |
| PREA Coordinator Reports to: Maria Vargo, Corrections Operations Administrator | Number of Compliance Managers who report to the PREA Coordinator: 3 Regional PREA/ADA Analysts; 40 Compliance Managers report to PREA Analysts |

Facility Information

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|--|---|---|---|
| Name of Facility: | Fluvanna Correctional Center for Women (FCCW) | | |
| Physical Address: | 144 Prison Lane, Troy, Virginia 22974 | | |
| Mailing Address (if different than above): | P.O. Box 1000, Troy, Virginia 22974 | | |
| Telephone Number: | (434) 983-4200 | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: The stated mission of Fluvanna Correctional Center for Women is to enhance public safety by providing evidence-based programs and re-entry services to female offenders in a safe environment that promotes pro-social behaviors and prepares them for successful reintegration into the community. | | | |
| Facility Website with PREA Information: www.vadoc.virginia.gov (Search PREA) | | | |

Warden/Superintendent

| | |
|--|----------------------------------|
| Name: Eric Aldridge | Title: Warden |
| Email: Eric.aldridge@vadoc.virginia.gov | Telephone: (434) 422-3705 |

Facility PREA Compliance Manager

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|---|--|
| Name: Lauren Spinner | Title: Office Services Specialist |
| Email: lauren.spinner@vadoc.virginia.gov | Telephone: (434) 422-3705 |

Facility Health Service Administrator

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|---|---|
| Name: Vickie White | Title: Health Services Administrator |
| Email: Vickie.white@vadoc.virginia.gov | Telephone: (434) 422-3500 |

Facility Characteristics

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|--|---------------------------------------|--|-----------------------------|
| Designated Facility Capacity: 1315 | | Current Population of Facility: 1144 | |
| Number of inmates admitted to facility during the past 12 months | | | 701 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 632 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 632 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 1095 |
| Age Range of Population: | Youthful Inmates Under 18: N/A | Adults: 19-82 years of age | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input checked="" type="checkbox"/> NA | |
| Number of youthful inmates housed at this facility during the past 12 months: | | | N/A |
| Average length of stay or time under supervision: | | | N/A |
| Facility security level/inmate custody levels: | | | Level 3 |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 214 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 109 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 158 |
| Physical Plant | | | |
| Number of Buildings: 6 | | Number of Single Cell Housing Units: ½ block | |
| Number of Multiple Occupancy Cell Housing Units: | | 23 | |
| Number of Open Bay/Dorm Housing Units: | | ½ block | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 44 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): | | | |
| <p>Fluvanna Correctional Center for Women has cameras (Rapid Eye System) strategically placed in housing, visiting, administrative, work and program areas of the facility. Monitoring is capable from selective office locations and control centers. Control Centers are located in the administrative building and housing units. The video footage is kept for one year.</p> | | | |
| Medical | | | |
| Type of Medical Facility: | | 24 hour medical unit; 7 days per week | |
| Forensic sexual assault medical exams are conducted at: | | University of Virginia Medical Center-Charlottesville, Va. | |
| Other | | | |

| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 179 |
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| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 3 |

Audit Findings

Audit Narrative

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Fluvanna Correctional Center for Women (FCCW) was conducted September 26-27, 2017, by The Nakamoto Group, Inc. auditor Donald Chadwick. When the auditor first arrived at the facility, an in-briefing meeting was held with the Warden; the Assistant Wardens of Operations, Security, Housing and Programs; the Statewide PREA Coordinator; the VDOC Central Region PREA Analyst; FCCW PREA Compliance Manager (PCM); the facility Investigative Officer; the Chief of Housing and Programs; the Chief of Security, and the Operations Manager. Subsequent to the in-briefing, the auditor conducted an extensive tour of the facility.

The standards used for this audit became effective August 20, 2012. The last PREA Audit of FCCW was conducted September 29-October 1, 2014. Prior to the on-site visit, the auditor discussed the information contained in the Pre-Audit Questionnaire (PAQ) with the facility PREA Compliance Manager and the agency PREA Compliance Coordinator. The agency head was previously interviewed. As part of the pre-audit process, a review of all agency and facility PREA policies, as well as supporting documentation, was conducted. A tentative audit schedule was discussed. During the on-site tour, the auditor reviewed PREA related documentation in on-site log books, tested telephone "hotline" reporting capabilities, assessed camera surveillance, physical supervision and electronic monitoring capabilities, and discussed the practical implementation of the standards with correctional officers, intake staff, medical staff, and other staff on the tour route. Areas of focus during the facility tour included, but were not limited to, levels of staff supervision and video monitoring, and limits to cross gender viewing. On day two of the on-site audit, private interviews were conducted with 12 random and 12 specialized staff, as well as with categories of random and targeted offenders.

A total of 46 offenders were identified for private interviews. This included 20 random offenders who were not included in any other subgroup targeted category; 11 LGBTI offenders; 3 offenders identified during screening as high risk of victimization (HRSV); 5 offenders who reported sexual abuse; 5 offenders who contacted the auditor via letter; one deaf offender and one limited English proficient offender. Twelve random group offenders refused an interview; three LGBTI offenders refused; and one HRSV offender refused. The auditor selected 15 offenders to replace the above refusals. However, the replacement selections did not necessarily replicate the exact representation previously selected from random and targeted groups and, due to time limiting factors, the audit tasks needed to progress without further scope limitations. The audit was contracted for two days on site and, in addition to attempting to work within the operations schedule of the facility, the auditor determined that a sufficient representation of offender demographics had been selected for interview. As such, the final numbers of offender interviews were as follows. A total of 34 offenders were interviewed, inclusive of 11 HRSV; 5 who contacted the auditor via letter; 6 LGBTI; 5 who reported sexual abuse/harassment and one who was disabled.

Staff interviews covered training, protections implemented to limit cross gender viewing, reporting mechanisms for staff and offenders and first responder duties. Offender interviewed covered intake screening for victimization risks or other PREA vulnerabilities, knowledge of reporting mechanisms, advocacy services and mental health referrals and follow-up, as needed.

File sampling was conducted in the human resources, training, classification, volunteer coordinator and investigative sections. Documents related to background investigations for new staff, as well as staff considered for promotions, were reviewed. Volunteer and contractor background clearance documentation was sampled. PREA training documentation for staff, volunteers and contractors was also reviewed.

Classification documents were reviewed to assess the propensity for sexual victimization or abusiveness. Additionally, files related to the referrals for mental health follow-up were reviewed. The auditor spent two days on-site.

The following agency policies serve as primary directives to guide operational and performance compliance for the PREA:

- Operating Procedure 038.3 (Prison Rape Elimination Act)
- Operating Procedure 027.1 (Volunteer Program)
- Operating Procedure 030.4 (Special Investigative Unit)
- Operating Procedure 038.1 (Reporting Serious or Unusual Incidents)
- Operating Procedure 040.1 (Litigation)
- Operating Procedure 057.1 (Personnel Records)
- Operating Procedure 075.1 (Emergency Operations Plan)
- Operating Procedure 102.2 (Recruitment, Selection, and Appointment)
- Operating Procedure 102.3 (Background Investigation Program)
- Operating Procedure 102.6 (Staff Orientation)
- Operating Procedure 135.1 (Standards of Conduct)
- Operating Procedure 135.2 (Rules of Conduct Governing Employee Relationships with Offenders)
- Operating Procedure 145.2 (Employee Performance Management)
- Operating Procedure 260.1 (Procurement of Goods and Services)
- Operating Procedure 350.2 (Training and Development)
- Operating Procedure 401.1 (Development and Maintenance of Post Orders)
- Operating Procedure 401.2 (Security Staffing)
- Operating Procedure 401.3 (Administrative Duty Coverage)
- Operating Procedure 425.4 (Management of Bed and Cell Assignments)
- Operating Procedure 445.1 (Employee, Visitor, and Offender Searches)
- Operating Procedure 701.1 (Health Services Administration)
- Operating Procedure 701.3 (Health Records)
- Operating Procedure 720.1 (Access to Health Services)
- Operating Procedure 720.2 (Medical Screenings, Classification, and Levels of Care)
- Operating Procedure 720.4 (Co-payment for Healthcare Services)
- Operating Procedure 720.7 (Emergency Medical Equipment and Care)
- Operating Procedure 730.2 (Mental Health Services: Screening, Assessment and Classification)
- Operating Procedure 801.1 (Facility Physical Plant and Sanitation)
- Operating Procedure 810.2 (Transferred Offender Receiving and Orientation)
- Operating Procedure 861.1 (Offender Discipline, Institution)
- Operating Procedure 830.5 (Transfers, Facility Reassignments)
- Operating Procedure 866.1 (Offender Grievance Procedures)

Facility Characteristics

FCCW is located in Fluvanna County, Va. The facility opened in 1998 and serves as a low/medium security facility for female offenders within the VDOC. The facility houses general population offenders and also serves as a mental health programming designation for a range of treatment needs. The facility is very program oriented and offers a variety of work, educational and social service/re-entry focused programs. Virginia Correctional Enterprises operates a tailor shop, an Optical Lab and Braille Transcription Service, and a Document Conversion section. The facility count was 1144 on the first day of the audit. The facility contains six buildings designated as housing units, with each housing unit containing four-five wings, either designated for general population or specialized populations such as intake/reception, structured living, re-entry, medical/mental health, honor wing, etc. Located within housing unit 2H is the Infirmary and the

Special Housing Unit is located in unit 8B. Each housing unit contains a Control Center surrounded by 4-5 housing wings and unit staff offices. Each Control Center has video monitoring capabilities. Additional video monitoring capabilities are provided to designated staff and locations such as the Watch Office and Central Control, etc. Each housing wing has dry cells on two levels with bathrooms, showers, and dressing areas at the front of each housing unit on both levels. The toilets and showers have partial doors to prevent unlimited cross gender viewing. Each open bay dorm is characterized as a large open space with cameras placed at the front and back of the dormitories. There are no blind spots in the dormitories. The kitchen area is equipped with numerous cameras covering all areas of food service. The facility has educational, recreational and vocational programming areas which use a combination of video monitoring and staff supervision to ensure sexual safety.

The last staffing analysis revealed an authorized security staff complement of 292. There were 54 security staff vacancies during the week of the audit. Retention factors center on competition for staff due to competitive salaries offered at the local regional jail. The last staffing analysis noted required staffing adjustments needed on several posts, particularly on the day shift, due to vacancies. Security staff posts which require two certified officers, to include the kitchen, Housing Unit Floors, etc., are routinely staffed with one officer. Cameras were requested for several program and work areas which currently have no video coverage.

During the audit period, the facility presented a professional correctional atmosphere. The auditor perceived the climate of the facility to be good with sufficient and appropriate communication avenues among staff and offenders. PREA indicators reveal several PREA variables being managed over the last 12 months or since the last PREA audit.

FCCW and its parent agency, VDOC's Special Investigative Unit (SIU), conduct administrative and criminal sexual assault and abuse allegations investigations. Upon the first day of the audit, the FCCW offender population had 71 offenders identified as high risk of sexual victimization, as assessed during risk screening. Approximately twenty-five percent of the offender population self-identify as Lesbian, Gay or Bisexual. The offender population is highly motivated to report allegations or suspicions of allegations. Staff and offenders are well aware of available reporting mechanisms and support services.

Facility staff have been required to address several PREA related allegations. Over the audit period referenced in the PAQ, (June 2016- July 2017), there were 50 allegations of sexual abuse or harassment which were investigated at the administrative level. Forty-seven allegations were deemed to be PREA related; thus, requiring further investigation. Referrals were made to facility investigators and SIU investigators as required, and resulted in two substantiated cases, 21 unsubstantiated cases and 19 unfounded cases. One case on the tracking log indicated a referral to SIU, but there was no disposition. Seventeen sexual abuse allegations were made against staff; two of the allegations were found to be substantiated and one allegation was found to be unsubstantiated. Two voyeurism allegations made against staff were also found to be unsubstantiated. Four of six sexual harassment allegations made against staff were adjudicated as "unprofessional conduct", and the other two were determined to be unfounded and unsubstantiated, respectively. During the audit period of review, there were approximately 35 offender-on-offender allegations of sexual abuse and sexual harassment. Approximately 18 cases were found to be unsubstantiated and the remaining cases were determined to be unfounded. There were no substantiated cases of offender-on-offender sexual abuse, sexual harassment, or voyeurism.

Although the majority of sexual abuse and sexual harassment allegations directed towards staff were deemed unsubstantiated, the prevalence of accusations could indicate a need to enhance and emphasize effective methods of supervision and communication with the offender population.

Summary of Audit Findings

When the on-site audit was completed, an exit briefing was held to discuss the audit findings. The facility was found to be fully compliant to the PREA. The auditor had been provided with extensive and comprehensive documentation prior to and during the audit for review to support a conclusion of compliance to the PREA. All employees were found to be extremely courteous, cooperative and professional. Staff morale appeared to be very good and the observed staff/offender relationships were determined to be good. All areas of the facility were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the Warden and staff for their hard work and dedication to the PREA audit process. In addition to the PREA auditor, the following facility and agency personnel attended the out briefing: Warden Eric Aldridge, Assistant Warden Jeff Snoddy, Assistant Warden Shanda Hill, Statewide PREA Coordinator Rose Durbin, Central Region PREA Analyst Joseph Allotey, FCCW PREA Compliance Manager Lauren Spinner, Investigator LT. V. Gonzalez, Operations Manager Rebecca Young, Chief of Security Major Sampson and Chief of Housing and Programs Gloria Robinson. The facility staff were commended on their hospitality and the climate of professionalism within the facility. The auditor noted the outstanding work by staff in identifying potentially non-compliant issues during the pre-audit phase and placing sufficient controls in place.

The auditor concluded, through observation, interviews and the review of policies and documentation, that staff and offenders were very knowledgeable concerning their responsibilities involving the PREA. During interviews, staff and offenders acknowledged awareness of the facility's zero tolerance policy against sexual abuse. This philosophy has been fully institutionalized in view of the willingness of the offender population to report perceived allegations of sexual abuse and harassment. Through a coordinated use of the Post Audit, the Daily Duty Roster and the Master Roster, staff members monitor staffing levels to ensure PREA compliance and to provide sufficient supervisory resources to the offender population. Electronic monitoring is effective in augmenting security staff physical supervision, and in most cases, enhances the prevention of sexual abuse. A thorough staffing assessment was conducted in 2017 which identified possible vulnerable areas where electronic surveillance may aid routine security and PREA concerns. Staffing assessments conducted during the audit period highlight security vacancies and the redeployment efforts implemented. Department heads are diligent in making random security checks and are mindful of the security vacancy rate in making adjustments to staffing plans in order to meet PREA objectives.

There are adequate limits to cross-gender viewing and searches. The facility has adaptive measures in place to ensure disabled and LEP offenders can participate in or benefit from all aspects of the PREA. Hiring and promotion practices are consistent with sexual safety measures. The facility has appropriate medical and advocacy networks in place and available, if needed. PREA education and training is documented. Offenders acknowledged admissions screening included questions relative to their history of sexual abuse or victimization, and whether they would like to identify a sexual preference. Intake, classification assessments and medical/mental health processes are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. Related documentation is organized and stored in information systems available on a need-to-know basis. Available reporting mechanisms are conveyed in a conspicuous manner to offenders and employees are aware of the reporting processes available to them. Systems are in place for coordinated responses to incidents of sexual abuse, if needed. The facility has sufficiently trained investigative personnel to handle administrative investigations and has access to other state law enforcement personnel to provide administrative guidance, investigate staff related allegations and to handle criminal investigations. Staff indicated adequate training in all aspects of PREA, particularly first responder duties or actions to take in the event a PREA related incident is reported.

Number of Standards Exceeded: 2

Click or tap here to enter text.

Number of Standards Met: 41

There were no youthful offenders housed at FCCW at the time of the audit. The VDOC does not enter into collective bargaining agreements which effect PREA deliverables. Therefore, the facility is in full compliance with 115.14 and 115.66.

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC Operating Procedures 038.3 (Prison Rape Elimination Act) and 135.2 (Rules of Conduct Governing Employee Relationships with Offenders) are the governing policies regarding this standard. Additionally, the agency's organizational chart supports accomplishing and exceeding the baseline requirements of the dedicated PREA compliance personnel part of the standard. The PREA Compliance Coordinator (PCC) has sufficient time and authority, resources and support, to ensure FCCW implements agency policies regarding zero tolerance to sexual abuse and sexual harassment. Based on staff and offender interviews, coupled with printed information, didactic and other training methods, FCCW maintains a consistent focus on preventing sexual abuse and sexual harassment. Each region of the VDOC has a PREA Analyst, which exceeds the above standard, with sufficient time, resources and access to a headquarters level PCC, who reports directly to a top level Corrections Operations Administrator. Maintaining this technical level of resource at the regional level enhances PREA compliance capabilities for facility PREA Compliance Managers (PCM). Headquarters and regional level PREA staff have played an integral role in directing the management of serious PREA related allegations during this audit period. VDOC policy establishes a zero tolerance of sexual abuse and sexual harassment. FCCW follows agency policies for the implementation of this standard. The agency's zero tolerance against sexual abuse is clearly established. The above referenced policy also outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Based on input and direction from the agency and regional PREA personnel, the facility's

PCM has been provided sufficient time, resources, experience, support and authority to accomplish PREA objectives.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Operation procedures 038.3 and 260.1 (Procurement of Goods and Services) govern compliance with this standard. The agency meets the mandates of this standard. All agency contractual agreements include language requiring contractors to adopt and comply with PREA Standards. VDOC policies require that a contract or contract renewal shall provide for contract monitoring to ensure the contract entity is complying with the PREA standards.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA

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- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

FCCW's staffing planning is governed by Operating Procedures 401.1 (Development and Maintenance of Post Orders), Operating Procedure 401.2 (Security Staffing) and Operating Procedure 401.3 (Administrative Duty Coverage). The facility uses an extensive system of video monitoring which supplements staffing levels developed consistent with correctional industry standards, fiscal and programmatic requirements. FCCW's security staffing plans and analysis consists of a combination of the Post Audit, Shift Design and Roster Management. Documentation was reviewed that reflected approval of 292 full time equivalents (FTE). Security staff shortages, positions left vacant and short term disability are the primary reasons for deviating from the approved staffing plan. Security staffing adjustments are made and documented as necessary by overtime utilization. FCCW has conducted staffing assessments and note the need for additional electronic surveillance in vulnerable areas to augment staff supervision. FCCW's management is cognizant of the need for creative supervision techniques and enhanced effective communication with the offender population to ensure PREA objectives are accomplished. Additionally, VDOC policy 401.3 requires regular unannounced rounds of housing units and program areas. A tour of living, work, and programming areas of the facility revealed adequate monitoring mechanisms, inclusive of staff and electronic monitoring capabilities. Staffing analysis documentation was reviewed and was found to be supportive of FCCW compliance with supervision and monitoring objectives. The latest staffing analysis revealed a need to reduce the number of authorized certified security officers from two authorized positions to one, at various posts such as housing control rooms, the kitchen, programs areas, Special Housing and General Housing Unit Floors. The latest analysis concluded a need for additional cameras to be placed in numerous areas in order to further augment staff supervision. A tour of these areas revealed an adequate level of staff supervision and the layout was not conducive to unsupervised activities.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Not applicable. There are no youthful offenders housed at FCCW.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC agency Operating Procedures 445.1 (Employee, Visitor, and Offender Searches), 350.2 (Training and Development), 401.2 (Security Staffing) and Operating Procedure 720.2 (Medical Screenings, Classification, and Levels of Care) provide guidance to staff regarding cross gender searches and viewing. VDOC operating procedures do not permit cross gender pat searches of female offenders. Operating Procedure 350.2 directs that cross gender frisk searches of male and transgender offenders are to be done in a professional manner, and in the least intrusive manner possible. Operating Procedure 401.2 supports the privacy of offenders when using showers and toilet facilities. Operating Procedure 720.2 prohibits the examining of transgender offenders or intersex offenders for the sole purpose of determining genital status. The policies are compliant with PREA objectives to limit cross gender searches and viewing. Cross gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. FCCW staff indicated they received cross-gender pat search training during initial and annual training. The auditor verified training by examining course outlines. Male staff members do not pat search FCCW offenders. The facility has an established practice of notifying offenders when opposite gender staff members are present on the housing units. This practice was exhibited during the on-site audit. During the tour of the facility, the auditor concluded that controls are in place to limit cross gender viewing, except for incidental viewing during security related housing unit rounds. Toilets are located behind privacy doors and shower doors limit direct sightlines to offenders, when showering or changing clothes. Unit log books were examined to ensure that the entrance of opposite gender staff into the housing units was logged as prescribed by policy. Staff and offender interviews corroborated proper implementation of policy. The above factors support compliance with this standard. There have not been any instances of cross gender strip or body cavity searches during the applicable audit period.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 (Prison Rape Elimination Act) governs compliance initiatives in meeting the standard on ensuring inmates with disabilities and inmates who are limited English proficient have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Offenders admitted to FCCW receive printed orientation materials written in English, as well as Spanish (the primary LEP category). The facility has contracts for sign language translation and video remote interpretive services. VDOC also has

established contracts for phone interpretation services covering multiple languages. The auditor reviewed the supporting documentation. Information conveyance in Braille is also available. Employees at FCCW present PREA information to its population upon admission to the facility. During the FCCW audit, one offender was identified as LEP. Interviews were conducted with this offender and one physically disabled offender. Interviews with these offenders support that inmates within these disability categories can benefit from all aspects of PREA requirements. The auditor also interviewed a deaf offender with the assistance of a sign language interpreter. FCCW has fully institutionalized this standard. The above policies, practices and procedures support the facility's compliance with this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VDOC Operating Procedures 102.3 (Background Investigation Program), Operating Procedure 102.2 (Recruitment, Selection, and Appointment), Operating Procedure 260.1 (Procurement of Goods and Services), Operating Procedure 040.1 (Litigation), Operating Procedure 057.1 (Personnel Records), Operating Procedure 135.1 (Standards of Conduct) and Operating Procedure 145.2 (Employee Performance Management) govern compliance with hiring and promotion decisions for employees, contractors and volunteers. These policies prohibit the facility from hiring or promoting anyone who may have contact with inmates and prohibit the services of any contractors who may have contact with inmates: who have engaged in sexual abuse, been convicted of engaging or attempting to engage in sexual activity by force or coercion, or have been civilly or administratively adjudicated to have engaged in such activity as described above. The above policies and procedures require an affirmative duty to report and address material omission's effects on employment. The above directives allow information regarding substantiated sexual abuse/harassment allegations to be provided to a perspective employer if a written request is received. The facility executes these policies through a comprehensive selection screening process. The facility collects background information via the employment application process, via fingerprints and information regarding past employment histories. The facility conducts criminal history inquiries. The facility also solicits information on any past convictions, civil or administrative adjudications on engaging or attempting to engage in sexual abuse and harassment activities. The facility also conducts reference checks. During the audit week, the Human Resource Manager was interviewed and a sample of background screening tracking files was reviewed. This review substantiated a thorough hiring and promotion screening process. The five year background tracking system was also reviewed. Based upon current policies and the practical implementation of such, FCCW is in full compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition,

expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 801.1 (Facility Physical Plant and Sanitation) establishes guidance on renovations, expansions and the enhancement of video monitoring capabilities, and any correlation to sexual safety. Since the last PREA audit, there have not been any expansions or modifications made to the physical plant at FCCW, or any installation or updating of video monitoring or electronic surveillance.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

FCCW conducts administrative investigations of sexual abuse and harassment allegations. If a sexual abuse and harassment allegation is referred for criminal investigation, it is handled by the VDOC Special Investigations Unit (SIU). The governing policies to ensure proper evidence protocol, forensic services if needed, and victim advocacy services are: Operating Procedure 030.4 (Special Investigative

Unit), Operating Procedure 038.1 (Reporting Serious or Unusual Incidents), and Operating Procedure 720.7 (Emergency Medical Equipment and Care) and Operating Procedure 730.2 (Mental Health Services: Screening, Assessment and Classification). The agency and facility follow the uniform evidence protocol, adapted from and or based on the most recent edition of the U.S. Department of Justice Office on Violence against Women publication. FCCW and the VDOC also use various sexual assault checklists, depending on the persons or status of persons allegedly involved in the allegation (Offender/Offender or Staff/Offender). Correctional and Health Services staff interviewed were knowledgeable of the procedures required to secure and obtain usable evidence when sexual abuse is alleged. There were no forensic exams required for an alleged sexual assault victim during the audit period. If a forensic exam is needed, FCCW offenders are transported to University of Virginia Medical Center-Charlottesville. Contracted advocacy services are provided by Virginia Sexual and Domestic Violence Action Alliance. The auditor reviewed the current agreement. There are also trained volunteer advocates on call based on a published schedule for 2017. All victim services are provided at no cost to the offender.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 030.4 (Special Investigative Unit) and Operating Procedure 038.3 (Prison Rape Elimination Act) provide guidance to the agency and facility in ensuring all allegations of sexual abuse and sexual harassment receive a proper administrative or criminal investigation. Trained facility investigators conduct administrative investigations and the VDOC SIU conducts criminal investigations, if needed. The above policies ensure proper procedures are followed. The policy is posted on the VDOC public website www.vadoc.virginia.gov. Over the previous 12 months, there were 50 FCCW sexual abuse/ harassment allegations received. Forty-seven were deemed PREA related; thus, requiring further investigation and guidance from the SIU. Referrals were made to facility investigators and SIU investigators and resulted in two substantiated cases and 21 unsubstantiated cases. There were 19 unfounded cases. One case on the tracking log indicated a referral to SIU, but no disposition. Seventeen allegations were made against staff. Two allegations of sexual abuse made against staff were substantiated. One sexual abuse allegation against staff was found to be unsubstantiated. Two voyeurism allegations made against staff were unsubstantiated. Four of six sexual harassment allegations made against staff were adjudicated as "unprofessional conduct" and the other two were deemed to be unfounded and unsubstantiated, respectively. During the audit period of review, there were approximately 35 offender- on-offender allegations of sexual abuse and sexual harassment. Approximately 18 cases were unsubstantiated and the remaining cases were determined to be unfounded. There were no substantiated cases of offender-on-offender sexual abuse, sexual harassment or voyeurism.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 102.6 (Staff Orientation) and Operating Procedure 350.2 (Training and Development) are the governing policies relative to employee training. Newly hired employees receive extensive training relative to PREA standards at initial training and all staff members having inmate contact are provided training during annual training. Employees who have contact with inmates receive training concerning zero tolerance of sexual abuse and sexual harassment, prevention, detection, reporting, the dynamics of sexual assault and sexual harassment in confinement, as well as other pertinent topics. Based on a sampling of employee records and interviews, all staff receive required employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 027.1 (Volunteer Program), Operating Procedure 038.3 (Prison Rape Elimination Act), Operating Procedure 102.6 (Staff Orientation) and Operating Procedure 350.2 (Training and Development) are the governing policies relative to volunteer and contractor training. These policies require all contractors and volunteers to acknowledge receipt of PREA training. Documentation was reviewed of training curriculum and training acknowledgment forms pertaining to contractors and volunteers. Contractors and volunteers who have contact with inmates are trained on their responsibilities under the PREA. FCCW reported 179 volunteers and individual contractors as receiving training in VDOC's zero tolerance policy regarding sexual abuse and sexual harassment, as well as methods of prevention, detection and response. The auditor interviewed two volunteer and contractor staff and reviewed documentation dedicated for this training purpose. Individual volunteer and contractor files sampled during the audit revealed all files contained an acknowledgment that the volunteer and contractor completed the training and understood their responsibilities relative to PREA.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No

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

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 (Prison Rape Elimination Act) and Operating Procedure 810.2 (Transferred Offender Receiving and Orientation) provide governance of this standard. All offenders, upon admission to the VDOC, are provided the "Sexual Assault Awareness and Prevention" brochure in English and Spanish. FCCW offenders are shown a video "PREA: What You Need to Know" created by Just Detention International. Offender peer educators provide a discussion of PREA education materials and provisions. Within 10 days, offenders are provided comprehensive education, including viewing videos (Breaking the Silence of Offender Sexual Abuse) on PREA related matters. Offenders are required to sign an acknowledgment of receipt of training. The completion of training documentation was reviewed by the auditor. Transferred offenders to FCCW also receive a copy of the brochure upon admission and sign for receipt. If documentation of prior comprehensive PREA education is not available in the offender record, FCCW repeats the comprehensive training for applicable cases. Staff readers, video sign language interpretation and language interpretation services are available for PREA training, if needed. Documentation reviewed by the auditor reveals all offenders received at FCCW are provided PREA information upon admission. Offender interviews and case file records confirmed receipt of PREA orientation and education. Informational postings are also available throughout the facility.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Training documentation was reviewed for the three investigators at FCCW. The documentation revealed that all investigators have received specialized PREA training. Operating Procedures 030.4 and 350.2 require facility investigators to be trained in conducting sexual abuse investigations in confinement settings, in techniques for interviewing sexual abuse victims, and in the proper use of Miranda and Garrity Warnings, as well as sexual abuse evidence collection.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with Operating Procedures 102.6, 350.2, 701.1 and 720.7, all full and part-time medical and mental health staff shall complete specialized PREA training. The above procedures apply to contractors as well. If required, forensic exams are conducted at the University of Virginia Medical Center-Charlottesville. A review of training records revealed that medical and mental health personnel have received the appropriate basic and specialized PREA training. This was also substantiated through interviews with medical and mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

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

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Operating Procedures 810.1, 810.2 and 730.2 govern the screening for risk of victimization and abusiveness upon admission to the facility. The procedures require an initial assessment to be completed within 72 hours by intake staff. Specifically, a classification assessment is completed, containing numerous variables which gauge the propensity for abusiveness or victimization. This screening tool considers all identified criteria as per standard 115.41. Any offender whose score indicates they are a "High Risk Sexual Victim" (HRSV) and/or "High Risk Sexual Aggressor" (HRSA) is referred to mental health staff for follow-up. It was evident that staff members perform this assessment immediately upon admission. Classification assessments are reviewed and updated as needed for inmates received via transfer to be housed in the general population. The operating procedures also require a 21 day reassessment based on any additional and relevant information received. FCCW conducts an affirmative reassessment on all admissions, regardless of the status of new information. The auditor reviewed documentation of classification assessments and reassessments and determined that screenings for victimization and abusiveness are conducted in compliance with the standards.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Operating procedures 038.3, 425.4, 730.2, 841.2 and 810.2 govern screening, assessment and housing. Additionally, these procedures provide policy guidance on management of bed and cell assignments, transfer procedures and reception and classification. The VDOC classification assessment procedures require every offender entering the VDOC to be assessed for the propensity for sexual victimization or sexual aggression. Also, assessment occurs upon transfer, again at the 14-21 day interval and when new and relevant information becomes available. This process is completed to ensure proper housing assignments. High risk offenders for both sexual aggression and victimization are tracked via reports generated from the VDOC information systems. This data is used to ensure proper housing and other program assignments. FCCW did not house any transgender offenders at the time of the audit. Operating procedures provide guidance consistent with the requirements of PREA standards relative to transgender issues. The facility does not have a designated unit or housing section for gay, bisexual, transgender or intersex offenders. Based on a review of policies, tracking reports and interviews conducted with classification staff, the information gained via propensity screening at intake allows for housing and programming decisions consistent with the objectives of the PREA.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

VDOC Operating procedures 425.4, 810.1, 810.2 and 830.5 govern the implementation of this standard. The policy on offender reception and classification prohibits offenders identified as high risk of sexual victimization from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and it has been determined by a qualified mental health professional, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. Offenders in this status would be reviewed every seven days. FCCW reported that there were no offenders deemed at risk of sexual victimization held in involuntary segregated housing for the audit period (June 2016-June 2017). The above policies were reviewed and found to be compliant in providing guidance consistent with PREA standards regarding the involuntary segregated housing of offenders deemed at risk for sexual victimization. At the time of the audit, there were no offenders at risk for sexual victimization housed in involuntary segregated housing.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operating procedures 038.3, 801.6, 803.3, 866.1 and 038.1 govern and outline procedures for allowing multiple internal ways for offenders to report privately to agency officials about sexual abuse or harassment, retaliation issues and staff neglect or violations of responsibilities that may have contributed to PREA issues. The agency provides a mechanism for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency. VDOC and FCCW also have policies which mandate that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. The policies contain procedures which require staff to document verbal reports promptly and/or immediately. FCCW has supervisors available on all shifts, as well as phone and email access for all staff, in order to privately report sexual abuse and sexual harassment of offenders. Staff members are informed of these procedures through new employee orientation and during annual training. Examples of reporting avenues allowed by VDOC include a departmental hotline available to offenders reporting issues to a staff member, reporting via messages or letters to the Warden or through relatives and friends. There are posters and other documents on display throughout the facility outlining reporting mechanisms. The postings were

observed by the auditor as avenues for gaining information on reporting. The posters also explained reporting methods. All offenders interviewed indicated they had been advised of the multiple ways to report sexual abuse and sexual harassment. The tracking of sexual abuse and sexual harassment allegations indicate a variety of reporting origins which include external and internal sources and both staff reporters and offender reporters. Additionally, FCCW offenders are provided a variety of reading materials in English and Spanish which contain information on reporting PREA issues.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operating procedure 866.1 governs this standard. In the VDOC PREA issues may be processed within the grievance system. An attempt at informal resolution is not required. There is also no time limit on when an offender may file a PREA grievance. Offenders may also file emergency grievances. FCCW informs offenders of the grievance process via the inmate handbook provided during the offender education and orientation phase. The grievance system allows for third-party reporting and assistance in the completion of PREA related grievances. The policy prohibits staff from responding to grievances pertaining to themselves. Grievances are not submitted to, nor answered by, a staff member who is the subject of the grievance. The policy prohibits offenders from being disciplined as long as the filing is done in good faith. During the audit period, FCCW reported that there were no allegations filed through the grievances process regarding sexual abuse or sexual harassment, including emergency grievances. The auditor reviewed the tracking system for PREA related allegations; however, none originated from the grievance process.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Operating Procedure 038.3, the "Sexual Assault Awareness and Prevention" brochure in English and Spanish, as well as the Reception Handbook, govern guidance on this standard. The above policies and materials require outside victim advocacy services for emotional support to be provided to affected offenders. Locally, FCCW utilizes the Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) to provide capability for hotline reporting for sexual assaults, advocacy services for offenders and training for staff and volunteers, in accordance with state and federal laws. The facility provides mailing addresses and telephone numbers for Action Alliance. The facility enables reasonable communication between offenders and advocacy organizations and agencies in as confidential manner as possible and in accordance with the stipulations in the agreement with Action Alliance. Offenders are informed, as part of their orientation process, that all telephone calls are subject to monitoring. The contract for services was reviewed and PREA deliverables were stipulated in the contract. FCCW reports that during the audit period (June 2016-June 2017), there were no requests for outside victims' support services.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VDOC Operating Procedure 038.3 provides guidance on this standard. The policy requires the agency/facility to establish a method to receive third party reports of sexual abuse and sexual

harassment and to distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an offender. The VDOC public website (www.vadoc.virginia.gov) contains information on how to report sexual abuse and sexual harassment. Additionally, there are "Third Party Reporting Forms" available to the public in English and Spanish. Offenders who were interviewed were aware of this provision. Standard compliance is based on a review of documentation and interviews.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 038.1 requires all agency and facility staff, including contractors and volunteers, to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff members are also required to report retaliation against offenders or staff members who report these incidents. Staff members are required to report on neglect or violation of responsibilities that may have contributed to incidents of retaliation. This policy also addresses the prohibition of revealing information to a person who is not a part of investigation, treatment, or management of the particular incident. Operating Procedure 720.2 requires all medical and mental health professionals, at the initiation of services, to disclose their duty to report and the limits of confidentiality. Operational Procedure 030.4 requires all allegations of sexual abuse and sexual harassment to be reported to the facility designated investigator for initial investigation and to the PREA Analyst. Agency policy requires the information concerning the identity of the alleged victim and the specific facts of the case to be limited to staff who have a need-to-know. During the audit, documentation was reviewed to verify that staff members allow anonymous reporting of PREA allegations. The tracking of PREA sexual abuse and sexual harassment allegations confirms staff, offender and external reporting mechanisms. Documentation and interviews with offenders who reported abuse or sexual harassment also confirmed a timely response to reporting and the proper handling of allegations in a professional and confidential manner. The evidence shows that several allegations were received from an established hotline which reported anonymous allegations. Once allegations are received, the evidence shows they are investigated in compliance with PREA standards and notifications and retaliation tracking are performed. Based on the documentation reviewed, all reported cases were investigated properly. FCCW does not house offenders under the age of 18.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VDOC Operating procedures 038.3, 425.4 and 730.2 require staff to immediately take actions to protect offenders whom staff members become aware are in an imminent danger of sexual assault and abuse. The policies require immediate referral and consult with the head of the facility regarding action to be taken when an offender is at a substantial risk of imminent sexual abuse or further victimization. The policies also require coordination between qualified mental health professionals and facility heads in determining the appropriate protective actions to be taken to address the imminent risk of victimization. Interviews with staff revealed they would immediately report violations. Interviews with first responder staff confirmed their awareness of the duties expected of them in this capacity. There was no documented instance of an offender requiring immediate response to an alleged substantial risk to imminent sexual victimization during the audit period.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

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

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operating Procedures 038.3 and 030.4 require facilities to implement a process to report allegations of sexual misconduct to other confinement facilities. The policies require the facility head to ensure an investigation is initiated when an offender reports prior sexual abuse at another facility. Upon receiving an allegation that an offender was sexually assaulted, sexually abused or subjected to staff, contractor, or volunteer sexual misconduct while confined at another facility, the facility head shall immediately notify the facility head or the appropriate office of the agency where the alleged abuse occurred. Notification is to be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility head is responsible for documenting that the notification has been provided and investigated in accordance with the requirements of PREA standards. During the audit period, FCCW reported there were no cases where an offender alleged she was sexually abused while at another facility. This was confirmed by interviewing the PCM and Warden.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Operating Procedures 038.3, 030.4 and 075.1 are the agency policies which govern this standard. These policies outline requirements for staff to act as first responders and guide them in carrying out their duties in that capacity. Separating the alleged victim and aggressor; preserving and protecting crime scenes; collecting physical evidence if possible; protecting the victim and immediately notifying

shift supervisors are required and outlined within these policies. Security staff members are provided first responder cards for use as needed and FCCW uses a "Sexual Assault Response Checklist" to ensure proper protocols are followed. Interviews with security staff revealed they have adequate knowledge of the duties expected of a first responder. During the period covered by the pre-audit questionnaire, there was no offender-on-offender sexual abuse incident that required a first responder response by security staff.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operating Procedures 038.3 and 075.1 provide detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse. Coordinated actions among staff first responders, medical and mental health staff, investigators and facility administration are outlined in the above policies. FCCW developed a "PREA Management Plan". This plan was developed in accordance with Operating Procedure 038.3 which requires a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. This plan establishes specific guidelines and direction to put in place, in the event of a PREA incident, and to routinely provide a safe environment where offenders are free from assault and sexual misconduct. Interviews with all categories of staff indicated an adequate understanding of their roles as part of a coordinated response. FCCW also has a Sexual Assault Response Checklist which details all the steps to be taken in the event of an allegation of sexual assault.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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There are no collective bargaining agreements in the VDOC. Therefore, there are no collective bargaining related limitations on the agency's ability to remove alleged staff sexual abusers from contact with any offender, pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VDOC Operating Procedures 038.3, 135.2 and 145.5 govern the mandates of this standard. The policies provide guidance on all aspects of retaliation protection monitoring and tracking measures. The above policies provide multiple protection measures which comply with the standard. The agency policies provide for emotional support for staff who report sexual abuse. FCCW implemented retaliation tracking on all reported cases of sexual abuse and sexual harassment. The facility monitored disciplinary reports, housing or program changes in all applicable cases. Periodic status checks were documented. The auditor reviewed the retaliation tracking log and found the variables tracked to be consistent with those required by the PREA standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VDOC Operating Procedures 425.4 and 830.5 govern this standard. These policies reflect the requirements of the facility to comply with PREA standard 115.43 regarding the use of involuntary segregated housing. The policies are detailed in outlining limitations on involuntary segregation housing placement options for offenders alleging sexual abuse, or other identified as "at high risk for sexual victimization". During the audit period, FCCW reported that no offenders had been placed in involuntary segregated housing who had alleged to have suffered sexual abuse. Interviews with offenders who reported allegations of sexual abuse did not convey involuntary use of segregated housing. During the auditor's on-site tour of the facility, the Administrative Segregation Unit was visited and there were no offenders housed who had alleged sexual abuse.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

VDOC Operating Procedures 030.4 and 038.3 govern the mandates of this standard. FCCW follows the aforementioned policies which guide the procedures for administrative and/or criminal agency investigations. Specially trained sexual violence investigators at FCCW and the Special Investigative Unit at VDOC headquarters are assigned to promptly, thoroughly, and objectively investigate all allegations, including third party and anonymous allegations. Over the previous 12 months, there were 50 FCCW sexual abuse/sexual harassment allegations received. Forty-seven were deemed PREA related; thus, requiring further investigation and guidance from the SIU. Referrals were made to facility investigators and SIU investigators, which resulted in two substantiated cases and 21 unsubstantiated cases. There were 19 cases determined to be unfounded. One case on the tracking log indicated a referral to SIU, but there was no disposition. Seventeen sexual abuse allegations were made against staff, with two cases being determined to be substantiated and one found to be unsubstantiated. Two voyeurism allegations made against staff were determined to be unsubstantiated. Four of six sexual harassment allegations made against staff were adjudicated as “unprofessional conduct” and the other two were deemed to be unfounded and unsubstantiated. During the audit period of review, there were approximately 35 offender- on-offender allegations of sexual abuse and sexual harassment. Approximately 18 cases were found to be unsubstantiated and the remaining cases were determined to be unfounded. There were no substantiated cases of offender-on-offender sexual abuse, harassment or voyeurism. Investigative staff was interviewed during the on-site visit. Based on the interviews, it was confirmed that the investigators use the uniform evidence protocol. They gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The investigators review prior complaints of sexual abuse involving the suspected perpetrator. Based on interviews, when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews, only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The on-site interviews also revealed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status. FCCW does not require alleged victims to submit to a polygraph examination or similar process. All administrative investigations were documented in written reports which included a description of the physical and testimonial evidence, the assessments, investigative facts and findings. VDOC and FCCW retain all written reports per statute requirements. Interviews confirmed the departure of perpetrators or victims from employment or confinement in the facility does not provide a basis for terminating the investigation.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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VDOC Operating Procedures 135.1 and 135.2 govern the mandates of this standard. The policies state that the agency imposes no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policies meet the requirements of the standard. The review of sample investigative files and the basis for their conclusions confirms that the outcomes are based on no higher standard than the preponderance of the evidence.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility; does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC Operating Procedures 038.3 and 030.4 govern the mandates of this standard. FCCW informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. During the on-site visit, the auditor sampled offender allegations to determine if outcomes were communicated to the alleged victim. The auditor observed this documentary evidence to be compliant. The above referenced agency and facility policies also cover instances in which the agency may not have conducted the investigation. During this audit period, FCCW did not have any cases of substantiated offender-on-offender sexual abuse. There were two substantiated cases of staff-on-offender sexual abuse. The victims were notified of the staff member's status in each case. Also, during this audit period, FCCW has not reported any instances of offender indictments or convictions related to sexual abuse within the facility. Agency and facility policies; however, provide guidance to staff in notifying the alleged victim of the indictment or conviction status of the alleged abuser.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC Operating Procedures 135.1 and 135.2 govern the mandates of this standard. FCCW had two staff members subject to disciplinary proceedings (resigned in lieu of termination) for sexual abuse. The governing policies support termination as the presumptive discipline for sexual abuse violations; the policies cover commensurate discipline involving appropriate offenses and the notification to law enforcement and licensing bodies, if the violation was clearly criminal. The two staff cases reflected commensurate and consistent discipline and were referred to the Commonwealth Attorney. The two cases did not require notification to licensing bodies. Based on sound policy guidance, this standard is fully compliant.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC Operating Procedures 135.2 and 027.1 govern the mandates of this standard. During the audit period, FCCW has had no occurrences of contractor or volunteer sexual misconduct with offenders. However, all governing policies guide staff in the expectations for corrective action for contractors and volunteers. In the case of criminal activity, law enforcement and licensing bodies will be notified of any contractor or volunteer who engages in sexual abuse. Additionally, the contractor or volunteer will be prohibited from contact with inmates. Based on sound policy guidance and no applicable offenses, this standard is fully compliant.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

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

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC Operating Procedures 861.1, 820.2, 830.3 and 038.3 are the governing policies for this standard. It is the policy of the VDOC and FCCW to use appropriate disciplinary action in the management of offender violations of VDOC and institutional rules, regulations, policies and procedures. In determining the appropriate penalty, consideration is given to the nature and circumstances of the offense committed, the offender's disciplinary history and the penalty imposed for comparable offenses committed by other offenders with similar histories. Where the use of informal action or minor disciplinary report procedures is not appropriate or insufficient to achieve correctional goals, major sanctions are considered. In cases of discipline involving offenders with special needs, consideration is given to this variable and a statement from a mental health professional is required. VDOC policies require facilities that offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior, to determine if offenders, who are found guilty of a disciplinary or criminal offense for sexual abuse, are required to participate in programs as a condition of access to other benefits. Offenders (HRSA) that do not comply with therapy, counseling or other interventions are charged with a minor disciplinary code which may be adjudicated informally. During this audit period, there were no substantiated cases of offender-on-offender sexual abuse. VDOC policies provide guidance on when an offender can be disciplined for sexual contact with staff (only when there is a finding that the staff member did not consent to such contact). Agency policy also provides guidance prohibiting discipline on an offender, if sexual abuse is reported in good faith, but not substantiated by sufficient evidence. Agency policy covers when sexual activity between offenders is not considered sexual abuse (consensual), in addition to its prohibition of all consensual sexual activity. Consensual sexual activity is considered a Category II offense with informal resolution available as an optional sanction.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC Operational Procedures 425.4, 701.3 and 730.2 govern this standard. During admission to a VDOC facility and, within 14 days, if the Classification Assessment indicates that the offender has experienced prior sexual victimization (HRSV) or perpetrated sexual violence (HRSA), whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical and mental health practitioner. Policy states that any information related to sexual violence that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and, other staff as necessary, to inform of treatment plans and security and management decisions including housing, bed, work, education and program assignments. FCCW medical and mental health practitioners are required to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. At the time of the audit, 71 offenders were identified as "at high risk of sexual victimization" and one case as "at high risk for sexual abusiveness" based on initial screening. The auditor reviewed cases identified

during the classification assessment as HRSV or HRSA. A mental health referral occurred within 14 days with housing and programming decisions determined based on the classification assessment. Based upon the documentation reviewed and processes conducted in accordance with agency policies, this standard is in compliance with the requirements of the PREA.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC 038.3, 075.1, 720.4 and 720.7 require inmate victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which to be determined by the judgment of medical and mental health practitioners. The policies direct that, if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. The policies also require offenders to be offered mental health and medical services and a forensic and sexual assault exam, completed by a qualified professional. Policy requires treatment services to be consistent with the community level of care and provided without financial cost regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. VDOC policy directs that offenders who are victims of alleged sexual assault are offered timely information and access to emergency contraception, if applicable, and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. During this audit period, there were no offender victims of sexual abuse that required emergency medical and mental health services. Based on appropriate policy guidance and related staff interviews, this standard is in compliance with the requirement of the PREA.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

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

115.83 (b)

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

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

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

115.83 (e)

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

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The governing policies on this standard are VDOC policies 720.7, 730.2 and 720.4. These policies direct that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which to be determined by the

judgment of medical and mental health practitioner. Policy requires treatment services to be consistent with the community level of care and provided without financial cost regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. Offenders are to be offered mental health and medical services and a forensic and sexual assault exam, completed by a qualified professional. VDOC policy states that staff shall attempt to conduct a mental health evaluation of all known offender- on-offender aggressors within 60 days of learning of such a history of sexual violence and offer treatment, when deemed appropriate by mental health practitioners. Offenders who are victims of alleged sexual assault are offered timely information and access to emergency contraception, if applicable, and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. The policy states the evaluation and treatment of victims of sexual violence shall include as appropriate, follow-up services, treatment plans and possibly referrals for continued care following transfer or release from custody. There were two substantiated cases of staff-on-offender sexual abuse. Both cases were afforded access to mental health services. The victims were seen at the facility by a qualified mental health professional. FCCW reported no cases requiring follow-up services, treatment plans or pregnancy related services. There were no substantiated offender-on-offender cases. Based on documentation, policy guidance and staff interviews, this facility is compliant with this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

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

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC Operating Procedures 038.1 governs the mandates of this standard. The policy is compliant in outlining the duties of staff, post substantiated and unsubstantiated investigations. Specifically, the FCCW PREA Compliance Manager ensures that a sexual abuse incident review is conducted at the conclusion of every sexual abuse investigation that results in a substantiated or unsubstantiated finding. Based on a sampling of substantiated and unsubstantiated sexual abuse cases, incident reviews were conducted on all sexual abuse cases for the audit period. The incident review team is comprised of standing members of the executive team. Based on appropriate policy guidance and staff interviews with an incident review team member, staff members are knowledgeable of their responsibilities in

conducting post investigation case reviews. Therefore, based on a review of files, adequate policy guidance and the facility having knowledgeable staff to carry out these responsibilities, this standard is found to be compliant with the PREA.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

VDOC Operating Procedure 038.3 governs the mandate of this standard. This policy provides guidelines for compliance with PREA standards on data collection within the VDOC. The VDOC is responsible for tracking incident based data, which is aggregated at least annually. The incident-based data includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The VDOC maintains and collects data as needed from all available incident-based documents including reports, investigation files, and incident reviews. Upon request, The VDOC provides data from the previous calendar year to the Department of Justice. VDOC incident-based data has been aggregated at least annually. Documentation of annual reports was reviewed by the auditor for calendar years 2014, 2015, and 2016.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC 038.3 governs the mandate of this standard. The VDOC reviews data collected and aggregated to assess and improve the effectiveness of the department's sexual abuse prevention, detection and response policies, practices and training. Annual Reports for 2014, 2015, and 2016, which identify problem areas, are available on the VDOC's public website. The reports compare current year and prior year corrective actions and provide an assessment of the progress in addressing sexual violence. The posted annual reports are approved by the VDOC's Director.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VDOC Operating Procedure 038.3 governs the mandate of this standard. Data is retained in a secure filing system. VDOC makes all aggregated sexual abuse data readily available to the public at least annually on the VDOC website. Prior to making aggregated sexual abuse data publicly available, VDOC removes all personal identifiers. Sexual abuse data is retained for at least 10 years after the date of the initial collection.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is the second PREA audit of this facility. FCCW was last audited in October 2014. The auditor was allowed access to all areas of the facility and had access to all required documentation. The auditor was allowed to conduct private interviews with offenders and staff.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

FCCW has fully institutionalized all policies, practices, and procedures outlined in the PREA standards. FCCW possesses a culture of supportive response to sexual abuse allegations. Prevention, detection, and response mechanisms are fully ingrained in the facility's management approach to the PREA. The auditor reviewed applicable standards and, through document review and sampling, interviewing staff and offenders and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. VDOC policies are directly tied to the standards' expectations. The department has developed policy implementation tools to guide PREA Compliance Managers. FCCW leadership is fully committed to eliminating sexual abuse and harassment as evidenced in realistic staffing analysis and suggestions for

enhanced supervision techniques. Substantiated allegations of abuse were processed in accordance with the standard, including incident reviews, disciplinary actions, if required, and outcome notifications. PREA training for staff and offenders is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection and, when necessary, response to sexual abuse. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for counseling are integrated in the intake and allegations of abuse processes. Medical services and advocacy networks for the offenders are established in the community. The general public has access to reporting mechanisms and VDOC PREA trends data via the public VDOC website. There were no corrective actions required during the on-site visit. FCCW currently meets all applicable standards.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Donald Chadwick

October 29, 2017

Auditor Signature

Date