

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility:		Fluvanna Correctional Center for Women	
Physical address:		144 Prison Lane, Troy, VA 22974	
Date report submitted:		10/4/14	
Auditor Information		Diane Lee – The Nakamoto Group	
Address:		11820 Parklawn Drive, Suite 240 Rockville, MD 20852	
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Date of facility visit:		September 29 - October 1, 2014	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: 434-984-3700			
The facility is:		<input type="checkbox"/> Military	<input type="checkbox"/> County Federal
		<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State
		<input type="checkbox"/> Private not for profit	
Facility Type:		<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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Agency Information			
Name of agency:		Virginia Department of Corrections	
Governing authority or parent agency: <i>(if applicable)</i>		Commonwealth of Virginia	
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Agency Chief Executive Officer			
Name:		Harold Clarke	Title: Director

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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA audit of the Fluvanna Correctional Center for Women was conducted on September 29 - October 1, 2014, to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. Before the audit, the auditor interviewed the Agency Director, Harold Clarke, and the Statewide PREA Coordinator, Elisabeth Thornton, at the Virginia Department of Corrections' headquarters in Richmond, Virginia. During the audit, the auditor toured the facilities and conducted formal staff and offender interviews. The auditor interviewed 14 offenders (10 were random offenders from all of the housing units). One of the offenders had sent a letter prior to the PREA auditor, two of the offenders had reported sexual abuse, one of the offenders was in restricted housing, and one has a physical disability of being blind.

In addition, the auditor questioned 21 staff (10 specialized staff and 11 random correctional officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Random correctional officers were selected from each shift. Specialized staff interviewed included the Warden, Tammy C. Brown; PREA Compliance Manager/Operations Manager, Gloria Robinson; Major Peggy Scruggs; Human Resource Officer, Lucinda Childs-White; Health Services Administrator/Contract Staff, Robert Taylor; Director of Mental Health/Contract Staff, Nathan Young; Investigator Lt. Gonzalez; Intel Officer J. Jamerson; and Training Officer, Lt. Gilmer.

An entrance meeting was held with the following persons in attendance: Warden Tammy C. Brown; Assistant Warden Anthony Scott; Assistant Warden Paul J. Rice, Jr.; PREA Compliance Manager/Operations Manager, Gloria Robinson; Executive Secretary Wanda Jones; Evidence Based Practices Manager Deborah Jones; Chief of Security/Major Peggy Scruggs; Institutional Program Manager Chris Gensinger; Unit Manager-Housing Unit 1/ William Craig; Unit Manager-Housing Unit 2/ Sylvia Wilson; Unit Manager-Housing Unit 3/Ronnie McGhee; Unit Manager-Housing Unit 5/Andrea Mathis; Unit Manager-Housing Unit 8/Shirley Davis; Buildings and Grounds Superintendent Mike Perkins; Health Services Administrator/Contract Staff, Robert Taylor; Director of Mental Health/ Contract Staff, Nathan Young; Business Manager Otis Carpenter; Investigator Lt. Gonzalez; Office Services Specialist Lauren Spinner, Lawanda Long, Eastern Regional PREA Analyst; Rose Durbin, Central Regional PREA Analyst; PREA Hotline Coordinator Dhara Amin and Operations Manager, Support (Statewide PREA Coordinator) Elisabeth Thornton.

On the first day of the audit, there were 1,248 female offenders at the facility. Following the entrance meeting, I toured the facility from 8:30 a.m. to 11:30 a.m. In the last calendar year, there were fifty (50) sexual assault/harassment allegation cases. Of the twenty (20) sexual abuse allegations; seven (7) were unsubstantiated, five (5) were substantiated and eight (8) were unfounded. Of the thirty (30) sexual harassment allegations; twenty-three (23) were unsubstantiated, two (2) were substantiated and five (5) were unfounded.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Fluvanna Correctional Center for Women (FCC) is located in Fluvanna County on Route 250 West. Construction began in 1996 and opened its doors to the first offender on April 7, 1998. Fluvanna Correctional Center for Women operates under uniform policies and procedures established in accordance with Virginia Department of Corrections, Divisional Operating Procedures, the State Board of Corrections and the American Correctional Association. Total acreage of the facility is 103.8 acres. The internal compound has 30 acres. There are a total of 20 structures on the institutional property with a gross square footage of 446,550 to include four (4) general population buildings, segregation building, medical and mental health building, security and visitation building, food service and vocational industries building, programs and education building, administration building, warehouse, water treatment plant, wastewater treatment plant, buildings and grounds keeping building, sally port, outdoor storage building, machinery shed, rear sally port, security building, and raw water reservoir pumping station. Each housing unit has four wings in one tier, dry cells and sinks, showers and commodes on both levels. The main floor consists of a large dayroom, recreation tables in the center of the rooms, washer and dryers to the back of the room located near the rear exit. The segregation building has one structured living unit, one general population honor wing, and two segregation wings. The facility includes a 24-hour medical facility, residential care, mental health unit and inpatient psychiatric unit. The mental health housing unit has three wings, two of which are for acute mental health offenders. The 21 bed Inpatient Psychiatric Unit includes involuntary hospitalization, observation/assessment and intensive treatment. The outside perimeter fence has a detection system which is monitored by master control.

Case Manager Counselors provide a wide range of treatment services to the population. Core programs offered are Thinking for a Change, Anger Management, The MATRIX Substance Abuse Program, Productive Citizenship and How to Handle Conflict which provide offenders an opportunity to prepare for a more positive transition from prison to the community. There is a wide variety of educational and vocational programs offered, including several college level classes. Virginia Correctional Enterprises operates a tailor shop, braille transcription program, document conversion business and optical lab. Medical and mental health services are provided by contract staff from Corizon; as of October 1, 2014, the contract is with Armor Correctional Health Services.

The mission statement for Fluvanna Correctional Center is to enhance public safety by providing effective programs, re-entry services, and supervision of sentenced offenders in a humane, cost-efficient manner, consistent with sound correctional principles and constitutional standards.

The auditor found the staff and offenders to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal with and treat victims of sexual assault and or sexual harassment. Warden Brown is very proactive in emphasizing zero tolerance for any unprofessional behavior, especially when concerning sexual harassment or sexual abuse.

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, an exit meeting was held with the Executive Team. Malcolm Taylor, Central Regional Operations Chief, was in attendance. While I could not give the facility a final finding, I gave an overview of the audit and thanked the Fluvanna Correctional Center for Women staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded:	10
Number of standards met:	30
Number of standards not met:	0
Not Applicable:	3

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

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

The Agency exceeds the standard with their policies and practice. Operating Procedures 038.3 and 130.1 clearly meet this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the agency PREA Coordinator, and facility PREA Compliance Manager, they have Regional PREA Compliance Analysts to ensure they are meeting all the PREA standards. The facility PREA Compliance Manager reports to the Lead Warden. Ms. Elisabeth Thornton is the agency PREA Coordinator. She supervises three regional PREA Analysts; Ms. Rose Durbin, the Central Regional PREA Analyst is assigned for this facility. Ms. Lawanda Long is one of the other regional PREA Analysts, but also serves as the PREA Audit Coordinator. It should also be noted Ms. Long is a certified PREA auditor. All claim to have enough time to perform their respective PREA duties. All were knowledgeable of PREA and the PREA standards.

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

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

Not Applicable -The agency has not contracted with other entities for the confinement of the offenders from Fluvanna Correctional Center for Women.

§115.13 – Supervision and Monitoring

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

Warden Tammy C. Brown ensures that she completes an annual review of the post audits and staffing plan. Cameras and mirrors supplement the security of staff members' posts. The staffing plan is reviewed annually by the facility, region, and PREA Coordinator. The facility documents all deviations to the plan. Unannounced rounds are documented in logs, and are done randomly by Lieutenants and above. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring. They currently have

67 security cameras located in the facility. Additional cameras would be useful to put in the education/vocational building, medical unit hallway and laundry room. They also have requests to add windows to some fire doors were they have identified they need better visibility. Operating procedures 401.1, 401.2, and 401.3 support this standard. Documentation of unannounced rounds that cover all shifts was reviewed.

§115.14 – Youthful Inmates

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

Not Applicable- Fluvanna Correctional Center for Women does not house youthful offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Staff of the opposite gender is required to announce their presence when entering the offender housing unit(s) by stating “male on unit”. This is also noted in the log book and has been added to the post orders. This was documented during interviews with staff and offenders, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. Operating procedures cover all aspects for this standard including 445.1, 401.2, 801.1, 401.1, 720.2, 350.2 and 160.2. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. The policy for conducting transgender or intersex searches 445.1 was amended on 8/21/14 and now meets the PREA standards.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

Operating Procedure 038.3 meets all the requirements of this standard. The DOC takes appropriate steps to ensure offenders with disabilities and offenders with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and offender handbooks are in English and Spanish. They have a contract for interpreter services. This was also verified by interviewing a disabled offender.

§115.17 – Hiring and Promotion Decisions

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

Based on interviews with HR all components of this standard are being met. Operating procedures to meet this standard include 170.1, 030.3, 260.1, 040.1, 057.1, 101.1, and 135.1. All employees/contractors have recently had their criminal background check completed again. A tracking system is in place to ensure they will be completed every five years. Applicants and employees have a continuing affirmative duty to disclose any sexual abuse in prison or other institution; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community by force or coercion or victim did not consent. Virginia DOC Operating Procedure 057.1 allows information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to be furnished to any institutional employer for whom which the employee has applied to work.

§115.18 – Upgrades to Facilities and Technology

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

When updating monitoring technology (cameras) and mirrors, the agency and facility consider how technology may enhance the ability to protect offenders from sexual abuse. Recent upgrade of cameras was based on a review of blind spots, etc. Additional cameras would be useful in the education/vocational building, medical unit and laundry room. They also have requests to add windows to some fire doors were they have identified they need better visibility.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

Operating Procedures cover all aspects of this standard in 030.4, 445.2, 720.7, 038.3, and 730.2. A Nursing Evaluation Tool for Sexual Assault is used and medical determines if the offender should be transported to the University of Virginia Hospital in Charlottesville for SAFE/SANE exam. There have been 2 offenders who were transported during this report period for forensic medical exams. A MOU is in place with the Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. The auditor spoke with the Executive Director, Kristi Van Audenhove, in advance of the audit. She indicated that they provide emergency services and support through the free phone call services the offenders are allowed

to make. The phone number is posted in each housing unit. There is also a list of VDOC volunteer advocates that are available to accompany the offender to the hospital or other assistance if needed.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

Operating Procedures 038.3 and 030.4 were reviewed during on-site inspection to verify the components are met. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. The facility investigator initiates all investigations. The Special Investigations Unit (SIU) picks up on criminal cases and advises facility investigator on administrative investigations. All investigations are internal to DOC. The Auditor reviewed several of the investigations that had been conducted.

§115.31 – Employee Training

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

Operating procedures 160.1 and 160.2 cover all training required by standard. Virginia DOC provides all employees a three hour class which includes a video. Staff also acknowledge in writing their understanding of PREA. The acknowledgement form lists all the required areas of the standard. A review of the lesson plan demonstrates all the required areas are covered. All staff interviewed indicated that they received the required PREA training. Training Lt. Gilmer does an excellent job ensuring that all training is received as required.

§115.32– Volunteer and Contractor Training

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

Reviewed contractor and volunteer sign-in sheets for training received. All contractors and volunteers who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

§115.33 – Inmate Education

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

Offenders receive information at time of intake through a PREA pamphlet and there is information in the offender handbook (also available in Spanish). There are posters throughout the facility and the phone number to call to report is in each housing unit. A facility orientation including PREA information is delivered every Wednesday which consists of video and additional information which expands on the information provided in the pamphlet and handbook. A descriptive, specific video was developed by the VDOC PREA Unit staff for the offenders of Fluvanna Correctional Center for Women. I watched the video during the audit. The offenders sign an acknowledgement of having received the training. Operating Procedures 038.3 and 810.2 cover the components required. During the tour and interviews, offenders acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy.

§115.34 – Specialized Training: Investigations

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

Institutional Investigator Lt. V. Gonzalez and Intel Officer J. Jamerson, as well as the Central Office Special Investigative Unit Investigators, received specialized training at the Virginia State Police Academy, developed by the Moss Group for conducting sexual abuse investigations. Operating procedures 030.4 and 160.2 meet this standard.

§115.35 – Specialized training: Medical and mental health care

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

The Health Services Administrator, and all medical and mental health staff have received specialized training on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Operating procedures that meet this standard include 160.1, 701.1 and 720.7.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

Operating Procedures 810.1, 810.2, 730.2, and 861.1 include all components required by this standard. All offenders are assessed during intake screening for their risks of being sexually abused by other offenders or sexually abusive towards other offenders. Upon arrival at the facility, counselors conduct a screening within 72 hours of arrival by policy and check of records. Offenders identified as high risk for sexual victimization or risk of sexually abusing other offenders are referred to a qualified mental health professional for a reassessment within 30 days. They would be reassessed based on any new information that bears on the offenders' risk of sexual victimization or abusiveness. The new information would be added to the VDOC electronic system to determine appropriate housing assignments. Over this report period 38 offenders were reassessed for their risk of sexual victimization or being sexual abusive within 30 days after their arrival based on additional relevant information.

§115.42 – Use of Screening Information

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

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping offenders at high risk of being sexually victimized separate from those at high risk of being sexually abusive. Housing and program assignments are done on a case by case basis. They have verified that they have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Numerous operating procedures address how the information from the risk screening is used to ensure safety of each offender. There were no transgender or intersex offenders at Fluvanna at the time of the audit.

§115.43 – Protective Custody

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

Agency policy states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of

separation from likely abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after that. There have been no offenders placed in this status. Operating Procedures that meet this standard include 425.4, 810 and 830.5.

§115.51 – Inmate Reporting

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

Based on staff and offender interviews, this is clearly documented. The procedures for reporting are clearly stated in the offender handbook, on posters and through Operating Procedures 038.3, 801.6, 803.3. and 866.1.

§115.52 – Exhaustion of Administrative Remedies

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

Operating Procedures 038.3, 866.1, and 861.1 cover the elements of this standard. The Emergency Grievance form was revised 7/1/13 to specifically address PREA issues. Two grievances were filed in last year that alleged sexual abuse.

§115.53 – Inmate Access to Outside Confidential Support Services

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

A MOU is in place with the Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. This auditor spoke with the Executive Director, Kristi Van Audenhove, in advance of the audit. She indicated that they provide emergency services and support through the free phone call services that the offenders are allowed to make. The number is posted in each housing unit.

§115.54 – Third-Party Reporting

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

- Does Not Meet Standard (requires corrective action)

This information is made available to offenders through posters and their handbook.

§115.61 – Staff and Agency Reporting Duties

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

Operating Procedures 038.3, 038.1, 720.7, 720.2, 730.2, 801.6 and 030.4 include all the components of this standard. This was also verified through interviews with random staff. Agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary. Staff and offender interviews supported reporting and not discussing sexual abuse and harassment cases.

§115.62 – Agency Protection Duties

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

If an offender was at imminent risk of sexual victimization, they take immediate action to protect the victim. There have been no offenders placed in this status. Operating Procedures that meet this standard include 425.4, 038.3 and 730.2. This was also verified through interviews with random staff.

§115.63 – Reporting to Other Confinement Facilities

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

Operating procedures 038.3 and 030.4 include all the components of this standard. This was also verified through interviews with the Warden and PREA Coordinator. The facility has received two allegations that an offender was abused while confined at another facility. The facilities were notified of the allegations within 72 hours. There have been two allegations of sexual abuse that FCC received from other facilities and they were all thoroughly investigated.

§115.64 – Staff First Responder Duties

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

Operating Procedures 038.3, 030.4 and 075.1 include all the components of this standard. This was also verified through interviews with random staff.

§115.65 – Coordinated Response

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

Operating Procedures 038.3 and 075.1 address this standard. In addition, Warden Brown has developed and distributed a very thorough, detailed Facility PREA Management Plan, developed in March 2014, for responding to sexual abuse allegations specific for Fluvanna.

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

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

Not applicable; there is no collective bargaining in the Commonwealth of Virginia.

§115.67 – Agency protection against retaliation

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

The facility PREA Plan states that the PREA Compliance Manager is charged with monitoring retaliation and at a minimum conducts checks with offenders who have been victimized or reported victimization every 30 days up to 90 days or longer if required to ensure no retaliation on the offender has been instigated. This was verified through interviews with the Warden and PREA Compliance Manager. A tracking chart has been developed to monitor retaliation checks.

§115.68 – Post-Allegation Protective Custody

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

There have not been any offenders who required this type of placement in this report period. This is covered in Operating Procedure 425.4.

§115.71 – Criminal and Administrative Agency Investigations

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

Operating Procedures 030.4 and 038.3 cover these components. The FCC Investigator and Intel Officer conduct investigations within the facility. All of the investigations were reviewed promptly, thoroughly, and objectively, including third-party and anonymous reports. If an allegation appears to be criminal in nature, the Investigator will call upon the DOC SIU to conduct the investigation. The SIU will provide technical assistance and support to the facility investigator for administrative investigations. The DOC SIU has full police powers. All Investigators have received special investigation training. All of the investigations were reviewed promptly, thoroughly, and objectively. During this period six allegations were referred for criminal prosecution.

§115.72 – Evidentiary Standard for Administrative Investigations

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

Operating Procedures 130.1, 135.1 and 861.1 cover these standard requirements.

§115.73 – Reporting to Inmate

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

Operating procedures 038.3 and 030.4 address this standard. All offenders were notified of the results of the investigations.

§115.76 – Disciplinary sanctions for staff

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

Operating Procedures 130.1 and 135.1 include all the components of this standard. During this audit period, two staff members were terminated for violating agency sexual abuse or sexual harassment policies. There was one staff member who resigned prior to termination for violation of agency sexual abuse or sexual harassment policies. All three cases were referred to the Special Investigative Unit for violating agency policies.

§115.77 – Corrective action for contractors and volunteers

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

Operating Procedures 027.1 and 130.1 include all the components of this standard. No contractors/volunteers were reported to law enforcement for engaging in sexual abuse of offenders in this report period.

§115.78 – Disciplinary sanctions for inmates

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

This is clearly stated in the offender handbook. Operating Procedures 861.1, 820.2, 830.3, and 038.3 address all disciplinary sanctions for offenders. There were 39 administrative findings of offender-on-offender sexual abuse that occurred at the facility during this audit period that were subject to disciplinary sanctions.

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

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

Operating Procedures 730.2, 425.4, and 701.3 cover all components. Through interviews with Mental Health Director Nathan Young, the facility has a thorough system for collecting this

information and also has the capacity to provide continued re-assessment and follow-up services. Due to the high female population's history of prior sexual victimization, there are many services that are offered to meet the offender's needs for trauma victims including both individual and group counseling. All offenders who disclose prior sexual victimization are offered a follow-up meeting with a mental health practitioner within 14 days.

§115.82 – Access to emergency medical and mental health services

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

Operating Procedures 720.7, 730.2, 038.3 and 075.1 address this standard. Medical staff uses a Nursing Evaluation Tool for Sexual Assault that would indicate the steps to take for treatment. Mental Health staff uses a Sexual Assault Assessment to determine services needed and offers a vast array of treatment services. Review of operating procedures and interviews with staff and offenders confirm compliance.

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

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

Operating Procedures 720.7 and 730.2 cover all components. Due to the high female population's history of prior sexual victimization, there are many services that are offered to meet the offender's needs for trauma victim. Individual and group counseling includes the seeking safety group for trauma victims and trauma resolution group.

§115.86 – Sexual abuse incident reviews

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

Operating Procedures 038.3 and 038.1 include all the components of this standard. All reviews were completed by the review team in a timely manner.

§115.87 – Data Collection

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

This is covered in Operating Procedure 038.3. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument since 2008. The system allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action.

§115.88 – Data Review for Corrective Action

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

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

§§115.89 – Data Storage, Publication, and Destruction

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

This is covered in Operating Procedure 038.3 and 025.3. The 2013 Annual Report was reviewed. Data is properly stored, maintained and secured. Access to data is tightly controlled.

AUDITOR CERTIFICATION:

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

Diane Lee

October 4, 2014

Auditor Signature

Date