

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

Interim       Final

**Date of Report**    October 17, 2018

### Auditor Information

<b>Name:</b> Robert Manville	<b>Email:</b> robert.manville@nakamotogroup.com
<b>Company Name:</b> The Nakamoto Group, Inc.	
<b>Mailing Address:</b> 11820 Parklawn Dr., Suite 240	<b>City, State, Zip:</b> Rockville, MD 20852
<b>Telephone:</b> 912-486-0004	<b>Date of Facility Visit:</b> September 24-26, 2018

### Agency Information

<b>Name of Agency:</b> Virginia Department of Corrections (VADOC)		<b>Governing Authority or Parent Agency (If Applicable):</b> State of Virginia	
<b>Physical Address:</b> 6900 Atmore Drive		<b>City, State, Zip:</b> Richmond, VA 23225	
<b>Mailing Address:</b> P.O. Box 26963		<b>City, State, Zip:</b> Richmond, VA 23261-6369	
<b>Telephone:</b> 804-674-3119		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<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:** VADOC enhance the quality of life in the Commonwealth by improving public safety. We accomplish this through reintegration of sentenced men and women in our custody and care by providing supervision and control, effective programs and re-entry services in safe environments which foster positive change and growth consistent with research-based evidence, fiscal responsibility, and constitutional standards.

**Agency Website with PREA Information:**    <https://vadoc.virginia.gov> (Search PREA)

### Agency Chief Executive Officer

<b>Name:</b> Harold Clarke	<b>Title:</b> Director
<a href="mailto:Harold.Clarke@vadoc.virginia.gov">Harold.Clarke@vadoc.virginia.gov</a>	<b>Telephone:</b> 804-887-8081

### Agency-Wide PREA Coordinator

<b>Name:</b> Rose Durbin	<b>Title:</b> PREA/ACA Supervisor
<b>Email:</b> <a href="mailto:Rose.durbin@vadoc.virginia.gov">Rose.durbin@vadoc.virginia.gov</a>	<b>Telephone:</b> 804-887-7921
<b>PREA Coordinator Reports to:</b> Maria Vargo, Corrections Operations Administrator	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 3 Regional PREA/ADA Analyst- 40 Compliance Managers Report to PREA Analyst

## Facility Information

<b>Name of Facility:</b> Indian Creek Correctional Center			
<b>Physical Address:</b> 801 Sanderson Road, Chesapeake, VA 23328			
<b>Mailing Address (if different than above):</b> P.O. Box 16481, Chesapeake, VA 23328			
<b>Telephone Number:</b> (757) 421-0095			
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> Indian Creek is a multidisciplinary therapeutic community for the treatment of substance abuse in a safe, secure environment; teaching and equipping offenders with an alternative lifestyle and enabling them to return to society as responsible, productive citizens free of addictive and criminal behavior.			
<b>Facility Website with PREA Information:</b> <a href="https://vadoc.virginia.gov">https://vadoc.virginia.gov</a> (Search PREA)			

## Warden/Superintendent

<b>Name:</b> Rick White	<b>Title:</b> Warden
<b>Email:</b> rick.white@vadoc.virginia.gov	<b>Telephone:</b> 757-296-3701

## Facility PREA Compliance Manager

<b>Name:</b> Stephanie Lawson	<b>Title:</b> Operations Manager
<b>Email:</b> stephanie.lawson@vadoc.virginia.gov	<b>Telephone:</b> 757-296-3706

## Facility Health Service Administrator

<b>Name:</b> Sharon King	<b>Title:</b> Health Services Administrator
<b>Email:</b> sharon.king@vadoc.virginia.gov	<b>Telephone:</b> 757-296-3833

## Facility Characteristics

<b>Designated Facility Capacity:</b> 1060	<b>Current Population of Facility:</b> 977		
<b>Number of inmates admitted to facility during the past 12 months</b>			636
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			636
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			636
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			6
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> None	<b>Adults:</b> 21-99	
<b>Are youthful inmates housed separately from the adult population?</b>		<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:	0
Average length of stay or time under supervision:	Varies
Facility security level/inmate custody levels:	Medium and Minimum
Number of staff currently employed by the facility who may have contact with inmates:	302
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	110
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	39
<b>Physical Plant</b>	
Number of Buildings: 12	Number of Single Cell Housing Units: 1 (2 pods)
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	12
Number of Segregation Cells (Administrative and Disciplinary):	24
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.): The facility has 111 security cameras, 17 exterior and 94 interior cameras, provided additional security throughout the facility. Footage can be downloaded and saved as needed. The facility has begun implementing a plan to upgrade the type of cameras and monitoring equipment.	
<b>Medical</b>	
Type of Medical Facility:	Six bed medical observation department, staffed 24 hours a day
Forensic sexual assault medical exams are conducted at:	Chesapeake Regional Medical Center, Chesapeake, Va.
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	119
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Indian Creek Correctional Center (ICCC), Virginia Department of Corrections (VADOC), was conducted September 24-26, 2018, by The Nakamoto Group Inc. certified PREA Auditor Robert Manville.

### PRE-ONSITE AUDIT PHASE

Prior to the on-site visit, the facility provided the auditor with PREA policy and support documentation to review. The PREA Compliance Manager was contacted by the Auditor to review the PREA Pre-Audit Questionnaire (PAQ); and to discuss if there had been any new findings that had occurred since the PAQ had been completed.

The documentation received by the Auditor prior to the site visit included, but was not limited to, administrative reports, contracts, incident reports, memorandums, policies, brochures, staff rosters, PREA audit notices, staffing plans, and training information. The agency director and state PREA coordinator were also interviewed prior to the on-site audit.

The facility was very responsive to providing further clarification when needed; and within the appropriate timelines given, both prior to and during the site visit. Virginia Department of Corrections and Indian Creek Correctional Center utilize the following agency policies 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 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)

## **ONSITE AUDIT PHASE**

When the auditor first arrived at the facility, an in-briefing meeting was held with the Warden, the Agency PREA Coordinator, the Eastern Region PREA/ADA Analyst, Operations Manager/PREA Compliance Manager (PCM), Chief of Security, Lieutenant, Health Services Administrator, Business Manager, Human Resources Officer, Industry Manager, Food Service Director, and Therapeutic Director.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including all general population housing units, visitation, gymnasium, education department (including classrooms & study hall), intensive training unit/restricted housing, enterprise, commissary, chapel, medical, medical observation units, property, kitchen, dining area, maintenance/warehouse, laundry, intake area, law library, general library, and the barber shop. During the tour, several informal interviews were conducted with both offenders and staff.

During the on-site tour, the auditor reviewed log books, assessed camera surveillance, staff supervision, and limits to cross gender viewing. This auditor also observed the facility configuration, shower/toilet areas, placement of posters, PREA informational resources, security monitoring, offender entrance and search procedures, and offender programming. The auditor talked informally to staff and offenders during the tour of the facility. Postings regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and/or sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notices with the PREA auditors' contact information were also posted in the same areas. The facility was accredited by the American Correctional Association in May 2018.

All housing units contain toilets and showers that provide privacy and no offenders expressed a concern about being seen by staff of the opposite gender while showering. During the tour, there was a camera located in a cell used for suicide watch located in the Therapeutic Community unit. The camera was on and it was discovered that staff of the opposite gender

were able to view the offenders when naked. The Warden implemented an immediate corrective action, mandating when the cell was activated, it would only be monitored by staff of the same gender as the offender.

Both medical and mental health staff are available at the facility. Sexual assault forensic examinations are conducted by a trained Sexual Assault Nurse Examiner (SANE) at the Chesapeake Medical Center, Chesapeake, Virginia. The facility also has Memorandum of Understanding (MOU) with Virginia Sexual and Domestic Violence Action Alliance or Action Alliance for PREA reporting and emotional support for sexual assault victims.

The Director of the Advocacy Group which provides support services to sexual assault offender victims was contacted. The Director indicated that they have received calls from offenders and that staff response has always been prompt and appropriate. The Director further indicated they knew their responsibilities for all PREA related issues.

Interviews were conducted with specialized staff. The interviews included the PREA Coordinator, PREA Compliance Manager, Warden, Assistant Warden for Programs, a clinical psychologist, two investigators, Health Service Administrator, Volunteer Coordinator, Education Director, Human Resources Officer, two Officers in Charge (OIC) for first and second shifts, Drug and Alcohol Abuse Program Director (contract), and two (2) medical contractors, the VADOC Contract Administrator and the VADOC Director. All interviewed staff, contractors and volunteers demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in or with the organization and employment status. Staff could describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

On day two and three of the onsite audit, the Auditor reviewed ten personnel files, fifteen offender records, fifteen employee training records, fifteen computerized screening instrument, fourteen investigative files, one review PREA review team report, private vendor contract, and the institution's grievance log.

In addition, the Auditor revisited several of the dormitories and staff were observed interacting with offenders in a positive and helpful manner.

Random interviews were conducted with eighteen correctional officers from all shifts and staff assigned to Administrative Segregation. All were aware of the agency's zero tolerance policy, of their responsibilities to protect offenders from sexual abuse/sexual harassment, responsibility to report any allegations of sexual abuse or sexual harassment or retaliation to offenders or staff for reporting sexual abuse or sexual harassment and of their duties as first responders as part of a coordinated response.

Thirty-seven randomly selected offenders were interviewed from all housing units. The interviews also included one offender who indicated he of sexual victimization two year prior to audit. There were no other targeted populations identified during the audit. All offenders interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention, and protection and reporting mechanisms. The offenders

further stated that staff were responsive to their needs and that they generally felt safe at the facility. No offenders refused to be interviewed.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Indian Creek is a multidisciplinary therapeutic community for the treatment of substance abuse in a safe, secure environment; teaching and equipping offenders with an alternative lifestyle and enabling them to return to society as responsible, productive citizens free of addictive and criminal behavior. The facility was opened in 1994 to provide substance abuse treatment. The population of offenders include offenders transitioning back to society, offenders that age out of juvenile facilities (19 years old) with substance abuse history and offenders sent directly from the court system to undergo substance abuse treatment prior to finalize sentencing. The treatment program is managed by a Private Vendor.

Indian Creek is comprised of seven housing units, a support building, a programs building, an administration building, and a maintenance/warehouse building.

Housing Unit 1 through 6 are dormitory-style buildings which consist of 2 sides (A and B). Each side houses approximately 80 offenders. Housing Unit 1A is the Therapeutic Community (TC) orientation unit. It houses new intakes from other institutions that have been deemed suitable for the Therapeutic Community Program. While in this housing unit, they will be screened and evaluated to determine their Individual Treatment Plan. This is also where offenders learn the rules and regulations of ICCC.

There is a control room located in the front area of the unit and operates the security doors leading into each housing unit. There are offices located on each side of the vestibule. There are cameras located throughout each dormitory that provided total view of all non-private areas of the dormitory. These cameras are monitored in the control room with additional feeds to Warden and other administrative offices. There is one staff assigned to each dormitory as a roaming post.

Housing Unit 7 is a 48 cell building which is divided into 2 sides (A and B). The A side is used to house TC offenders who are having program compliance issues. The B side houses 24 segregation cells. There are two officers assigned to the segregation unit and one officer assigned to the TC side. There is a shower area in each side that allows offenders to shower and dress without being viewed by staff of the opposite gender.

The support building is comprised of a Virginia Correctional Enterprise (VCE) operation, Canteen, Medical Department, Security/Watch Commander's Office, Property/Intake, Kitchen, offender and staff dining halls, Laundry, and 3 vocational classes.

Armor Correctional Medical Services is the medical contractor serving this facility. There are six beds assigned to the medical unit. Four are beds in a small dormitory setting and there are

two cells with one bed each. Staff consider this area as an observation unit because offenders are typically assigned to the area for less than 24 hours. The unit has area for offenders to shower, toilet and change clothes without being viewed by staff of the opposite gender. There are two to three correctional officers assigned to the medical unit based on number of offenders. Camera are located in the medical area and or monitored by security staff. PREA information posters is located in several areas of the medical unit.

Smith Hall is made up of 13 classrooms, an auditorium and office spaces. This building is the primary location for TC groups and meetings. Smith Hall is one of the only buildings within the Department of Corrections that has been dedicated to an individual. Smith was the Warden of Indian Creek from August 1, 1996 through January 24, 1998.

The programs building is comprised of the DCE classrooms, DCE library, Psychology Department, Grievance Office, Barber Shop, Gymnasium, Visitation Room, Chaplin's Office, and Operations. The operations section consists of the Treatment Department, the Chief of Security and the Assistant Warden.

The administration building is located outside the secure perimeter and provides offices for the Warden, Business office, Human Resources, Offender Records, Mailroom, Training Department, Master Control, and the lobby/main entrance into the facility.

The maintenance/warehouse is also outside the security perimeter. It consists of the warehouse which handles all deliveries for the institution. The maintenance department is responsible for the up keep of all institutional buildings and equipment. PREA information was observed the all outside areas, giving the staff and offenders a way to report incidents at any time by call "55" on any phone.

ICCC staffing plan includes 184 security, 45 administrative/support, 16 programs, 25 medical contract staff, 40 Therapeutic Community staff and one correctional enterprise staff. All staff have received appropriate background checks and all have received PREA training as required by PREA standards.

At ICCC, Spectrum operates the in-prison therapeutic community. Specialized units have been developed to address the needs of the younger offenders, military veterans and offenders requiring higher intensity treatment. Spectrum's Correctional Recovery Academy (CRA) is an advanced form of therapeutic community programming designed to change the thinking and behavior habits of moderate to high risk/need offenders.

ICCC provides meaningful work opportunities based upon each offender's level of risk to staff and the general public as well as the needs of the institution. At ICCC, there are three levels of workers: unskilled, semi-skilled and skilled. ICCC also offers, through the Virginia Correctional Enterprises, three options for offender involvement. Chemical (cleaning) portion packing, drug test kits packaging and a toner/cartridge rebuild-reuse program utilize approximately 35 offenders to meet demand.

At ICCC, all offenders without a verified High School Diploma or GED must be TABE tested. Offenders are placed in educational programs based on TABE scores and age. A Special Education and Basic Education Class is provided for students younger than 22 years of age



who have been found to be eligible for special placement based on specific needs. Offenders are also permitted to take college correspondence courses.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Through formal and informal interviews with staff, contractors and offenders, and review of policy and documentation it was evident that ICCU has an effective program in place to effectively educate all concerned in the zero-tolerance policy against sexual abuse/harassment.

The auditor found the staff and inmates to be very aware of the 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 received extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment.

When the on-site audit was completed, another meeting was held with the Warden and other staff to discuss audit findings. The facility was found to be fully compliant to the PREA. The auditor had been provided with extensive files prior to and during the audit for review to support a conclusion of compliance with the PREA. All interviews and observations also supported compliance. The facility staff were found to be cooperative and professional. Staff morale appeared to be very good and the observed staff/inmate relationships were determined to be good. The auditor thanked the Warden and staff for their hard work and dedication to the PREA audit process.

**Auditor Note:** *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

**Number of Standards Exceeded:** 3

115.11, 115.41, and 115.51

**Number of Standards Met:** 42

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

115.15 Limited Cross-gender Viewing and Searches

During the tour, there was a camera located in a cell used for suicide watch in the Therapeutic Community unit. The camera was on and it was discovered that staff of the opposite gender were able

to view the offenders when naked. The Warden implemented an immediate corrective action, mandating when the cell was activated, it would only be monitored by staff of the same gender as the offender.

## 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.*

The VADOC policies mandate that mandate the staff, visitors, volunteers, contractor, and all other persons that have any access to offenders, must adhere to the zero tolerance of sexual abuse and sexual harassment. Virginia Department of Corrections 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 ICCC policies regarding zero tolerance to sexual abuse and harassment are implemented. Based on staff and offender interviews, coupled with printed information, and other training methods, ICCC maintains a consistent focus on preventing sexual abuse and harassment. Each region of the VADOC 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.

VADOC policy establishes a zero tolerance of sexual abuse and sexual harassment. ICCC 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 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 accomplished PREA objectives. There are services are available for offenders who do not speak or read English. All interviews with staff, volunteers, contractors and offenders confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The commitment to the enforcement and implementation of the PREA exceeds the required mandates of this standard. An examination of policy and supporting documentation also confirms compliance with this standard.

## 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. VADOC policies require that a contract and/or contract renewals mandates that contract monitoring ensures the contract entity is complying with the PREA standards. The agency has entered into or renewed two contracts for the confinement of offenders on or after August 20, 2012. The auditor reviewed a copy of the contracts and there was language requiring the Vendor to adopt and comply with the Federal Prison Rape Elimination Act.

#### 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
- 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.*

The agency ensures 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.

The facility has developed and implemented Operating Procedures 401.1, Development and Maintenance of Post Orders, Operating Procedure 401.2, Security Staffing, and Operating Procedure 401.3, Administrative Duty Coverage mandates the requirements to be in compliance with the standard.

Operating Procedure 401.2, Security Staffing, mandates that all facilities have a staffing plan that provides for adequate staffing levels and, where applicable, video monitoring to protect offenders against sexual abuse. The facility's staffing plan provides adequate staff levels for the population and it takes into consideration the generally accepted correctional practices. The facility does not have any judicial findings of inadequacy which would affect the staffing plan. The Auditor reviewed the staffing analysis for 2018 which included all areas of the policy requirements.

All essential posts are filled on each shift and no posts are kept open for salary savings. When special programs are offered, staffing is increased to provide additional supervision. A review of the facility's PREA rounds logs confirmed intermediate-level or higher-level supervisors, including shift supervisors, conduct and document unannounced visits throughout the facility to include nights and weekends. It also prohibits staff from alerting other staff members that these rounds are occurring unless such announcement is related to the legitimate operational function of the facility.

ICCC Supervisor Post Orders requires supervisors complete an inspection of all areas of the facility and document checks on a regular basis. A review of documentation, which included e log books, and interviews support the fact that shift supervisors, Assistant Warden and the Warden makes unannounced rounds.

## 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.*

The Indian Creek Correctional Center does not house youthful inmates.

## 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.*

Operating Procedure 401.2 states officers of the opposite gender should be allowed to supervise offender housing areas, with appropriate physical modifications made to toilet and shower areas to provide a reasonable degree of offender privacy. Facility procedures and practices shall enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender shall announce their presence when entering an offender housing unit. These announcements shall be documented in the log book.

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

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

During the tour, there was a camera located in a cell used for suicide watch in the Therapeutic Community unit. The camera was on and it was discovered that staff of the opposite gender were able to view the offenders when naked. The Warden implemented an immediate corrective action, mandating when the cell was activated, it would only be monitored by staff of the same gender as the offender.

The showers are partitioned. The partition allows for staff to observe the head and feet levels of each offender while block view of the mid-section. All staff members are trained on gender specific guidelines. This training includes that all offenders can shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Interviews with offenders confirmed that they had been pat-searched by officers properly and professionally. Staff training records, and staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Verification of compliance was documented in the training logs, interviews with staff and offenders and during tours throughout the facility.

## 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 by ensuring offenders with disabilities and offenders 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 transferred to ICCC 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. VADOC also has established contracts for phone interpretation services covering multiple languages. Information conveyance in braille is also available.

Staff at ICCC presents PREA information to its population upon admission to the facility. During the audit, no offenders were identified as LEP, nor any with a physical disability. The above policies, practices, and procedures support compliance with this standard, Interviews with intake staff, unit managers, PREA Compliance Manager, medical and mental health staff confirmed compliance with this standard. Policy prohibits the use of offender interpreters for any PREA related functions.

## 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, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  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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VADOC 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) outline the requirements of the standard. Each of these documents require Pre-employment background checks, another background check within five (5) years of initial employment; and a background check for all promotions prior to being offered a promotion.

Fifteen personnel files were examined by the Auditor to ensure compliance with all aspects of this standard. All employees who have contact with offenders have had the appropriate criminal background check.

Contractors and volunteers who have regular contact with offenders also have criminal background checks completed prior to having such contact. Volunteer and contractor background checks are repeated yearly. A review of the files revealed that the appropriate background checks are being completed timely. The facility does not hire or promote anyone who may have contact with offenders, and does not enlist the services of any contractor who may have contact with offenders who has engaged in any type of sexual abuse or sexual harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct will be grounds for termination. Failure to do so is grounds for the applicant's hiring process to be terminated.

The Human Resource Officer was interviewed and confirmed that the agency contacts prior employers for information on substantiated allegations of sexual abuse/harassment or resignations which occurred as a result of a pending investigation of sexual abuse/harassment. The Human Resource Officer also confirmed the agency provides 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. The policy provides that the facility notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment.

A review of personnel and volunteer files and relevant supporting documentation, including interviews with the Human Resource Officer and the Volunteer Coordinator confirm 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

*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 801.1 states the effect of the facility's design, acquisition, expansion or modification on the facility's ability to protect the offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect offenders from sexual abuse. Since the last audit the facility has upgraded monitoring technology by adding two additional cameras in 2017. Compliance was determined through review of upgraded equipment, review of invoices for installation of cameras and interviews with Warden.



## 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 evidentiarily 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.*

ICCC conducts administrative investigations of sexual abuse/harassment allegations. Criminal investigations are referred to the VADOC Special Investigations Unit (SIU). 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) establishes the requirements for first responders, investigators and medical staff to secure the crime scene including the areas of the offense, the victim, and alleged abuser for the preservation of usable evidence. The policy mandates that persons responsible for investigating allegations of sexual abuse/harassment follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

Investigators are trained and follow appropriate curriculum for a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. VADOC policy and procedures is based on Department of Justice "National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents. The facility has developed and trained staff on a Coordinated Response Plan. The facility uses the services at Chesapeake Medical Hospital that maintains a Sexual Assault Nurse Examiner (SANE) at all times. The facility also has a Memorandum of Understanding (MOU) with Action Alliance to provide advocacy and support services of victims of sexual abuse. Action Alliance provides a person to accompany the victim during the forensic examination.

Based on interviews with Rape Action Alliance, all staff members providing services have educational and training qualifications in order to provide the services as indicated in the MOU. Compliance was determined through review of policies, trained curriculum, and interviews with medical staff, a SANE, and interview with the Director of Action Alliance.

## **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

*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 030.4 (Special Investigative Unit - SIU), and Operating Procedure 038.3 (Prison Rape Elimination Act) provide guidance to the agency. Policy mandates that facilities will immediately open a preliminary investigation when any allegation may meet the level of a PREA violation. The VADOC's Special Investigative Unit are law enforcement staff and authorized to conduct criminal investigations. The agency publishes the State Law on its website, which indicates that criminal offenses will be prosecuted. Compliance was determined through review of policies, VADOC website and review of fourteen investigations and interview with local Sexual Abuse and Sexual Harassment trained investigators.

## 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) address the requirements of the standard. The facility's training addresses all of the topics identified in the standard. Related education is provided annually during refresher training. The review of lesson plans, training logs and PREA power point presentations confirmed that the provided training also addresses all elements identified in the standard.

Employees have PREA information posted throughout the facility. They are provided a PREA brochure developed by the VADOC PREA headquarters and all carry a PREA reference card. Staff training files were reviewed and contained documentation supporting compliance with this standard for both initial and annual training. All staff interviewed were aware of all aspects of the training and each indicated they had received and understand PREA 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. The Volunteer Coordinator (VC) is responsible for the management of all volunteers. The volunteers, including one-time visitors, and contractors receive PREA training. A review of the training records revealed only one volunteer had not received training. However, a more thorough a review, it was discovered the volunteer had not entered the facility for three years. The VC updated her records and removed the volunteer from her active list. A review of records found the volunteer program to be in full compliance.

All contractor or required to meet the mandates in Operating Procedure 102.6 (Staff Orientation), and Operating Procedure 350.2 (Training and Development) and attend the VADOC employee training. Contracting training records are maintained by the local training officer. A review of the training records found all training has been completed within the last 12 months.

### 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 VADOC are provided the "Sexual Assault Awareness and Prevention" brochure in either English or Spanish. Within 10 days of arrival, each offender receives training on PREA including a pamphlet describing the agency's PREA program. The information identifies the key elements of the program and informs them of the zero-tolerance policy regarding sexual abuse/sexual harassment and multiple ways to report any such incidents. The information also informs the offenders they will be free from retaliation for reporting an incident and that both male and female staff members routinely work in and monitor the housing units.

In addition, the facility provides an PREA education program all offenders upon arrival within 30 days of their arrival at the facility. The PREA education program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities.

Offenders also view a comprehensive orientation video that explains the facilities zero-tolerance policy and covers the offender's right to be free from sexual abuse, sexual harassment and retaliation. Staff readers, video sign language interpretation, and language interpretation services are available for PREA training.

Offender interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third-party reporting, the zero tolerance policy and their right to be free from retaliation. The tour of the facility confirmed that several PREA education posters were prominently displayed in all housing units, the visiting rooms and common/program areas. Each time an offender receives training it is documented in his record.

Interviews with staff and offenders; visual observations of posters/notices; examination of policy and other documentation; review of institutional files; and observation of intake procedures confirmed the facility is in compliance with this standard.

## 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

*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 030.4 and 350.2 require facility investigators to be trained to conduct sexual abuse/sexual harassment investigations. The investigators were interviewed and they were able to explain in detail the process and procedures required for a thorough PREA related investigation.

A review of the training curriculum included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In addition, the facility investigators meet with each other and discuss investigations and serve as a resource for each other to ensure all investigations are complete.

A review of the training records confirmed the investigators receive specialized training to conduct sexual abuse investigations in confinement settings.

### 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

*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 160.1 states Prison Rape Elimination Act (PREA) training for medical and mental health care practitioners shall also receive the training mandated for employees or contractors and volunteers. Operating Procedure 701.1 states the Health Authority and/or Institutional Training Officer shall document that all full and part-time medical and mental

health staff who work regularly in VADOC facilities receives specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. All medical staff at ICCC attend training provided by the facilities training officers. The training officer provided training records for medical staff which included both State and Contract medical staff. Medical and mental health staff acknowledged receiving specialized training regarding sexual abuse and sexual harassment. Training topics include, but not limited to: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Agency medical staff at this facility do not conduct forensic medical exams. All forensic examinations would be conducted by a SANE at Chesapeake Bay Medical Center. This was verified by interview with a representative from the hospital. The training was verified by review of specialized training plans, training records and 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 who scores as 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 performs this assessment immediately upon admission.

The staff psychologist reviews and conducts additional screening on offenders. In interviews, the staff psychologist described five (5) ways that screening for victimization or abuse behavior are reviewed. An informal network with psychologist from the sending facility provides for a conversation about new intakes; staff conducting initial intake will notify staff if size, age, or personality traits raise concerns during initial intake, all new arrivals are seen by a nurse within first two to four hours of arriving and an initial interview can lead to a referral for further treatment. The facility screening instrument provides that the facility will reassess the offender within 30 days after arrival. The facility has a secure offender tracking system to record all offender screening 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. The staff psychologist reviews and conducts additional screening on offenders.

Information received during the screening process is confidential and only available to staff with a need to-know and never to other offenders. Staff and offender interviews, a review of policy/documentation (including screening documents and the offender tracking system) and observations of the intake process confirmed compliance with this standard.

## **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

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

Upon arrival at ICC, all offenders are assigned to the orientation dormitory for the first one to two weeks. During the orientation, offenders meet with drug and alcohol counselors and staff psychologist to determine appropriate housing, work and therapeutic treatment plan. Offenders that are identified to have special needs, in the initial screening, are assigned to a bunk closer to the front of the dormitory to provide additional supervision of control room operators and staff assigned to the dormitory.

The agency has no dedicated facilities for transgender or intersex offenders. The facility determines other housing and programming assignments for transgender or intersex offenders on a case-by-case basis, to include whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex offender are reassessed at least once every six months. Policy states that a transgender or intersex offender's own views, with respect to their own safety, are given serious consideration when making these assignments. Policy also mandates that transgender and intersex offenders are given the opportunity to shower separately from other offenders. The facility shower areas are modified to establish privacy from staff of the opposite gender. Offenders are also allowed to dress and complete bodily functions without being in view of staff of the opposite gender.

The facility operates a classification committee that reviews offender's behavior, risk, and mental health status in assigning jobs and housing. Offenders may be reassigned based on any of these variables in order to maintain the offender's safety.

Compliance with the standard was verified through review of policies, interviews with the PREA Compliance Manager, intake screening staff (case manager), the Warden, staff psychologist, and offenders.

## 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*)

#### 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.*

VADOC Operating procedures 425.4, 810.1, 810.2, and 830.5 outline the requirements 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 the Regional PREA Analyst, verifying that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in restrictive housing for less than 24 hours while completing the assessment. The facility has not placed an offender in segregation in response to an allegation of sexual abuse or sexual harassment during the audit period.

Compliance was determined by review of the agency policy and review of investigative and segregation files. Interviews with PREA Compliance Manager, with two shift supervisors and staff assigned to the segregation unit were also conducted.

## 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

*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, 801.6, 803.3, 866.1, and 038.1 govern and outline procedures for allowing multiple 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. Operating Procedure 038.3 states offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline Number #55, or in writing using an Offender Request or Informal Complaint.

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Offenders who observe, are involved in, or have any knowledge or suspicion of a sexual abuse or unauthorized relationship shall immediately notify staff. The agency also provides at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive immediately forward offender reports of sexual abuse and sexual harassment to agency officials allowing the offender to remain anonymous upon request.

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

The offender grievance procedure is one of the multiple internal ways offenders can privately report sexual assault and/or sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. PREA related incidents can be made through an informal complaint and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.

Staff interviews indicate staff and offenders can privately report sexual abuse or sexual harassment by sending a private report to the Watch Commander or by calling the PREA Hotline at #55. Verbal reports would be documented by staff, immediately after receiving the report. Offender interviews indicate offenders were aware they could send in a private request or utilize the PREA Hotline to report such incidents confidentially.

Compliance was determined through review of policies, the grievance log, interviews with PREA Compliance Manager, multiple staff members, offenders, and Director of the Virginia Sexual and Domestic Violence Action Alliance. Further compliance was determined by observing the notices posted throughout the facility providing staff and inmates the information they need to report an incident.

## 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 VADOC, PREA issues may be processed through the grievance system and an attempt at informal resolution is not required. There is no time limit on when an offender may file a grievance. Offenders may also file emergency grievances. ICCC informs offenders of the grievance process via the offender handbook. 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 the PREA. Grievances are not submitted to, nor answered by, a staff

member who is the subject of the grievance. All allegations of sexual assault/harassment will be forwarded for the initiation of and investigation.

There have been no grievance alleging sexual abuse or sexual harassment during the last 12 months. Interviews with staff and offenders and an examination of supporting documentation, policy, and the grievance log confirm compliance with this standard.

### **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

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Operating Procedure 038.3, the "Sexual Assault Awareness and Prevention" brochure in English and Spanish, as well as the Reception Handbook are the governing guidance on this standard. The above policies and materials require outside victim advocacy services for emotional support to be provided to affected offenders. The ICCC utilizes the Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) to provide 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 to offenders the 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. There are also trained volunteer advocates on call based on a published schedule for 2018. All victim's services are provided at no cost to the offender. The Director of the Advocacy Group which provides support services to sexual assault offender victims was contacted and verified the relationship with the facility which is completed through a Memorandum of Understanding between the Virginia Sexual and Domestic Violence Action Alliance and the facility. Compliance was determined through review of MOU, interviews with Action Alliance Director, PREA Compliance Manager and first responders.

## 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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VADOC 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 shall distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an offender. The VADOC public website ([www.vadoc.virginia.gov](http://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 both English and Spanish. These reporting forms were observed in the visitation waiting room. Offenders who were interviewed were aware of this procedure. All allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators. Compliance was determined through observation of posters, review of website, and interviews with offenders and staff.

## 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, 030.4, and 720.2 outlines the requirements of this standard. Facility staff, including contractors and volunteers are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse/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 who reports these incidents. Staff members are required to report on neglect or violation of responsibilities that may have contributed to incidents of retaliation. Medical and mental health staff notify offenders of their right to disclose their duty to report and the limits of confidentiality.

All allegations of sexual abuse and harassment are referred to the facility designated investigator for initial investigation and notification to the PREA Analyst. The information concerning the identity of the alleged victim and the specific facts of the case are limited to staff who have a need to know. During the audit, documentation was reviewed to verify that staff allows anonymous reporting of PREA allegations. The tracking of PREA sexual abuse and harassment allegations reveals staff and offenders understand the external reporting

mechanisms. Once allegations are received, the allegations are investigated in compliance with PREA standards, and retaliation tracking and notifications are performed.

Staff interviews indicate staff are aware the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, as well as retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to the designated facility investigators. ICCC does not house offenders under the age of 18.

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

Compliance was determined by review of multiple policies and interviews with PREA Compliance Manager and other staff during the onsite audit.

## 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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VADOC Operating Procedures 038.3, 425.4, and 730.2 require that when staff learns an offender is subject to substantial risk of imminent sexual abuse, it shall take immediate action

to protect the offender. Staff indicated they would act immediately to protect the offender; including separating the offenders and alerting appropriate staff of the situation. Additionally, staff provided steps they would take if they thought an offender had been sexually abused such as separate offenders, secure the scene, protect possible evidence, not allow offenders to destroy possible evidence and contact their supervisor and medical staff.

The policies also requires immediate referral and consultation with the Warden regarding action to be taken when an offender is at substantial risk of imminent sexual abuse or further victimization. Coordination between qualified mental health professionals and administrative staff is done to determine the appropriate protective actions to take to address the imminent risk of victimization. In the previous 12 months, there were no reported incidents of an offender being subject to substantial risk of imminent sexual abuse.

Compliance with this standard was verified through review of policy, and interview with various staff to include the PREA Compliance Manager.

## 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 procedures are outlined in accordance with the PREA. When the facility receives an allegation that an PREA incident occurred at another facility, the Warden will immediately notify the facility head or the appropriate office of the agency where the alleged abuse occurred, but no later than 72 hours after receiving the allegation. The facility Warden is responsible for documenting that the notification has been provided and investigated in accordance with the requirements of PREA standards. During the audit period, ICCC reported no such incident occurred in the last 12 months. This was confirmed by interviewing the PCM and Warden.

Compliance with this standard was verified by reviewing policy, and interviews with investigators and PREA compliance manager and intake screening case manager.

## **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

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Operating Procedures 038.3, 030.4, and 075.1 are the agency policies which govern this standard. The policies outline the duties, procedures and actions for first responders to an allegation of sexual abuse. The PREA training lesson plan outlines the duties and responsibilities for first responders and medical staff in the event an offender is sexually abused. Offenders may report acts of sexual assault and/or harassment to any employee, contract employee, or volunteer.

Upon learning of an allegation that an offender was sexually abused, the following procedures are required: 1) separate alleged victims and alleged abuser; 2) preserve and protect the crime scene; 3) if the time allows for the collection of physical evidence, make appropriate request for it; 4) if the abuse occurred within a time period that allows for physical evidence, ensure the alleged abuser does not destroy evidence.

First responders interviewed were knowledgeable about their duties and responsibilities. During the period covered by the pre-audit questionnaire, there were no offender on offender sexual abuse first responder incidents responded to by staff.

Compliance was verified through review of policy, training plan, investigations, and interviews with correctional (first responder) and non-correctional 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. ICCC developed a "PREA Facility Response 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.

This plan addresses duties of the first responders, administrative staff, investigators, the PREA Compliance Manager, mental health medical staff, and other staff that may be involved in the process.

The facility has a Sexual Abuse Response and Investigation Checklist for allegations that include contacting the agency PREA Coordinator, Regional PREA Analyst, the VADOC investigation office; as well as the collection of any possible evidence. Interviews with staff and a review of the policy; coordinated response plan; investigative logs, and other documentation confirm that the facility is in compliance with this standard.

### 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 VADOC. 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 inmates 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

*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 states all staff offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items to be monitored include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency policies provide for emotional support for staff who report sexual abuse. ICCC implemented retaliation tracking on all reported cases of sexual abuse and harassment and indicated that such monitoring can proceed beyond 90 days if the initial monitoring indicates a continuing need. Periodic status checks would be documented. There have been no suspected or actual incidents of retaliation in the previous 12 months.

Compliance was determined by reviewing facility’s forms documenting monitoring, interviews with Retaliation Monitors, PREA compliance manager and warden.

### 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

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.

VADOC Operating Procedures 425.4 and 830.5 govern this standard. These policies reflect the requirements of the facility to comply with this PREA standard regarding the use of involuntary segregated housing. The procedures are detailed in outlining limitations on involuntary segregation housing placement options for offenders alleging sexual abuse, or other identified as high risk for sexual victimization. During the audit period, ICCC reported that no offenders had been placed in involuntary segregated housing who had alleged to have suffered 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 (I)

- 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*)

#### 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.*

VADOC Operating Procedures 030.4, and 038.3, governs the mandates of this standard. ICCC follows the procedures for administrative and/or criminal agency investigations. Specially trained sexual violence investigators at ICCC and the Special Investigative Unit at VADOC headquarters are assigned to promptly, thoroughly, and objectively investigate all allegations, including third party and anonymous allegations.

Special Investigative Unit (SIU) at the VADOC headquarters conduct all criminal investigations, therefore the facility investigators and Regional PREA Analyst conduct an initial investigation to determine if SIU is to be notified. When the facility conducts investigations, the agency uses investigators who have received specialized training in conducting administrative sexual abuse investigations in a confinement setting.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and any other possible witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The agency only conducts compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as offender or staff. The agency does not require an



offender who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation.

All administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are 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. Criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The agency does 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. When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. Utilizing the working paper documents for conducting reviews of investigative files, of the 17 investigative cases, fourteen (14) case files of offenders alleging sexual abuse/harassment were reviewed. Thirteen were administrative and one criminal. Thirteen of the fourteen cases were found to be unsubstantiated. The criminal case was forwarded to the local prosecutor. The information provided in the investigate files were managed appropriately, completed promptly, thoroughly and in compliance with policy.

Compliance with this standard was determined by a review of policy/documentation, investigations and interviews with two (2) investigators.

## 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*)
- 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.

VADOC Operating Procedures 135.1 and 135.2 govern the mandates of this standard. The procedures indicate 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 procedures meet the requirements of the standard. Operating Procedure 130.1 states a preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated.

## 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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

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VADOC Operating Procedures 038.3 and 030.4 govern the mandates of this standard. Operating Procedure 038.3 states following an investigation into an offender's allegation that he or she suffered sexual abuse in a DOC facility, the investigator in charge shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the DOC did not conduct the investigation, the institutional investigator shall request the relevant information from the investigative agency in order to inform the offender. Offender will also be advised following an offender's allegation that a staff member has committed sexual abuse against the offender, the DOC shall subsequently inform the offender whenever; the DOC has determined that the allegation is unfounded or founded, substantiated, or unsubstantiated or when DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Also offender will be advised following an offender's allegation that he or she has been sexually abused by another offender,

the agency shall subsequently inform the alleged victim whenever: DOC has determined the allegation is unfounded, unsubstantiated founded or substantiated and if the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented and sent to the offender in the same manner as legal mail. DOC's obligation to report under this standard shall terminate if the offender is released from custody.

A review of all investigative reports contained a signed statement from the offender that made allegations that he had received a notice of outcome of the investigation's findings.

Compliance with this standard was verified through the review of policy, completed investigations, signed statements from offenders and interviews with investigators and PREA compliance manager.

## 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

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VADOC Operating Procedures 135.1 and 135.2 govern the mandates of this standard. Policy mandates all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal. There has been one (1) finding of sexual abuse during the last 12 months. Staff member was terminated and his criminal investigation was transferred to local prosecutor for prosecution.

In the past 12 months, there have no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

Compliance with the standard was verified by review of appropriate policies, specific criminal investigation report, interviews with PREA Compliance Manager, Warden, and PREA Coordinator and review of the Department’s website that includes PREA related information.

### 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

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VADOC Operating Procedures 135.2 and 027.1 govern the mandates of this standard. During the audit period, ICCC has had no occurrences of contractor or volunteer sexual misconduct with offenders. All governing policies guide staff in expectations for corrective action for contractors and volunteers. In the case of criminal activity, law enforcement and licensing bodies will be notified for any contractor or volunteer who engages in sexual abuse and would be prohibited from contact with offenders.

Compliance of this standard was confirmed through review of the policy, training records of volunteers and contractors, review of volunteer files containing acknowledgement statements, and volunteer interviews. Contract staff compliance was determined by review of active contacts with local vendors, interview with supervisor of local contacting staff, contracting staff members, training records for contractors and PREA Compliance Manager.

## 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

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VADOC Operating Procedures 861.1, 820.2, 830.3, and 038.3 are the governing policies for this standard. It is the policy of the VADOC and ICCC to use appropriate disciplinary action in the management of offender violations of VADOC 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.

VADOC 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 cases of offender on offender sexual abuse.

The policies also 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).

Interviews with investigators, psychologist, PREA compliance manager, warden and review of policy confirmed compliance with this standard.

## 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? (N/A if the facility is not a prison.)  
 Yes    No    NA

##### 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

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VADOC Operational Procedures 425.4, 701.3, and 730.2, govern this standard. Operating Procedure 425.4 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

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

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

on the Prison Rape Elimination Act (PREA) Qualified Mental Health Professional (QMHP) Follow-Up. The evaluation and treatment of a victim of prior sexual abuse/harassment or sexual misconduct includes follow-up services, a treatment plan, and referral for continued care following transfer to/placement in another facility. Referrals may also be provided when the offender is released from custody. When appropriate, staff refers the offender to appropriate community services such as a crisis center, support groups, mental health treatment, victim advocate services, and area law enforcement.

The facility conducts screening using a computerized tool and it is also used for rescreening. VADOC procedures requires an informed consent be signed by the offender for all treatment protocols.

Interviews with Mental Health and Health Services Administrator indicated that a seamless system of treatment is provided to offenders with history of being sexually victimized. Both medical and mental health staff indicated they rely on information sharing to ensure the offender receives the proper care. The mental health staff also provides follow-up treatment plan as needed.

Compliance was confirmed through review of initial screening documentation, mental health referral documents, interviews with intake screening staff, mental health and medical staff and facility staff

## **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

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VADOC 038.3, 075.1, 720.4, and 720.7 require offender victims of sexual abuse to 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 practitioner's judgment. ICCC operates their medical unit 24 hours a day.

The security staff first responders will immediately notify the appropriate medical and mental health practitioners. Where medically appropriate, the facility will ensure victims are offered timely information about sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

ICCC uses the Chesapeake Medical Center (CMC) to conduct medical forensic examination by a certified SANE. The Action Alliance supplies staff to report to the hospital as required to provide support services to the offender.

Compliance was confirmed by review of policy, interviews with medical and mental health staff, and telephone conversations with the representative from the Action Alliance, SANE from CMC, and interviews with the Health Services Administrator and first responders.

### **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.*

VADOC policies 720.7, 730.2, and 720.4 policies direct that offender 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 practitioner’s judgment. Policy requires treatment services to be consistent with the community level of care and provided without financial costs 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. Medical and mental treatment will be administered immediately. Offenders are offered mental health and medical services; forensic examination completed by a qualified professional.

VADOC policy states that staff attempt to conduct a mental health evaluation of all known offender on offender aggressors within 60 days of learning of such sexual violence history 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 no cases of a sexual abuse victim requiring a mental health follow up services. Staff interviews substantiated the procedures to be followed.

Compliance to the standard was verified through review of policy, interviews with Health Services Administrator, Clinical Psychologist, first responders, and shift supervisors.

**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.*

Operating Procedure 038.1 states the Incident Review Team will determine what can be done to limit the occurrence or reduce the severity of future incidents. The review team should consider whether there was a proper application of current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training and whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse in each review. The review team also considers whether the incident or allegation was motivated by race; ethnicity; gender identity; gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.

The Incident Review Team will also develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement, or shall document the reasons for not doing so. The reports are submitted to the Regional Office for review by the Regional Administrator. A copy of all Report of Incident Reviews for sexual abuse and sexual harassment shall be submitted to the Regional PREA Analyst as provided in Operating Procedure 038.3, Prison Rape Elimination Act (PREA).

Incident reviews were conducted on all sexual abuse cases during the audit period. Based on appropriate policy guidance and staff interviews with an Incident Review Team member, staff members are knowledgeable of their responsibilities in carrying post investigation case reviews. Therefore, based on a review of files, adequate policy guidance, and knowledgeable staff to carry out these responsibilities, this facility is compliant with this PREA standard.

## 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.*

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



Compliance with this standard was also determined by a review of policy/documentation and staff interviews.

## 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.*

Operating Procedure 038.3 states the DOC shall review data collected and aggregated pursuant to this operation procedure in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This review should identify problem areas, taking corrective action on an ongoing basis, and prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

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

All reports are approved VADOC Director before they published publicly. The annual reports are posted on the agency's website (<http://vadoc.virginia.gov/about/facts/prea/>)

Compliance was determined by review of data, annual reports, and interviews with Warden and PREA Coordinator.

## 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.*

VADOC Operating Procedure 038.3 governs the mandate of this standard. Data is retained in a secure filing system. VADOC makes all aggregated sexual abuse data readily available to the public at least annually on the website. Prior to making aggregated sexual abuse data publicly available, VADOC removes all personal identifiers. Sexual abuse data is retained for at least 10 years after the date of the initial collection. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

## 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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 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. ICCC was last audited in July 2015. 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.

Notifications of the audit were posted throughout the facility permitting offenders to send confidential letters to the Auditor prior to the audit. There were no letter received from offenders.

## 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.*

All PREA audit reports are maintained on the Agency's website. This was verified through reviewing the website: <http://vadoc.virginia.gov/about/facts/prea/>.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville  
**Auditor Signature**

October 17, 2018  
**Date**

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

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