

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



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

<b>Name of facility:</b>	Nottoway Correctional Center		
<b>Physical address:</b>	2892 Schutt Road Burkeville, Virginia 23922		
<b>Date report submitted:</b>	4/12/14		
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<b>Date of facility visit:</b>	March 19, 20, 21 2014		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>	P.O. Box 488, Burkeville, Virginia 23922		
<b>Telephone number:</b>	434-767-5543		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b>	Virginia Department of Corrections		
<b>Governing authority or parent agency: (if applicable)</b>	Commonwealth of Virginia		
<b>Physical address:</b>	6900 Atmore Drive, Richmond, VA 23261		
<b>Mailing address: (if different from above)</b>	PO Box 26963, Richmond, VA 23261		

<b>Telephone number:</b>	804-674-3000		
<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE:

The site visit for PREA audit of the Nottoway Correctional Center was conducted on March 19, 20, and 21, 2014. Before the audit, the auditor interviewed the Agency Director, Harold Clarke, and the state PREA Coordinator, Elizabeth Thornton, at the Virginia Department of Corrections headquarters in Richmond, Virginia. During the three day audit, the auditor toured the institution and conducted formal staff and inmate interviews. The auditor interviewed 11 inmates (10 random inmates from all of the housing units and one transgender inmate). In addition, the auditor questioned 22 staff and officers, (12 specialized staff and 10 random Correctional Officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation.

An entrance meeting was held with the following persons in attendance: Henry J. Ponton, Warden Senior; Stanley S. Clary, Assistant Warden, NCC; Bobby Hickman, Assistant Warden, NWC; Tracy Jarrell, Chief of Security; Melvin Davis, Evidence Based Practice Manager; Joann Royster, Institutional Operations Manager; James Oliver, Business Manager; Debbie R. Lewis, Human Resource Officer; William Moiczek, Intuitional Investigator and PREA Manager; Stephen Allen, Food Service Director; Lt. Linwood Butcher, A & B Buildings, Unit Lieutenant; Lt. Otis Bowles, C & D Buildings, Unit Lieutenant; Elisabeth Thornton, VADOC PREA Coordinator; Rose Durbin, Central Region PREA Analyst; Lawanda Long, Eastern Region PREA Analyst; Joseph Parks, Western Region PREA Analyst.

There are currently 1,113 male inmates assigned to the main facility and 188 assigned to the Work Center. Following the entrance meeting, I toured the main facility and work center from 8:30 a.m. to 12:10 a.m., Eastern Standard Time. In the last calendar year, there were five sexual assault/harassment allegation cases which after a thorough investigation were determined to have one that was substantiated, one unsubstantiated and three unfounded.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

Nottoway Correctional Center is in transition from a Level 4 to a Level 3, Close Custody facility, located in Burkeville, Virginia. Nottoway Correctional Center houses offenders with long sentences. There are 260 reception cell beds, 64 segregation beds, and 876 general population beds. There is a 290 bed minimum custody Work Center operated by the facility outside the

secure perimeter. The facility is on 490 acres of property of which 290 acres are used for agricultural purposes. The physical plant consists of 63 buildings, which include housing units with 262 single cells, 502 multiple occupancy cells, 128 segregation cells, and two dormitories located at the work center. The buildings inside the secure perimeter consist of the Administration Building, Dining Hall/ Kitchen, Correctional Enterprise Building, Greenhouses, Gymnasium, office areas, and classrooms. The outside grounds consist of the Work Center, Water Treatment Plant, Farm House, Power Plant, Maintenance Building, Training House, Work Center, and Mail Building. Youthful offenders are not housed at the facility. Virginia Correctional Enterprises operates the industry program at Nottoway employing 83 offenders. The industry manufactures multiple lines of high quality chairs, sofas, loveseats, and case goods. Education and vocational programs at Nottoway are operated through the Department of Correctional Education which is a public school district in Virginia. All teachers are licensed. School is mandatory for all offenders without a high school diploma or GED.

The Mission of Nottoway Correctional/Work Center is to provide a safe secure and healing environment for staff and offenders. A healing environment will promote and enhance an atmosphere for effective programming, re-entry services, supervision and control of sentenced adult male offenders while maintaining humane, cost-efficient, and consistent sound principles and constitutional standards. The encouragement of personal growth and career development of staff will model the way for positive change in offender attitude, behavior and thought processes.

The facility is accredited by the American Correctional Association. The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment.

## **SUMMARY OF AUDIT FINDINGS:**

An exit meeting was held on March 21, 2014. In addition to the persons that were present at the entrance meeting the following persons were in attendance: Gary Bass, Central Regional Administrator and Marilyn Hill, Central Regional Manager.

Number of standards exceeded:	6
Number of standards met:	34
Number of standards not met:	0
Not Applicable:	3

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

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

The Agency exceeds the standard with their policies and practice. Operating Procedures 038.3 and 130.1 clearly meet this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the agency PREA Coordinator, and facility PREA Compliance Manager, they have Regional PREA Compliance Analyst's to ensure they are meeting all the PREA standards.

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

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

Not Applicable -The agency has not contracted with other entities for the confinement of the inmates from Nottoway Correctional Center.

### **§115.13 – Supervision and Monitoring**

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

Warden Ponton's review of the post audits and staffing plan shows that they are in compliance with their current staffing plan and have adequate resources to meet their needs. Nottoway uses the following management tools to ensure all posts are manned per the duty roster; retired certified security staff are used for transportation needs, installed additional video-monitoring cameras in the housing units with more to be installed in the future, and drafting as a last resort when necessary. They do not operate below the critical post requirements. Operating procedures 401.1, 401.2, and 401.3 support this standard. Documentation of unannounced rounds that cover all shifts was reviewed. The Rapid Eye video recording system cameras are located in all housing units except N & O buildings. These two buildings are designated as the Honor and Responsibility Living buildings. There is a contract to have the system installed in these buildings in 2014. In addition to the housing units, the system monitors the kitchen and mess halls, visiting room, educational hallways, medical, front entrance, boulevards,

sidewalks, commissary and laundry. The system is inspected daily and stores recordings up to ninety days. The Work Center does not have any video monitoring technology installed.

### **§115.14 – Youthful Inmates**

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

Not Applicable - They do not house youth inmates at this facility.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

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

Staff of the opposite gender is required to announce their presence when entering the inmate-housing unit(s). This was documented during interviews with staff and inmates, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. Operating procedures cover all aspects for this standard including 445.1, 401.2, 801.1, 401.1, 720.2, and 160.2. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff has been trained on conducting pat-down searches of transgender and intersex inmates in a professional manner.

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

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

Operating Procedure 038.3 meets all the requirements of this standard. They have a contract for interpreter services with Purple Language Services.

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

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

Based on interviews with HR and the Warden all components of this standard are being met. Operating Procedure 057.1 was revised to indicate information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer for whom which the employee has applied to work, provided the request is written. All employees/contractors have recently had their criminal background check completed again. A tracking system is in place to ensure they will be completed every five years. The Procedure was reviewed and meets all requirements.

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

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

They have installed additional video-monitoring cameras in the housing units with more to be installed in the future.

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

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

Operating Procedures cover all aspects of this standard in 030.4, 445.2, 720.7, 038.3, and 730.2. In addition, a detailed Deerfield PREA Plan has been developed. A Sexual Assault Response Checklist is used and medical determines if the inmate should be transported to Virginia Commonwealth University Medical Center in Richmond a Level 1 trauma center for SAFE/SANE exam. A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. The auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services the inmates are allowed to make. The number is posted in every housing unit above the payphones.

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

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

Operating Procedures 038.3 and 030.4 and practice reviewed during on-site inspection verify the components are met.

## **§115.31 – Employee Training**

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

Training is a primary concern and focus at Nottoway Correctional Center. The Executive Staff's focus is to provide a safe environment for both staff and inmates. The institution exceeds the basic training requirement by insuring all staff receives additional PREA training. Operating procedures 160.1 and 160.2 cover all training required by standard. All staff interviewed indicated that they received the required PREA training.

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

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

Reviewed contractor and volunteer sign-in sheets for training received.

## **§115.33 – Inmate Education**

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

Inmates receive information at time of intake and there is information in the inmate handbook (also available in Spanish). There are posters strategically posted throughout the facility and the phone number to call to report in each housing unit above the pay phones. Operating procedures 038.3 and 810.2 cover the components required.

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

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

Both investigators have received specialized training at the Virginia State Police Academy for conducting sexual abuse investigations. Operating procedures 030.4 and 160.2 meet this standard.

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

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

All medical, mental health care, and specialized staff have received training on victim identification, interviewing, reporting, and interventions.

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

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

Operating procedures 810.1, 810.2, 730.2, and 861.1 include all components required by this standard. Through interviews with Psychologist, Casework Counselor, Intake Counselor and Nurse Clinician, they verified that they have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed.

### **§115.42 – Use of Screening Information**

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

Numerous operating procedures address how the information from the risk screening is used to ensure safety of each inmate. They have done an excellent job addressing the needs for a transgender inmate. This was also documented through staff and inmate interviews.



### **§115.43 – Protective Custody**

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

The facility has not used involuntary segregated housing for inmates at risk of sexual victimizations in this report period.

### **§115.51 – Inmate Reporting**

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

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook, on posters and through Operating Procedures. The number to call on the inmate phones is posted in every housing unit by the phones.

### **§115.52 – Exhaustion of Administrative Remedies**

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

Operating Procedures 038.3, 866.1, and 861.1 cover the elements of this standard. No grievances were filed in last year that alleged sexual abuse.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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

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

### **§115.54 – Third-Party Reporting**

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

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

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

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

Operating Procedures 038.3, 038.1, 720.7, 720.2, 730.2, and 030.4 include all the components of this standard. This was also verified through interviews with random staff.

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

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

Operating procedures include all the components of this standard. This was also verified through interviews with random staff.

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

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

Operating procedures include all the components of this standard. This was also verified through interviews with Warden and PREA Coordinator.

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

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

Operating procedures include all the components of this standard. This was also verified through interviews with random staff.

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

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

A detailed Nottoway Correctional Center PREA Plan has been developed. A Sexual Assault Response Checklist is used that ensures a coordinated response.

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

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

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

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

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

The institution investigator is assigned to monitor for possible retaliation.

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

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

Nottoway Correctional Center has not assigned any inmates to segregated housing for protective custody from sexual abuse.

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

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

Operating Procedures 030.4 and 038.3 cover these components.

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

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

Operating Procedures 130.1 and 861.1 cover these standard requirements.

### **§115.73 – Reporting to Inmate**

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

Outcomes of alleged sexual assault investigations have been reported to the inmates since August of 2013. The auditor reviewed documentation of the investigations completed by the facility in the past year.

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

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

Operating Procedures 130.1 and 135.1 include all the components of this standard.

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

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

Operating Procedures 027.1 and 130.1 include all the components of this standard.

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

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

This is clearly stated in the inmate handbook. Operating Procedures 861.1, 820.2, 830.3, and 038.3 address all disciplinary sanctions for inmates.

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

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

Operating Procedures 730.2, 425.4, 050.1, and 701.3 cover all components. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services if needed. No inmates disclosed prior victimization during screening.

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

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

This was verified through interviews with medical staff and reviewing documentation for allegations.

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

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

Operating Procedures 720.7 and 730.2 cover all components. Mental health notes were reviewed.

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

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

Operating Procedures 038.3 and 038.1 include all the components of this standard. The auditor reviewed the sole incident review that occurred in the last year.

### **§115.87 – Data Collection**

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

This is covered in Operating Procedure 038.3.

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

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

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

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

This is covered in Operating Procedure 038.3 and 025.3.

**AUDITOR CERTIFICATION:**

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

*Diane Lee*

April 12, 2014

Auditor Signature

Date