

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 6, 2016

Auditor Information			
Auditor name: Jeff Kovar			
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Email: jeff@preaauditing.com			
Telephone number: 832-833-9126			
Date of facility visit: July 25-26, 2016			
Facility Information			
Facility name: Powhatan Reception and Classification Center			
Facility physical address: 3600 Woods Way State Farm, VA 23160			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 804-598-4251			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Jeff Dillman			
Number of staff assigned to the facility in the last 12 months: 74			
Designed facility capacity: 518			
Current population of facility: 465			
Facility security levels/inmate custody levels: Security Level 2- Custody Levels: 1 and 2			
Age range of the population: 21-55			
Name of PREA Compliance Manager: Tammie Baker		Title: Assistant Warden's Secretary	
Email address: -Tammie.Baker@vadoc.virginia.gov		Telephone number: 804-372-4721	
Agency Information			
Name of agency: Virginia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 6900 Atmore Drive Richmond, VA 23225			
Mailing address: <i>(if different from above)</i> P.O. Box 26963 Richmond, VA 23261-6369			
Telephone number: 804-647-3119			
Agency Chief Executive Officer			
Name: Harold Clarke		Title: Director	
Email address: Harold.Clarke@vadoc.virginia.gov		Telephone number: 804-887-8081	
Agency-Wide PREA Coordinator			
Name: Rose Durbin		Title: PREA/ADA Supervisor	
Email address: Rose.Durbin@vadoc.virginia.gov		Telephone number: 840-887-8081	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Powhatan Reception and Classification Center was conducted from July 25-26, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Certified PREA Auditor William Boehnemann assisted with the onsite audit, including the facility tour, staff and inmate interviews, and onsite document review.

The auditor wishes to extend his appreciation to Warden Jeff Dillman and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would like to recognize PREA Coordinator Rose Durbin, PREA Analyst Lawanda Long, and PREA Compliance Manager Tammie Baker for their hard work and dedication to ensure the facility is compliant with all PREA standards. The auditor would also like to give special recognition to Assistant Warden TyKeshae Fowlkes who was extremely knowledgeable of the facility's strategies to reduce sexual abuse. Her hands-on approach and involvement in the facility's PREA compliance is commendable.

The auditor provided the facility with a Notification of Audit on May 6, 2016. The notification contained information on the upcoming audit and stated that any inmate with relevant information related to the facility's compliance with the U.S. Department of Justice PREA standards should mail the auditor at least 10 days prior to the onsite audit date (July 25, 2016). The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility. The posting listed the date it was posted which was May 26, 2016.

Approximately three months prior to the onsite audit, the auditor provided the PREA Coordinator and PREA Analyst with access to the auditor's dataroom, which is used to upload and store documentation related to the audit. The PREA Coordinator and PREA Analyst uploaded their policies, as well as other relevant documents, into standard specific folders. Approximately two weeks prior to the onsite audit, the auditor was advised that all information had been uploaded and was provided with a completed copy of the facility's pre-audit questionnaire. The auditor reviewed the questionnaire, and provided the facility with a preliminary list of follow up questions based off of notes from his review. This review was provided to the facility the week prior to the onsite audit.

An entrance meeting was held with the following persons: Rose Durbin-Statewide PREA Coordinator, Lawanda Long-PREA Analyst, TyKeshae Fowlkes- Assistant Warden, Tammie Baker-PREA Compliance Manager, Janice Bullock-Psychology Senior, John Merritt-Chief of Security, Daryl White- Captain, Wesley Crews- Lieutenant, Darangi Harrison- Institutional Investigator, Cordney Harris- Health Services Administrator, and Heather Staylor- Personnel Analyst.

After the entrance meeting, one of the auditors was given a tour of all areas of the facility, including: all housing units, Print Shop, Silk Screen Shop, Tag Shop, Milk Plant, Treatment and Mental Health, kitchen, inmate dining hall, staff dining hall, intake, control room, Powhatan Medical Unit (PMU), which includes dental, physical therapy, and optometry, records, and commissary. During the tour, several informal interviews were conducted with inmates and staff throughout the facility. The second auditor began interviewing staff immediately after the entrance meeting.

A total of 29 staff were interviewed with at least one staff member interviewed from each interview category, with the exception of the interviews related to the Agency Contract Administrator, non-medical staff involved in cross-gender searches, and staff who supervise youthful inmates (these interview types did not apply to this facility). Staff interviews were conducted on staff from both day and night shift (staff work 12 hour shifts).

A total of 23 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of inmates placed in segregated housing for risk of sexual victimization and youthful inmates (these interview types did not apply to the facility). In addition, no inmates who reported sexual abuse were housed at the facility at the time of the onsite audit; therefore, none of these interview types were conducted.

All interviews were conducted one at a time in a private and confidential manner.

Telephone interviews were conducted with the SAFE/SANE. The auditor was provided with the Agency Head interview notes from another certified auditor who recently conducted audits for the agency. These responses were used for this audit.

The count on the first day of the audit was 465. The count on the final date of the audit was 465.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with PREA Coordinator Rose Durbin, PREA Analyst Lawanda Long, and PREA Compliance Manager Tammie Baker. All concerns were addressed to the satisfaction of the auditor prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on July 26, 2016. The auditor gave an overview of the audit and thanked the staff for their hard work and commitment to the Prison Rape Elimination Act.

After the onsite audit, the Auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard, and created a Final Report documenting the facility's compliance. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, onsite documentation review, information obtained through inmate and staff interviews, as well as visual observations during the facility tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

Powhatan Reception and Classification Center is located in State Farm, Virginia, in a community of Powhatan County, which is 22.7 miles west of the Town of Short Pump.

Offender Population Demographics

Reception Unit – can house up to 228 reception offenders. The reception unit’s role is to provide intake services to offenders from the local jails and classify them into permanent facility assignments within the Department. It houses offenders with multiple security levels until transfer to such permanent assignment.

Infirmary Unit – can house up to 43 inpatient offenders’ who are not in need of hospitalization, but whose care cannot be managed safely in an outpatient setting; intravenous fluids, oxygen, and other advanced care are provided at this level.

Acute Care Unit – can house up to 12 offenders and licensed to provide inpatient mental health services for offenders whose functioning is so severely impaired by a mental disorder that they meet the criteria for involuntary admission

County Jail - can house up to 21 local jail offenders until sentencing or releases from custody. This unit is separate from the DOC general population and the offenders are not permitted to engage with reception, general population, infirmary or mental health offenders.

Security Level 3- Assignment Criteria: Life, Multiple Life, & Life Plus sentences must have served 20 consecutive years on sentence. Additionally, if parole eligible, must also have reached PED. Numerical sentences must have served 20 consecutive years OR be within 40 years of their projected release date. Offenders that do not meet the current criteria can remain at a SL3, as long as the offender remains at their current facility. Offenders that are transferred will need to meet the new criteria requirements that are listed here. Offenders assigned to this facility are for the sole purpose of work and supporting various Virginia Correctional Enterprise, Agribusiness and Facility functions.

Offender Population Detail

Annual Cost of Housing, per Offender: \$22,515

Total Maximum Capacity: 518

3 Housing Units (The capacity of each unit varies)

- (1) C3 Reception has 228 beds
- (2) C4 General Population has 214 beds
- (3) PMU MH/Infirmary has 55 beds

The 518 beds assigned to PRCC are designated as follows:

Reception –	228
General Population –	214
Infirmary -	043
Mental Health -	012
County Jail -	021

Offender Programming

The Treatment Department of PRCC provides professional counseling and case management services for the offender population. The Department consists of an Institutional Program Manager, five Case Management Counselors, and four Administrative Support Staff.

The Institutional Program Manager (IPM) monitors the quality of programs/services provided to the offenders, supervises the counseling staff, and acts as the Institutional Classification Authority. Counselors assigned to the Treatment Department provide individual and group counseling, assess individual program needs, develop appropriate treatment plans, evaluate offenders’ progress, maintain associated documentation, and prepare all relevant classification documents.

Programs offered by the Treatment Department are limited as PRCC operated as a sole reception cite within less than 25 offenders until 2014. Proposed programs include Ready to Work, Resources for Successful Living, Substance Abuse Support (AA/NA), Thinking for a Change. It is the policy of PRCC to promote the use of volunteers from the community to augment program, supplemental resources, assist in achievement of the goals and objectives of the institution, extend services to the offender population and promote understanding and communication between the community and the institution. The Institutional Program Manager is the Volunteer Coordinator for PRCC. Active volunteers mainly assist with religious programming and the NA/AA Programs.

Law Library

The Offender Law Library is managed by the Institutional Ombudsman and provides the offender population with up-to-date legal material with state of the art computerized law library system; containing the most legal materials. One offender Law library aide is assigned to assist offenders in locating materials. With the exception of weekend and established holidays, the Law Library is open daily.

Offender Work Program

Powhatan Reception and Classification Center's Offender Work Program is provided to increase physical and mental health, develop good work habits, meet the offender's need to earn money, and the institution's need for a stable work force. Approximately 214 positions are available to offenders. These include grounds maintenance, food services, maintenance, housekeeping, VCE, agribusiness and other operations. The pay scale is rated on unskilled, semi-skilled, and skilled labor. Respective pay rates range from \$0.27 to \$.80 per hour and based on a 30 to 40 hour week.

Milk Plant

Powhatan Reception and Classification Center's dairy plant is a USDA approved dairy processing plant that employs 40 offenders and 6 Agribusiness staff members. The plant processes, separates and pasturizes milk received from the dairy milking plants.

Virginia Correctional Enterprises (VCE) Industries

Virginia Correctional Enterprises (VCE) was established by the General Assembly over 75 years ago as a work program to produce goods and services for agencies of the Commonwealth. VCE is not supported by General funds but rather by the monies retained from the sale of these products and services. VCE provides work opportunities and skill learning programs for offenders incarcerated within the Department of Corrections. These skills and work ethic are transferable to society upon release and have proven helpful in reducing the rate of recidivism. All tax supported agencies and non-profit entities are authorized to purchase these goods and services. VCE creates a work ethic for success on the outside. Most of those who are now incarcerated will return to society. While it's not up to VCE to decide who is or is not released, as a Correctional Program it is our job to teach offenders the necessary skills they need to successfully find and keep a job outside prison walls. Boiled down to the most simplistic terms, the ability to earn a paycheck once released is pivotal to whether or not a former offender becomes a productive member of society or a repeat offender.

VCE Print Shop – employs approximately 40 offenders and 5 VCE staff. Offenders learn skills utilizing a printing press, drafting equipment, shipping/receiving documents, computers etc. Items produced in this area include but are not limited to: logbooks, business cards, letterhead, return address envelopes, personalized note pads, calendars, signs and posters.

VCE Silk Screen Shop – employs approximately 30 offenders and 3 VCE staff. Offenders learn skills utilizing computers to create mock ups of posters etc., produce antique license plates, produce all silk screen license plates for Virginia DMV, t-shirts, coffee mugs, tote bags, business signs, and much more!

VCE Tag Shop – employs approximately 40 offenders and 3 VCE staff. The Tag shop located at PRCC is the sole producer of license plates in Virginia. The offenders produce over 10,000 license plates per day. Offenders are responsible for the cutting, shaping, stamping, painting, baking, packaging and shipping of all DMV orders.

Offender Visitation

Visitation is held from 8:30am until 3:00pm on weekends and established state holidays in the visitation room. The capacity of the visitation room is 65 persons. Special and non-contact visits are available upon request to the Warden or designee. Video Visitation is available for offenders identified as deaf/mute.

Offender Telephone Services

Telephone services are made available to the offender population by Global Tel Link's contract with VADOC. This system allows offenders to contact individuals on an approved list. Offender phones are located in each living unit with the services from 7:00am to 11:00pm daily and extended hours for weekends and holidays.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, as well as visual observations made by the auditor during the facility tour, the auditor has determined the following:

Number of standards exceeded: 3 (115.11, 115.15, and 115.16)

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2 (115.14 and 115.66)

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 130.1 states the Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment. This procedure defines prohibited behaviors regarding sexual assault and sexual harassment, and includes sanctions for those found to have participated in prohibited behaviors.

Operation Procedure 038.3 states the DOC prohibits and will not tolerate any fraternization or sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operation procedure. The DOC actively works to prevent, detect, report, and respond to any violation. This procedure also provides information on preventing, detecting, and responding to such conduct, and also includes definitions of prohibited behaviors regarding sexual assault and sexual harassment.

The Agency has designated an upper-level, agency-wide PREA coordinator who holds the title of PREA/ADA Supervisor. The PREA Coordinator reports directly to the Support to Corrections Operations Administrator.

The Facility has designated the Assistant Warden’s Secretary to the position of PREA Compliance Manager, who reports directly to the Assistant Warden.

Both the PREA Coordinator and PREA Compliance Manager acknowledge they have sufficient time to manage their PREA responsibilities. The auditor was advised the PREA Coordinator has two PREA analysts to assist with PREA Compliance throughout the state. In addition, the agency has a part-time hotline coordinator used to manage and log all calls that come in through the PREA hotline. The agency has 35 PREA Compliance Managers who manage PREA compliance at their facility. The state is divided into three regions. The PREA Coordinator and two PREA analysts oversee PREA Compliance within their designated region. The PREA Coordinator not only oversees compliance in her region but also oversees compliance throughout the state. The PREA Coordinator, PREA Analysts, and PREA Compliance Managers meet annually to discuss any potential issues. Throughout the year, the PREA Coordinator maintains contact with the PREA Compliance Managers through email or phone.

Both inmate and staff interviews indicate a facility-wide awareness of the agency’s zero tolerance policy.

During the onsite audit, the auditor discovered the agency has sent six staff to the Department of Justice Auditor training. The auditor was advised this is an example of the agency’s commitment to the Prison Rape Elimination Act.

Standard 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)

Auditor discussion, including 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 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 through contracts and Board of Corrections operating standards, facilities and jails that contract for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Operating Procedure 260.1 states all contracts for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The agency has entered into or renewed one contract for the confinement of inmates on or after August 20, 2012. This contract was with Lawrenceville Correctional Center. The auditor reviewed a copy of the contract and discovered language requiring Lawrenceville Correctional Center (GEO) to adopt and comply with the Federal Prison Rape Elimination Act.

The agency does not have a designated agency contract administrator; however, the auditor was advised all contracts are monitored by the PREA Coordinator and/or designee.

Standard 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)

Auditor discussion, including 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 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 each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- a. Generally accepted detention and correctional practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from Federal investigative agencies
- d. Any findings of inadequacy from internal or external oversight bodies
- e. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated)
- f. The composition of the offender population
- g. The number and placement of supervisory staff
- h. Institution programs occurring on a particular shift
- i. Any applicable State or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- k. Any other relevant factors

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

By January 31 of each year and more frequently if needed, each facility shall review any existing staffing plan and post audits.

- a. This review shall assess, determine, and document whether adjustments are needed to:
 - i. The facility's established staffing plan
 - ii. The facility's deployment of video monitoring systems and other monitoring technologies

- iii. The resources the facility has available to commit to ensure adherence to the staffing plan
- b. If the review indicates that the facility is not staffing to plan or staffing to post audits, the facility must provide a comprehensive written explanation as to why they are not able to staff to post audits and possible solutions to increase facility staffing levels
- c. These comprehensive written explanations shall be provided to the Regional Operations Chief for review and forwarded to the Regional PREA Analyst

During the pre-audit, the auditor was provided with a copy the facility's most recent staffing plan which was dated February 3, 2016.

Since August 20, 2012, the average daily number of inmates was 460.

Since August 20, 2012, the average daily number of inmates on which the staffing plan was predicated was 460.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common reasons for deviating from the staffing plan include: call-ins, mandated training, short term disability, time adjustments, positions/budget holds, and vacations.

Operating Procedure 401.3 states ADO's conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds should be made intermittently during the month and can be scheduled as part of the 24 hour clock.

Operating Procedure 401.1 states Post Orders shall require that Lieutenants and above conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

- a. Supervisors are prohibited from notifying staff of unannounced rounds
- b. Supervisors of the opposite gender shall announce their presence when entering an offender housing unit to conduct an unannounced round and document this announcement in the post log book.

During the pre-audit, the auditor was provided with a sample of log book entries, documenting unannounced supervisor rounds. A review of this information confirms unannounced supervisor rounds are occurring on both shifts (facility operates under 12 hour shifts).

Intermediate and upper-level staff interviews indicate unannounced supervisor rounds occur on both day and night shift and are completely random. Staff have been advised they are prohibited from alerting other staff that these rounds are taking place. The supervisors log their rounds in the log books located in the control room of each housing unit. During the pre-audit, the auditor was provided with, and reviewed, a sample of unannounced rounds by supervisors. The documentation of unannounced rounds shows they have occurred on both day and night shift. During the onsite tour, the auditor observed log books in every housing unit and throughout the buildings. The auditor reviewed a random sample of log books during the tour and discovered unannounced supervisor rounds were being conducted consistently in all areas, on both day and night shift.

Staff interviews indicate the facility has a staffing plan they review annually in order to determine the minimum number of required staff. The facility has priority 1 posts (housing unit staff) and priority 2 posts (control room staff). The facility has the flexibility to close priority 2 posts; however, priority 1 posts will always be manned. The facility will staff priority 1 posts with mandatory overtime whenever needed. The auditor was advised the facility has not had any instances within the past 12 months where a priority 1 post went unstaffed. The main focus of the staffing plan is to keep inmates safe. Video monitoring is a part of this plan. The staffing plan is documented in the Operation Manager's office and Assistant Warden's office. All required staffing plan guidelines under 115.13 are a part of the facility's staffing plan. The Assistant Warden checks for compliance with the staffing plan by reviewing the duty roster daily, and observing these areas to make sure staff are assigned there. The staffing plan is developed at the facility level and forwarded to the Regional Analyst for her review. After the Regional Analyst reviews the staffing plan, it is forwarded to the PREA Coordinator for her review. The PREA Coordinator will make recommendations to the Warden and discuss any areas for improvement. After the staffing plan is finalized, the PREA Coordinator will sign off on it. External auditors tour the facility and review the facility's staffing plan. Staffing plans are reviewed annually, or whenever the need is identified.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

XX Not applicable.

Operating Procedure 038.3 and 425.4 state a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. DOC provides specialized housing arrangements for youthful inmates to meet the requirements of this standard. Exigent circumstances may require removal to a special housing unit.

During the pre-audit, the auditor was provided with documentation stating the facility does not house youthful offenders.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operation Procedure 445.1 prohibits cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. Policy requires all cross-gender strip-searches and cross-gender visual body cavity searches be documented.

In the past 12 months, there have not been any cross-gender strip or cross-gender body cavity searches of inmates.

Female inmates are not housed at Powhatan Reception and Classification Center.

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 breasts, 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.

During the pre-audit, the auditor was provided with a sample of logs showing female staff are documenting their announcement of female on the pod.

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.

No such searches have occurred in the past 12 months.

Female corrections staff should conduct all frisk searches of transgender and intersex offenders unless exigent circumstances are present and documentable. Exceptions to this requirement should be referred to the facility Treatment Team.

Transgender and intersex offenders expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review.

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. This training includes cross-gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

During the pre-audit, the auditor was provided with documentation of a transgender search training memo, as well as staff signature logs acknowledging receipt of such training.

During the pre-audit, the auditor was advised 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor was advised staff went over the agency search policy during muster. This was most recently done in May 2016. The auditor was provided with a sample of training logs.

Staff interviews indicate female security staff announce their presence at the beginning of their shift. In addition, an announcement is made anytime non-security female staff enter the housing unit. Some interviews indicated staff received training on how to conduct cross-gender pat-down searches and searches of transgender/intersex inmates; however, some staff were unfamiliar with the agency procedure on transgender/intersex searches. This was discussed during the onsite audit with the PREA Coordinator and facility staff. Prior to the completion of the Final Report, the auditor was provided with a refresher training memo sent to all staff, outlining the agency's policy on transgender/intersex searches. This memo was discussed in shift musters immediately following the onsite audit as a means of refresher training.

Staff and inmate indicated whenever female staff enter a housing unit, an announcement of their presence is made prior to entering. Staff acknowledged this announcement is logged in the log book located in the control room of the housing unit. Both staff and inmates advised inmates are never viewed by female staff while in a state of undress.

During the onsite tour, the auditor observed signs at the entrance of each housing unit, stating female staff are required to announce their presence prior to entering the housing unit. The auditor has noted that the facility has gone above and beyond by placing these signs at the entrance of every housing unit, thus, reinforcing the prohibition of cross-gender viewing. The auditor also observed an announcement over the intercom of "female staff on the floor" being made prior to entering the housing units.

During the onsite tour, the auditor observed there was no cross-gender viewing in the restroom and shower areas. Showers were single showers with curtains that enabled privacy.

Standard 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)

Auditor discussion, including 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 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 has specific language for offenders with disabilities and offenders who are limited English proficient. Policy states the DOC shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The DOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The DOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. The DOC shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The DOC shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-responder duties, or the investigation of the offender's allegations.

During the pre-audit, the auditor was provided with a copy of a contract with Purple Communications, Inc. for Sign Language Translation and Video Remote Interpreting. This contract is from August 1, 2015 to September 30, 2016.

During the pre-audit, the auditor was provided with documentation showing the agency has PREA information available in braille.

During the pre-audit, the auditor was provided with sexual assault awareness brochures in English and Spanish, as well as a brochure for the hearing impaired.

In the past 12 months, there have not been any instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties 115.64, or the investigation of the resident's allegations.

During the onsite audit, the auditor conducted an interview with a Spanish speaking inmate, using the language line service. The auditor was able to communicate with this inmate with no issues. This inmate acknowledged he was educated on PREA and stated there are plenty of Spanish speaking staff available that he can communicate with. The auditor also conducted an interview with a hearing impaired inmate. The auditor used an interpreter with Purple Communications, Inc.. This interpreter was fluent in American Sign Language and translated effectively for the auditor with no issues. This inmate advised when he was transferred to Powhatan Correctional Facility, an interpreter who was fluent in American Sign Language came to the facility and went over all the rules of the facility with him and also educated him on PREA. This inmate stated he understood his rights under PREA and stated if he ever needed to report sexual abuse, he would right this information on a note and give it to any staff member.

Staff interviews indicate staff were aware of the agency policy prohibiting the use of inmate interpreters whenever an inmate alleges sexual abuse. Staff advised they would use staff interpreters to translate.

Standard 115.17 Hiring and promotion decisions

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

enlist services of any contractor who may have contact with offenders who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined as 42 U.S.C. 1997).
- b. Has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

The DOC shall 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 offenders.

Before hiring new employees who may have contact with offenders, the DOC shall:

- a. Perform a criminal background records check
- b. 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.

In the past 12 months, there have been 55 persons hired who may have contact with inmates who have had criminal background records checks. This is 100% of all persons hired within the past 12 months.

DOC shall perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders.

In the past 12 months, all contractors who have contact with offenders have gone through a criminal background records check.

Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination.

The DOC shall conduct criminal background record checks at least every 5 years of current employees and contractors. A criminal background record check will be conducted annually for sensitive specialist assignments. The Human Resources Officer for each organizational unit shall ensure criminal background record checks are conducted and documented as required. The Human Resources Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted.

During the pre-audit, the auditor was provided with a sample criminal record checks for both employees and contractors. The auditor was also provided a copy of the VA State employee application which includes questions pertaining to sexual misconduct. In addition, the auditor was provided with a copy of Annual Employee Assessments. These assessments mandate staff provide a “yes” or “no” response to questions asked pertaining to any previous sexual misconduct.

Staff interviews indicate criminal background checks are conducted on both security staff as well as contractors and volunteers. Past incidents of sexual abuse and sexual harassment are considered when determining whether or not to hire or promote an employee. All applicants are checked using the State database as well as NCIC. PREA questions are asked as part of the application as well as during any promotional process. The facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. Whenever a former employee applies for work at another institution, the facility would provide information on substantiated allegations of sexual abuse and sexual harassment involving the former employee.

Standard 115.18 Upgrades to facilities and technologies

- 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)

Auditor discussion, including 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 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.

During the pre-audit, the auditor was advised there have not been any substantial expansions or modifications to Powhatan Reception and Classification Center with the exception of a wall installed in C4 housing unit used to separate county inmates that were being housed within the prison. The auditor was also advised the facility has not installed or updated a video monitoring system since August 20, 2012.

During the onsite audit, the auditor was advised by staff of a camera that recently became inoperable. The auditor was provided with a copy of a work order showing this has been submitted for repairs.

During the facility tour, the auditor observed shower curtains enabled inmate privacy in the shower area. The auditor also observed camera views in the control room which appear to be positioned in a manner to allow for privacy in areas such as the shower and restrooms. This cameras help maintain security and reducing the number of blind spots.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

Operating Procedure 030.4 is the agency procedure for evidence protocol and forensic medical examinations. Policy states SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview.

During the pre-audit, the auditor was provided with documentation which states Powhatan Reception and Classification Center utilizes a SAFE/SANE at VCU Health for forensic examinations.

Operating Procedure 720.7 states if evidentiary or medically appropriate, victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. A history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender for this examination. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A qualified DOC Mental Health/counseling staff member or a qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A qualified DOC Mental Health/counseling staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the appropriate authority (PERK kit

recommended). Although it is recommended that a PERK kit be collected within 72 hours, it should be beyond that time whenever there is possibility of evidence remaining. If the offender alleging assault refuses to be examined, it shall be documented in the Health Record and the offender shall sign a Health Services Consent to Treatment; Refusal 720_F3. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

During the pre-audit, the auditor was provided with documentation showing the agency has an existing MOU with Virginia Sexual & Domestic Violence Action Alliance to provide support services to victims of sexual abuse. This contract period is May 1, 2016 through April 30, 2017. During the onsite audit, the auditor used one of the inmate phones in the housing unit and dialed #55. An automated voice stated “press 1 for English, press 2 for Spanish.” After selecting English, the auditor was prompted to press 1 to leave a message, or press 2 to speak to someone about victim services. Any report received would be documented and forwarded to the agency hotline coordinator. The hotline coordinator would then notify the investigative staff, Warden, and Regional PREA Analyst. An investigation would be initiated and treatment would be provided to the victim. Action Alliance would be able to provide victim support services to victims of sexual abuse whenever needed.

During the pre-audit, the auditor was provided with documentation for 12 separate volunteer victim advocates that are available in the Eastern Region.

During the pre-audit, the auditor was provided with a list of local contacts who would be capable of providing SAFE/SANE services to facilities in the Eastern Region, including Powhatan Reception and Classification Center. The auditor contacted one of the contacts, VCU Health, and was advised by one of the SANEs that they would be able to conduct forensic examinations for inmates housed at Powhatan Reception and Classification Center. The auditor was advised the hospital has 9 SANE staff and one of these staff is available 24 hours a day, 7 days a week. The auditor was advised there has never been an instance when there was not a SANE available to conduct an examination.

During the past 12 months, there has been one forensic medical examination conducted. This examination was conducted by a SAFE/SANE. A victim advocate was available to the offender through Action Alliance (#55).

Random staff interviews indicate staff are aware of how to collect usable, physical evidence and know who is responsible for conducting sexual abuse investigations. Staff indicate victim advocate services would be provided by Virginia Sexual & Domestic Violence Action Alliance or by staff member trained in providing these services.

Several of the inmate interviews indicated a lack of awareness with the victim services that were available to the inmates who report sexual abuse. The auditor acknowledged inmates receive this information at intake and have the ability to contact a representative from Action Alliance from their housing unit; however, the auditor requested the facility staff take additional action to reinforce this education on victim services. Prior to the completion of the Final Report, the auditor was provided with documentation showing a memo has been provided to each inmate documenting the victim services available through Action Alliance. In addition, a copy of this memo was posted in all housing units near the inmate phones.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including 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 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 states the SIU is responsible for conducting administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this procedure.

During the past 12 months, there have been three allegations of sexual abuse and two allegations of sexual harassment that were received. All five of these allegations were investigated. The auditor was provided with these investigations while onsite and

reviewed all five investigations.

During the past 12 months, there have not been any allegations referred for criminal investigation.

Operating Procedure 038.3 states an administrative or criminal investigation conducted in accordance with PREA standards shall become completed for all allegations of sexual abuse and sexual harassment. Initial investigation may be conducted by the facility investigator. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit (SIU). The facility shall document all such referrals. The SIU shall conduct investigations into criminal behavior, procedural or administrative violations, or employee misconduct affecting the operations of the DOC. The Chief of Special Investigations Unit or a designee shall review the nature of the allegations received to determine if an investigation is warranted. Upon notification of an allegation of sexual abuse or misconduct, investigative staff shall follow Operating Procedure 030.4, Special Investigations Unit.

During the pre-audit, the auditor located the policy stating referrals of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website (<https://vadoc.virginia.gov/about/procedures/documents/030/038-3.pdf>).

Staff interviews indicate the DOC has a Special Investigation Unit (SIU) with law enforcement authority to investigate crimes in facilities within the DOC. Institutional Investigators handle administrative investigations at the facility. When an allegation is received, the warden of the facility, the institutional investigator, and the PREA Analyst are notified. If the allegation is criminal in nature, SIU would also be notified. Staff would ensure the victim is protected and all protocols are instituted. Any allegation received from another agency is processed the same way. If an allegation is received that happened at another agency, the DOC reports these allegations to the respective authority.

Standard 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)

Auditor discussion, including 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 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 outlines orientation training for new employees. Policy states PREA Orientation will consist of the following:

- a. Its zero-tolerance policy for sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- c. Offenders' rights to be free from sexual abuse and sexual harassment.
- d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- e. The dynamics of sexual abuse and sexual harassment in confinement.
- f. The common reactions of sexual abuse and sexual harassment victims.
- g. How to detect and respond to signs of threatened and actual sexual abuse.
- h. How to avoid inappropriate relationships with offenders.
- i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders, and
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. The agency shall document through employee signature or electronic verification that employees understand the training they have received.

There have been 74 staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements enumerated above. This equates to 100% of all staff.

Staff receive refresher training annually.

During the pre-audit, the auditor was provided with copies of the agency's PREA curriculum, training logs, certificates of completion, training acknowledgement forms. The training curriculum meets all requirements under 115.31 (a)-1.

Random staff interviews indicate staff have received the training required under 115.31. Staff were knowledgeable of the agency's zero-tolerance policy, their duty to report any form of sexual abuse, as well as how to detect and respond to sexual abuse.

Standard 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)

Auditor discussion, including 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 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 states the Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with offenders, but all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with offenders, but all volunteers who have contact with offenders shall be notified of the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A briefing on security procedures, privacy laws, chain of command, basic knowledge or criminal behavior, and other related topics, as pertinent and applicable. Completion of orientation/training will be documented by the volunteer's signature on the Rules for Volunteers.

During the pre-audit, the auditor was provided with a copy of a memo from the PREA Coordinator, dated October 17, 2012. The memo outlines three distinct levels for contractors and volunteers, and they mandated PREA training required for each level.

There have been 249 volunteers and 2 contractors, who have contact with inmates trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. This equates to 100% of all volunteers and contractors.

All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed on how to report such incidents.

During the pre-audit, the auditor was provided with sample documentation confirming that the volunteers/contractors understand the training they have received.

Volunteer/Contractor interviews indicate volunteers and contractors receive training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policies and procedures. Training consists of the agency zero tolerance policies and staff discuss with contractors and volunteers what their responsibilities are under PREA. Volunteers and contractors are required to sign an acknowledgement sheet confirming they understand the information they received.

Standard 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)

Auditor discussion, including 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 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 when an offender enters a DOC facility from a jail, the offender shall receive information explaining the DOC's zero-tolerance policy for sexual abuse and sexual harassment and instruction on how to report incidents or suspicions of sexual abuse or sexual harassment. This information shall be communicated verbally and in writing, in language clearly understood by the offender. Immediately upon intake to DOC, the offender shall receive an initial PREA training, utilizing the Preventing Sexual Abuse & Sexual Assault-Trainer Outline-Intake. The offender will watch Section 1 of the PREA: What You Need to Know video and a copy of the Sexual Assault Awareness and Prevention brochure that includes the Sexual Assault Hotline number. Within 10 days of arrival, the offender shall receive comprehensive PREA training, utilizing the Preventing Sexual Abuse & Sexual Assault-Trainer Outline-including use of videos PREA: What You Need to Know and Breaking the Silence of Offender Sexual Abuse. Facilities shall make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. The offender shall document receiving the Sexual Assault Awareness and Prevention brochure and both of Preventing Sexual Abuse and Sexual Assault Trainings (Intake and Comprehensive) by signing the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training. The signed acknowledgement will be placed in the offender's Institutional Record. It is mandatory that offenders attend both trainings. Offenders refusing shall be charged with Offense Code 200, per Operating Procedure 861.1, Offender Discipline, Institutions.

Information shall include the following topics; definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and offenders, DOC Zero-Tolerance Policy, Prevention, self-protection, reporting sexual abuse/assault, treatment and counseling, offender telephone sexual abuse Hotline Number #55.

Operating Procedure 810.2 states an offender received from another DOC facility via transfer will be provided a copy of the Sexual Assault Awareness and Prevention brochure that includes the Sexual Assault Hotline number.

In addition to providing such education, each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

There were 158 inmates admitted during the past 12 months and all were given this information at intake. All inmates housed 30 days or more received comprehensive education within 30 days of intake.

During the pre-audit, the auditor was provided with sample documentation of inmates signing for their receipt of the PREA brochure.

Staff interviews indicate inmates are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment as part of the orientation process. This information is provided in a brochure and given to all inmates within 1-2 hours of intake. The intake officer will also show all inmates an 8 minute PREA video during intake. Two additional PREA videos (one which is 10 minutes and one which is 20 minutes) is shown to all new intakes within a week of intake. These videos go over comprehensive PREA education. Inmates are required to sign for receipt of this information.

Inmate interviews indicate inmates receive information about the facility's rules against sexual abuse and sexual harassment through brochures they receive during intake. Inmates also acknowledged watching a PREA video during intake and having staff discuss the agency's sexual abuse and sexual harassment policies with them verbally.

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including 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 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 states sexual abuse and sexual harassment investigations shall only be conducted by SIU investigators who have received special training in sexual abuse investigations. In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include: techniques for interviewing sexual abuse victims, criteria and evidence required to substantiate a case for administrative action or prosecution referral. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators.

During the pre-audit, the auditor was provided with a copy of the training curriculum which was created by the Moss Group. The training curriculum was reviewed and determined to meet the requirements under 115.34.

There are two investigators currently employed and working within the facility who have completed the required training. The auditor was provided with copies of the two investigator's training certificates documenting the investigators received specialized training.

Investigative staff interviews indicate investigative staff are trained in conducting sexual abuse investigations in confinement settings. Training topics include: 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 or prosecution referral.

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)

Auditor discussion, including 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 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 for contractors and volunteers depending upon the practitioner's status in the DOC.

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 DOC facilities receive specialized training in:

- a. How to detect and assess signs of sexual abuse and sexual harassment

- b. How to preserve physical evidence of sexual abuse
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

There have been 6 medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy. This equates to 100% of all medical and mental health care practitioners.

Agency medical staff at this facility do not conduct forensic medical exams.

Medical and Mental Health staff interviews indicate forensic exams are never conducted at the facility.

Medical and mental health staff acknowledged receiving specialized training regarding sexual abuse and sexual harassment. Training topics include: 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.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 810.1 states a counselor or other non-clerical reception center staff shall assess all offenders during reception for their risk of being sexually abuse by other offenders or sexually abusive toward other offenders. The assessment shall be completed and approved within 72 hours of arrival at the facility. Staff will interview and evaluate all incoming offenders for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the Classification Assessment in VACORIS.

Operating Procedure 730.2 states an offender’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness.

Operating Procedure 810.1 states offenders may not be disciplined for refusing to answer or not disclosing complete information in response to questions asked in the Classification Assessment interview. Within 30 days from the offender’s arrival at the facility, the facility will reassess the offender’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

During the onsite audit, the auditor was advised the facility discovered in February 2016 that they were not properly documenting risk screenings. The auditor was provided with a spreadsheet that logged all new intakes since February 2016 and calendars which documented 20-30 days after the inmates intake date. The auditor was advised staff use these calendars to ensure they are being screened within the 30 days of intake. The auditor randomly selected 15 inmates from the spreadsheet. These inmates were booked into the facility between February 2016 and June 2016. The auditor was provided with the initial, and 30 day screenings from all 15 inmates randomly selected. The auditor reviewed these screenings and discovered 100% of these inmates received an initial screening within 72 hours of intake and received an additional screening within 30 days of intake.

Staff interviews indicate staff screen inmates upon admission or transfer to the facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Staff advised risk screenings always occur within 72 hours of intake. Risk screening includes, but is not limited to: offense history (current and prior), disciplinary information, whether or not the inmate feels vulnerable, mental health/medical issues, any prior victimization, which gender they identify as, any learning disabilities, physical characteristics, age, and stature. The screening instrument consists of “yes” or “no” questions. An inmate’s risk level is reassessed

as needed due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. All inmates are reassessed within 30 days of their initial assessment as well as during their annual review. Inmates are not disciplined in any way for refusing to respond to, or for not disclosing complete information related to, risk screening questions. The agency has different levels of access to this information. Counselors and mental health staff have higher access than other staff.

Random inmate interviews conducted of inmates who were transferred to the facility within the past 6 months, indicated they received both an initial and 30 day screening.

Standard 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)

Auditor discussion, including 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 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 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 DOC shall make individualized determinations about how to ensure the safety of each offender. Specialized decisions to provide specific 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.

Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender.

- a) The Institutional Program Manager (IPM) or designated staff for facilities without an IPM shall pull the Facility Offender Alert custom report from VACORIS in the months of January and July in order to complete a six month reassessment of housing and programs for all transgender and intersex offenders.
- b) The staff member must meet with the offender to discuss their program and housing needs and to ensure their current assignments are still appropriate.
- c) A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration.
- d) A note shall be placed in VACORIS indicating "six month housing and program assignment reassessment completed" and documenting any necessary action taken regarding changes to housing and programs.
- e) The IPM or designated staff shall refer the offender to QHMP for follow-up, as needed.
- f) All reassessments shall be completed by the last day of the designated months.

Transgender and intersex inmates shall be given the opportunity to shower separately from other offenders.

The DOC shall not place lesbian, gay, bisexual, transgender, or intersex offenders in designated facilities, units, or wings solely on the basis of such identification or status.

Staff interviews indicate medical and mental health staff are made aware of any inmates who screen as victims as well as those screening as being abusive. Medical and mental health staff will conduct follow-up evaluations. All inmates receive an initial intake screening prior to being housed. After the screening is conducted, staff will conduct a compatibility assessment and ensure inmates identified as HRSA are not housed in the same cell with inmates identified as HRSV.

During the onsite audit, the auditor was provided with a list of inmates identified as HRSV; however, at the time of the audit, there

were no inmates identified as being HRSA. Staff indicated there were not designated housing units for inmates who are HRSA/HRSV; however, staff stated these two classifications would never be housed in the same cell.

Standard 115.43 Protective custody

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 810.1 states offenders identified as HRSV shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the Qualified Mental Health Practitioner (QMHP), in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. If the Facility cannot conduct an assessment immediately, the Shift Commander may place the offender in Special Housing on General Detention for no more than 24-hours while completing the assessment. The facility must clearly document the basis for the facility’s concern for the offender’s safety and the reason why no alternative means of separation can be arranged.

During the pre-audit, the auditor was advised the facility has not placed any inmates at risk of sexual victimization in involuntary segregated housing.

Staff interviews indicate they would not place inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there is no available alternative means of separation from potential abusers. If an inmate was placed in involuntary segregated housing for this reason, they would only be housed there until alternative means of separation from likely abusers can be arranged. Staff indicated they have never had to use involuntary segregated housing for this reason. Staff acknowledged that segregated housing would only be used as a last resort, and if inmates were housed here, they would receive the same access to privileges and programs as that of the general population inmates. If privileges and/or programs were restricted, staff would document the opportunities that were limited, the duration of the limitations, as well as the reasons for the limitations.

Standard 115.51 Inmate reporting

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

Auditor discussion, including 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 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 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 to the immediate point-of-contact line officer. An offender may report such incidents to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, 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. An offender who is sexually assaulted shall immediately notify staff that a sexual assault has occurred. 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 shall also provide 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 and immediately forward offender reports of sexual abuse and sexual harassment to agency officials allowing the offender to remain anonymous upon request. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders.

Operating Procedure 801.6 states the Offender Request is one internal way that offenders can privately 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. Staff shall accept any report of PREA related issues submitted and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. If applicable, an internal incident report checked PREA shall be submitted in accordance with Operating Procedure 038.1 Reporting Serious or Unusual Incidents. Information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operation procedures, to make treatment, investigation, and other security management decisions.

Operating Procedure 803.3 states PREA/Sexual Abuse Hotline is available by dialing #55 at any time the offender telephones are available.

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 abuse or assault available to victims (DOC offenders) statewide who desire an external method of reporting.

Operating Procedure 866.1 states the Offender Grievance Procedure is one of the multiple internal ways for offenders to privately 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. Staff shall accept any report of PREA related issues made through the Offender Grievance Procedure and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

Operating Procedure 866.1 states staff shall accept any report of PREA related issues made through an Informal Complaint and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

Operating Procedure 866.1 states staff shall accept any report of PREA related issues made through a Regular Grievance and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Manager. The facility PREA Compliance Manager shall notify the Regional PREA Analyst.

During the onsite audit, the auditor tested the PREA Hotline, #55. There were options for both English and Spanish. The auditor was able to make contact with a leave a message with Virginia Sexual and Domestic Violence Action Alliance, using the hotline. Staff acknowledged inmates have the ability to make a report using the hotline 24 hours a day and 7 days a week. Staff advised the representative with Virginia Sexual and Domestic Violence Action Alliance would take the information and forward the information to the hotline coordinator who would forward the information to facility investigators, the PREA Analyst, and the PREA Coordinator.

Staff interviews indicate inmates can privately report sexual abuse or sexual harassment by sending a private report to the Watch Commander or by calling the PREA Hotline #55 (for inmates) and toll-free hotline (for staff). Staff acknowledged they would accept reports from inmates regardless of whether they were verbal, written, anonymous, or from third parties. Verbal reports would be documented by staff, immediately after receiving the report. Some staff were unfamiliar with how staff can privately report sexual abuse or sexual harassment. Prior to the completion of the Final Report, the auditor was provided with a memo that was discussed with all staff during muster. This memo included information on how staff can privately report sexual abuse (toll-free hotline).

Inmate interviews indicate inmates were aware they could utilize the PREA Hotline (#55) when making a private report. Inmates acknowledged staff would accept verbal, written, anonymous, and third party reports.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including 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 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 is the agency’s administrative procedure for dealing with inmate grievances regarding sexual abuse. Policy states there is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender’s decision.

Operating Procedure 866.1 states an offender is not required to use the informal complaint process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Operating Procedure 866.1 states each institution shall ensure in its Implementation Memorandum that:

- a. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.
- b. Such grievance is not referred to a staff member who is the subject of the complaint.

Operating Procedure 866.1 states total continuances on a grievance that alleges sexual abuse will not exceed 70 days.

Operating Procedure 866.1 states a regular grievance for good reason(s). The offender must be notified in writing of the continuance prior to the expiration of the specified time limit at any level and provide a date by which a decision will be made.

Operating Procedure 866.1 states emergency grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm. It is the duty of all corrections employees to be responsive to emergency grievances. After receiving an Emergency Grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the employee receiving it shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Administrative Duty Officer or Shift Commander to provide the response within 8 hours. The initial response and final agency decision shall document the institution’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance.

In the past 12 months, there have not been any emergency grievances alleging substantial risk of imminent sexual abuse that were filed.

Operating Procedure 861.1 states a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Operating Procedure 866.1 states disciplinary charges may be brought against an offender for filing a grievance related to alleged sexual abuse only where the institution demonstrates that the offender filed the grievance in bad faith.

Standard 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)

Auditor discussion, including 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 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 offenders may contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for contact information for access to outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential manner as possible. The facility shall inform offenders, 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. The DOC maintains a Memorandum of Understanding (MOU) with a community provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA Coordinator.

During the pre-audit, the auditor was provided with PREA Brochures in English, Spanish, and for those who are hearing impaired. The posters contained phone numbers and mailing addresses for victim emotional support services.

The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

During the pre-audit, the auditor was provided with a contract renewal between the agency and Virginia Sexual & Domestic Violence Action Alliance. The contract included support services to victims of sexual abuse. The date on the renewal was May 1, 2016, and it does not expire until April 30, 2017.

Even though information to confidential support services is readily available in the PREA Brochures as well as by contacting Action Alliance (via the phone prompt) through the hotline, many inmate interviews indicated a lack of knowledge of these services. The auditor acknowledged inmates receive this information at intake and have the ability to contact a representative from Action Alliance from their housing unit; however, the auditor requested the facility staff take additional action to reinforce this education on victim services. Prior to the completion of the Final Report, the auditor was provided with documentation showing that a memo was provided to all inmates advising them of these services. In addition, this memo was posted in all housing areas near the inmate phones.

Standard 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)

Auditor discussion, including 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 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 Department of Corrections public website provides contact information on how to report

sexual abuse and sexual harassment on behalf of an offender.

During the pre-audit, the auditor was provided with a screen shot of the agency's website, which states; "If you or someone you know were sexually abused or sexually harassed while in custody or under the supervision of the Virginia Department of Corrections, you may complete and mail in the Third Party Reporting Form, email us, or call Confidential Reporting Hotline to initiate a review. The VADOC will take appropriate steps to protect staff, contractors, volunteers, offenders and probationers from retaliation for reporting occurrences of sexual abuse or sexual harassment."

Third party reporting forms are available on the agency website in both English and Spanish. Information on third-party reporting was also readily available in posters that were posted in the lobby of the facility, as well as the visitation area.

Standard 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)

Auditor discussion, including 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 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 any employee, volunteer, or contractor shall immediately report to his or her supervisor or the officer in charge 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 DOC; 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. If applicable, an internal incident report checked PREA shall be submitted. Apart from reporting to designated supervisors or officials any information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions.

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 inmates 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 designated facility investigators.

Medical and mental health staff indicate they disclose the limitations of confidentiality and their duty to report, at the initiation of services to an inmate. 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.

Standard 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)

Auditor discussion, including 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 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 when a facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender.

In the past 12 months, there have not been any times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Staff interviews indicate the facility takes protective action to protect inmates who are subject to a substantial risk of imminent sexual abuse. Staff would immediately move the inmate to a secure location and notify a supervisor. If appropriate, staff would move the inmate to another housing unit. The inmate would only be placed in segregated housing if they requested such protection, or if it was determined that there was no alternative housing available.

Standard 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)

Auditor discussion, including 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 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 upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Unit Head shall document that it has provided such notification. The facility head or agency office that receives such notifications shall ensure that the allegation is investigated in accordance with these standards.

During the past 12 months, there have been four allegations that the facility received that an inmate was abused while confined at another facility. All four of these reports were reviewed. The auditor discovered that three of the four allegations were reported to the facility where the abuse allegedly occurred within 72 hours of receiving the report. The fourth allegation was reported within six days of the receiving the allegation. While reviewing these notifications, the auditor discovered the facility investigator was providing the notification to staff at the outside facility. The auditor discussed this standard with the PREA Coordinator and requested refresher training be provided to all facilities as a reminder that the notifications are required to be from the Agency Head of the facility where the allegation was received, to the Agency Head of the facility where the abuse allegedly occurred. Prior to the completion of the final report, the auditor was provided with a memo sent to all facilities reminding them of this requirement. The auditor has determined that this slight oversight has been corrected through this refresher training and is therefore showing the facility as meeting this standard.

Operating Procedure 030.4 states when the Facility Unit Head receives notification from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA standards.

During the past 12 months, there have not been any allegations of sexual abuse that the facility received from other facilities.

Staff interviews indicate when they receive allegations from other facilities about incidents that occurred within their facility, the investigators would investigate the allegation the same as allegations they receive directly.

Standard 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)

Auditor discussion, including 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 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 states upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

- 1) Separate the alleged victim and abuser
- 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
- 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
- 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Operating Procedure 038.3 states if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

In the past 12 months, there have been three allegations that an inmate was sexually abused. At the time of the audit, there were not any inmates who reported sexual abuse housed at the facility.

In the event an inmate were sexually abused, staff would utilize the sexual assault response checklist. The checklist documents 1-4 mentioned above.

Staff interviews indicate staff were aware of what to do if they were the first person to be alerted that an inmate has allegedly been the victim of sexual abuse. Staff would move the victim away from the abuser, notify their supervisor, secure the scene, take the inmate to medical for an examination, document the information in a written report, and take steps to preserve evidence.

Standard 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)

Auditor discussion, including 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 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 each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership.

During the pre-audit, the auditor was provided with a copy of the facility's coordinated response plan (State Farm Correctional Complex Institutional Management Plan) and sexual assault checklist. A review of the Institutional Management Plan indicates areas of responsibility are clearly outlined.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

XX Not Applicable

During the pre-audit, the auditor was provided with documentation stating in accordance with the Code of Virginia, collective bargaining is prohibited.

Staff interviews indicate the agency does not have collective bargaining agreements.

Standard 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)

Auditor discussion, including 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 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 DOC 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 DOC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of offenders, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the DOC shall take appropriate measures to protect that individual against retaliation. The DOC's obligation to monitor terminates if it is determined that the allegation is unfounded.

The facility designated the PREA Compliance Manager as the staff member charged with monitoring retaliation.

During the pre-audit, the auditor was provided with copies of the PREA Compliance Managers log book that she uses to make notes documenting her retaliation monitoring.

In the past 12 months, there have not been any incidents of retaliation that have occurred.

Staff interviews indicate the PREA Compliance Manager monitors retaliation for up to 90 days. Staff advised the PREA Compliance Manager would conduct an initial meeting with the victim within 72 hours of the abuse being reported, and would follow up with them at 30 days, 60 days, and 90 days. Retaliation may be monitored beyond 90 days, if warranted. If a staff member was involved, the staff member would be separated from the inmate and may receive disciplinary action commensurate with the type of behavior taken. If an inmate retaliates against another inmate, they would be kept separate from one another. Other options to protect against retaliation include protective custody and/or transfer to another facility.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 830.5 states, for an offender identified as HRSV or an alleged victim of sexual abuse who has been assigned to Special Housing without their consent, Mental Health staff shall advise the ICA on whether the offender can be released to General Population or whether they must be assigned to Segregation and/or transferred to the DOC Protective Custody Unit. Involuntary assignment to Segregation shall only be made until an alternative means of separation from likely abusers can be arranged. The ICA must clearly document the basis for the institution’s concern for the offender’s safety and the reason why no alternative means of separation can be arranged. This assignment shall not ordinarily exceed a period of 30 days.

During the past 12 months, there have not been any inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing.

If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

Staff interviews indicate the agency has a policy prohibiting placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from likely abusers. If an inmate were to be held in involuntary segregated housing for this reason, they would be moved as soon as less restrictive housing became available. Staff who supervise inmates in segregated housing confirmed victims would only be placed in involuntary segregated housing if the victim requested it, or if there were no alternative means of separation from likely abusers. The auditor was advised the there is another state prison within five minutes of the facility, and a victim could be transferred to this facility if there was a need for further protection.

Standard 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)

Auditor discussion, including 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 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 states administrative investigations; shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

Since August 20, 2012, there have not been any substantiated allegation of conduct that appear to be criminal that were referred for prosecution.

Operating Procedure 038.3 states all case records associated with claims of sexual abuse or sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment or counseling shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Staff interviews indicate investigative staff received training on conducting sexual abuse investigations in confinement settings. Training topics include: 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 or prosecution referral. A standard of preponderance of evidence is used to substantiate allegations of sexual abuse and sexual harassment. Facility investigators conduct administrative investigations and SIU would conduct criminal investigations. Facility investigators would work in tandem with SIU and assist SIU in any way possible.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Investigative staff interviews indicate a preponderance of evidence is used to substantiate allegations of sexual abuse and sexual harassment.

Standard 115.73 Reporting to 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)

Auditor discussion, including 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 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 states upon completion of the investigation, SIU should inform the Facility Unit Head as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

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. Following an offender’s allegation that a staff member has committed sexual abuse against the offender, the DOC shall subsequently inform the offender whenever;

- a) The DOC has determined that the allegation is unfounded;
- b) The DOC has determined that the allegation is unsubstantiated;
- c) The staff member is no longer posted within the offender’s unit;
- d) The staff member is no longer employed at the facility;
- e) The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- f) The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

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;

- a) The DOC has determined the allegation is unfounded;
- b) The DOC has determined that the allegation is unsubstantiated;
- c) The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- d) The 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.

During the pre-audit, the auditor was advised the facility has completed three sexual abuse and two sexual harassment investigations any criminal and/or administrative investigations of alleged inmate sexual abuse. During the onsite audit, the auditor reviewed all five investigations and discovered documented notifications were provided to each inmate and placed in each investigation file.

During the past 12 months, there have not been any investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency.

Staff interviews confirm staff notify any inmate who makes an allegation of sexual abuse whenever the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The offender notification letters are sent as legal mail and are documented through the offender’s signature of receipt.

Standard 115.76 Disciplinary sanctions for staff

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

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 130.1 states sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1 Standards of Conduct. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal.

Operating Procedure 135.1 states disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

In the past 12 months, there have not been any staff from the facility who were terminated for violating sexual abuse or sexual harassment policies.

Operating Procedure 135.1 states staff who are terminated, or who choose to resign in lieu of termination, for violation of the DOC sexual abuse or sexual harassment policies shall be informed of the DOC’s reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal.

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)

Auditor discussion, including 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 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 states any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer.

In the past 12 months, there have not been any contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Staff interviews indicate any contractor or volunteer who violated agency sexual abuse or sexual harassment policies would be banned from the facility and from all contact with inmates, pending an investigation. If the violation was a minor violation, staff may provide additional training and/or discipline the contractor; however, for major violations of policy, the contractor would be banned from all state DOC facilities. If the actions were criminal in nature, the agency would seek criminal charges.

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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In the past 12 months, there has been one administrative finding of inmate-on-inmate sexual abuse that has occurred at the facility. The alleged abuser received disciplinary sanctions and was referred for criminal prosecution.

In the past 12 months, there have not been any criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility.

Operating Procedure 820.2 states facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in such interventions as a condition of access to programming or other benefits. Offenders that do not comply with therapy, counseling, or other interventions should be charged with offense code 200 in accordance with Operating Procedure 861.1 Offender Discipline, Institutions or offense code 217 in accordance with Operating Procedure 861.2 Offender Discipline, Community Corrections Facilities.

Operating Procedure 038.3 states offenders shall not be charged for reports of sexual abuse made in good faith, based upon reasonable belief that the alleged conduct occurred.

The agency prohibits all sexual activity between inmates. The agency deems such activity to constitute sexual abuse only if it determines the activity is coerced.

During the pre-audit, the auditor was provided with examples of disciplinary records for inmates who violated sexual abuse policies.

Staff interviews indicate inmates would be subject to disciplinary sanctions following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. Inmates would receive an institutional charge for misconduct. If the actions were criminal in nature, the inmate abuser would be referred for prosecution by SIU. The inmate abuser may face a loss of good time and may also be transferred to a higher level security prison. Disciplinary sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates’ disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. An inmate’s mental disability or mental illness is considered when determining sanctions.

Medical and mental health staff interviews indicate they have identified those inmates who are High Risk for Sexual Abusiveness (HRSA). These inmates are referred to the MHP who would evaluate the inmate and begin a counseling program based on the individual inmate and their willingness to continue this program. The auditor was advised when these services are provided, staff gauge an inmate’s participation as a condition of access to programming or other benefits.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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) QMHP Follow-up.

During the pre-audit, the auditor was provided with sample documentation of medical/mental health referrals or tracking charts.

Operating Procedures 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 inmate is under the age of 18.

During the onsite audit, the auditor randomly reviewed 15 inmate risk screenings. Two of these inmates identified as HRSA. The auditor was provided with documentation showing both of these inmates identified as HRSA were referred for mental health services within 14 days of their screening. In addition, the auditor was provided with several other samples of mental health referrals.

Staff interviews indicate inmates who disclose sexual victimization at risk screening are offered a follow-up evaluation with medical and/or mental health staff. Those inmates who have previously perpetrated sexual abuse are also offered follow-up evaluations. Follow-up mental health evaluations occur within 14 days of the screening.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating procedure 720.7 states offender victims of sexual abuse shall 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 judgement. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Offender victims of sexual abuse while incarcerated shall be 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. Treatment and services shall 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.

Staff interviews indicate inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Typically, this occurs immediately. The nature and scope of these services determined according to

their professional judgement. Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 720.7 states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The facility is an all-male facility; therefore, Standards 115.83 (d)-1 and 115.83 (e)-1 are not applicable.

Operating Procedure 720.7 states offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Operating Procedure 730.2 states all prisons shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners.

Staff interviews indicate evaluation and treatment of victims include initial stabilization, STD testing/prophylaxis, mental health referrals, and continuity of care if the inmate is transferred or released. Medical and mental health services are consistent with community level care. Staff advised there would be a mental health evaluation conducted on all victims and abusers. This would be conducted as soon as practical once the facility is made aware of the incident.

Standard 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)

Auditor discussion, including 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 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 a sexual abuse incident review shall be conducted 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. A sexual harassment incident review shall be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation has been determined to be substantiated. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews. The review should begin as soon as practical after the incident and a Report

of Incident Review 038-F3 submitted within 7 working days of the initial Incident Report.

Operating Procedure 038.1 states the Review Team shall consist of 2 DOC employees designated by the Unit Head; the Review Team shall consist of at least one Administrative Duty Officer who will solicit input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and sexual harassment incident reviews. The review shall begin as soon as practical after the incident and a Report of Incident Review 038_F3 submitted within 7 working days of the initial Incident Report. Follow-up reports may be submitted if all information is not available within 7 working days. The review shall consider:

- a) What happened?
 - b) Where did it happen?
 - c) Who was involved?
 - d) How did it happen?
 - e) When did it happen?
 - f) What was the response?
 - g) Why did it happen?
- Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender, intersex identification, status, or perceived status; or gang affiliation, or was it motivated by or otherwise caused by other group dynamics at the facility.
 - Assess the adequacy of staffing in that area during different shifts.
 - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Review Methodology:

- Review the Incident Report, investigation reports, and any other available documentation.
- Interview participants and witnesses.
- Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may have contributed to the incident.
- Review relevant operating procedures, training manuals, equipment operating manuals, safety program guides, etc.
- Develop the unit's action plan to limit future incidents.
- The review of the incident will be documented on a Report of Incident Reviews 038_F3.

Report of Incident Reviews 038_F3:

- Provide a brief summary of the incident; clarify as needed the original Incident Report.
- Provide an analysis of the casual factors and contributing circumstances.
- Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing, and/or training.
- Develop an Action Plan to limit or mitigate future incidents. The unit shall implement the recommendations for improvement, or shall document its reasons for not doing so.
- Submit to the Regional Office for review by the Regional Administrator and/or Regional Operations Chief. 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).

During the pre-audit, the auditor was advised there has been one substantiated allegation of sexual abuse (and two unfounded allegations) that occurred during the past 12 months. The auditor was provided with, and reviewed, the sexual abuse incident review for the substantiated investigation and discovered the sexual abuse incident review was conducted within 30 days of the investigation being closed.

Staff interviews indicate the facility has a sexual abuse incident review team. The team consists of the Warden, Assistant Warden, Major, PREA Compliance Manager, Investigators, Medical and Mental Health and any other staff deemed appropriate. The sexual abuse incident review team looks for any deficiencies. If any are discovered, action would be taken, including changing procedures, if appropriate. The review team considers 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; and/or other group dynamics. The review team; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Standard 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)

Auditor discussion, including 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 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 collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. Upon request, the DOC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The auditor was provided with the data collected from 2012, 2013, and 2014. The data collection instrument was the Bureau of Justice Statistics Survey on Sexual Violence (SSV) Form. The instrument included definitions of prohibited misconduct.

Standard 115.88 Data review for corrective action

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

Auditor discussion, including 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 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, including by:

- a) Identifying problem areas;
- b) Taking corrective action on an ongoing basis; and
- c) Preparing 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.

The annual reviews include a comparison to data and corrective actions with those from prior years.

Staff interviews indicate after an assault has occurred, there is a Critical Incident Debriefing and an After Action Report. The Regional Operations Chief, the Warden, ranking correctional officers, and the Chief of Correctional Operations meet and discuss the incident and what could have been done to prevent the incident from happening again. The report is sent to the Director and the Chief of Correctional Operations and the two other Regional Operations Chiefs as a “lessons learned” document. In addition, the DOC aggregates data regarding all assaults and looks for trends across the DOC and down to specific institutions. This information is shared with the Director, Chief of Correctional Operations, and the Regional Administrators. In addition, the PREA staff review all incidents involving sexual assaults or sexual harassment. If the report indicates a need to change policy or procedure, the appropriate change is made and communicated to all applicable DOC employees. All reports come to the Director for review and his approval before they are sent out publicly. Once approved, the reports are posted on the agency’s website (<http://vadoc.virginia.gov/about/facts/prea/2014-prea-annual-report.pdf>). All personal identifiers are redacted.

Standard 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)

Auditor discussion, including 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 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 ensure that data collected of allegations of sexual abuse at facilities under its direct control are securely retained. The DOC shall 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. Before making aggregated sexual abuse data publicly available, the DOC shall remove all personal identifiers. The DOC shall maintain this sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Information is gathered from investigations. Trends are identified from the data collected. The agency implements corrective action when warranted. Changes may be implemented at both the state and institution level.

Staff interviews confirm the agency data collected is retained on a secure data base that only the PREA Unit has access too.

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.

Jeff Kovar

August 6, 2016

Auditor Signature

Date