Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails			
🗌 Interim 🛛 Final			
Date of Report	December 26, 2017		
Auditor Information			
Name: John Barkley	Email: fiddlinwarden@yahoo.com		
Company Name: PREA Auditors of America			
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, Texas 77429		
Telephone: 803 451 1382	Date of Facility Visit: November 19-21, 2017		
Agency In	formation		
Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Virginia Department of Corrections	Click or tap here to enter text.		
Physical Address: 6900 Atmore Drive	City, State, Zip: Richmond, VA 23115		
Mailing Address: P.O. Box 26963	City, State, Zip: Richmond, VA 23261-6369		
Telephone: 804 674 3119	Is Agency accredited by any organization? Xes No		
The Agency Is: Dilitary	Private for Profit     Private not for Profit		
Municipal County	State State Federal		
Agency mission: Click or tap here to enter text.			
Agency Website with PREA Information: https://vadoc.vir	ginia.gov/		
Agency Chief Executive Officer			
Name: Harold Clarke	Title: Director		
Email: Harold.Clarke@vadoc.virginia.gov	Telephone: 804 887 8081		
Agency-Wide PREA Coordinator			
Name: Rose Durbin	Title: PREA/ADA Supervisor		
Email: Rose.Durbin@vadoc.virginia.gov	Telephone: 804 887 7921		

		-	nce Managers who report to the PREA			
Maria Vargo, Corrections Operations			<b>Coordinator</b> 3 regional PREA Analysts and 40 PREA compliance Managers report to the			
Admini	-	perations		opriate regional F	•	•
			Γαρριτ	phate regionari		lyst
	Facility Information					
Name of	Name of Facility: St. Brides Correctional Center					
Physical	Address: 701 Sa	nderson Road, Che	esapeake, \	/irginia 23328		
Mailing A	Address (if different than	above): P.O. Bo	x 16482, Cł	nesapeake, Virgir	nia 23328	
Telepho	one Number: 757-4	21-6600				
The Faci	The Facility Is: Dilitary		Private for profit		🗌 Priva	te not for profit
	Municipal	County	State		🗌 Fed	eral
Facility 1	Гуре:	🗌 Ja	ail		Prison	
<b>Facility Mission:</b> The mission of St. Brides Correctional Center is to promote public safety in a secure and humane environment for offenders to meet their basic human needs and to provide effective, targeted programming geared to change criminal thinking and facilitate a successful reentry into their home communities.						
Facility V	Website with PREA Inform	nation: www.vado	c.virginia.go	V		
Warden/Superintendent						
Name:	: Beth E. Cabell		Title: Warden			
Email:	nail: Beth.Cabell@vadoc.virginia.gov Telephone: 757=296-3201					
Facility PREA Compliance Manager						
Name:	Gloria Sivels		Title: Op	erations Manage	r	
Email:	Email: Gloria.Sivels@vadoc.virginia.gov Telephone: 757-296-3210					
Facility Health Service Administrator						
Name:	Name: Crystal Allen		Title: Health Services Administrator			
Email:	Email: Crystal.Allen@vadoc.virginia.gov Telephone: 757-296-3304					
Facility Characteristics						
Designat	Designated Facility Capacity: 1174 Current Population of Facility: 1173					
Number of inmates admitted to facility during the past 12 months			949			

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			936	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			949	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:         0			0	
Age Range of Population:         Youthful Inmates Under 18:         ZerO         Adults:         19-79 years old			old	
Are youthful inmates housed separately from the adult population?			🛛 NA	
Number of youthful inmates housed at this facility during the past 12 months:			zero	
Average length of stay or time under supervision:			n/a	
Facility security level/inmate custody levels:				Level 2
Number of staff currently employed by the facility who may have	ave contact wi	th inmates:		328
Number of staff hired by the facility during the past 12 months	s who may hav	e contact with i	nmates:	72
Number of contracts in the past 12 months for services with c inmates:	contractors wh	o may have con	tact with	2
Physic	cal Plant			
Number of Buildings:         6 general population         Number of Single Cell Housing Units:         1 restrictive housing           housing,         1 medical unit         1			trictive housing	
Number of Multiple Occupancy Cell Housing Units:			none	
Number of Open Bay/Dorm Housing Units:         12				
Number of Segregation Cells (Administrative and Disciplinary:         24				
Description of any video or electronic monitoring technology placed, where the control room is, retention of video, etc.):	(including any	relevant inform	nation about	where cameras are
Video is electronically stored and can be reviewed. There are 224 cameras within the facility and video is stored for 90 days with the ability to archive the video recordings.				
Me	edical			
Type of Medical Facility:	24 hour	medical cove	erage	
Forensic sexual assault medical exams are conducted at:Chesapeake Regional Medical Hospital, Chesapeake, Virginia		Hospital,		
Other				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		79 volunteers, 107 contractors		
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1 investigator, 2 intelligence officers		

# **Audit Findings**

# **Audit Narrative**

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

The auditor was provided with policies and procedures specific to St. Brides Correctional Center to review prior to arrival for the onsite audit portion. This documentation which included handbooks, copies of posters, PowerPoint presentations, forms used, training lesson plans and a staffing analysis allowed the auditor to review how the prison addressed the PREA standards and how these standards were being accomplished. The onsite audit consisted of 3 days. A thorough prison tour included all areas of the prison to include all living units and RHU. This prison is set up in a barracks style with direct supervision. The auditor was able to witness how camera placement was used to monitor and record areas within the prison. A living unit roster was provided and using a random number system the auditor chose random inmates ensuring that all living units were represented. Each day a staff roster was provided and the auditor chose random staff to interview using a similar random number system. The auditor was able to interview specific inmates specified in the PREA audit instrument and these inmates were not included in the random inmates selected. Following the 3 day site visit the auditor reviewed all information gathered from each interview with staff and with inmates. This information along with notes taken while on site, documentation provided before the site visit and documentation provided during the visit were used to reach the audit findings.

# **Facility Characteristics**

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

St. Brides Correctional Center is a state prison in the Virginia Department of Corrections system. This facility houses males and transgender females. The security of the facility is considered by VA DOC to be a level 2. This security level requires that inmates cannot have escape history within the past 5 years. A single life sentence must have reached their Parole Eligibility Date and there cannot have been any disruptive behavior for the past 24 months. This correctional center is an Intensive re-entry site. During the onsite visit the inmate count was 1177. There are a total of six units with two sides each. Each side is barracks style housing 98 inmates. An officer is stationed in an enclosed secure observation control room approximately 6 feet from the floor between the two sides which provides a visual of both living areas. Another officer walks the floor of the two sides to have interaction with the inmates and make closer observations. This prison design allows for direct supervision which is a useful tool to prevent and monitor potential sexual assault. The RHU has a maximum capacity of 24 and there are 6 medical infirmary beds when needed. Unit managers and correctional counselors have offices within the wings of the living units. This allows them

immediate access to the units and to provide access to the inmate population within their unit. This is an intensive reentry site with a strong emphasis on programs to include education and vocational. Using cameras and staff these areas where programs to include education and vocational classes are held are monitored and controlled.

# Summary of Audit Findings

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

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

# Number of Standards Exceeded: Zero

There were no standards that exceeded the minimum requirements.

## Number of Standards Met: 45 (forty-five)

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403

Number of Standards Not Met: Zero (0)

There were no standards that were not met.

# Summary of Corrective Action (if any)

There was no corrective action needed regarding any of the standards.

# PREVENTION PLANNING

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

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

#### 115.11 (a)

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Interviews with the PREA Coordinator, the PREA Compliance manager for the institution and the PREA analyst for the region where the institution resides provided information to support the agency and prison are meeting this standard. A review of the agency policy supports that all areas mandated by the Prison Rape Elimination Act are covered and addressed in the policy. Through communication with emails, phone calls and site visits the PREA Coordinator and PREA analyst keep contact with the prison staff assigned as the PREA Compliance Manager. The PCM is able to provide the prison the tools they need to keep inmates safe from sexual harassment and assault.

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

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

#### 115.12 (a)

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

## 115.12 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The St. Brides Correctional Center does not enter into contracts with private prisons or other local entities to house their offenders. Therefore they meet this standard.

# Standard 115.13: Supervision and monitoring

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

## 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☑ Yes □ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?
   ☑ Yes □ No

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

## 115.13 (b)

## 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higherlevel supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☑ Yes □ No
- Is this policy and practice implemented for night shifts as well as day shifts? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The institution has a mandatory minimum number of security staff that should be present during the day shift and the night shift. Through a memo from the Warden to all shift commanders a specific number of correctional officers has been given and directed that they must have on site during the shift. No deviations from this directive are allowed. The shift commander is responsible for enlisting volunteer off duty CO's to work overtime and if no one volunteers then mandated call-ins are instituted where the employee must come to work even though they have scheduled time off. The auditor saw in the post orders that informs the officer they are not to inform anyone that the supervisor is walking around. Supervisors interviewed informed the auditor that the units are visited randomly and if different orders so that staff do not expect them to walk the yard in a specific order of units.

# Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

## 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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There are no inmates under the age of 18 housed at St. Brides Correctional Center and therefore they meet this standard because there is no need for separation.

# Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

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

# 115.15 (c)

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

## 115.15 (d)

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

#### 115.15 (e)

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ⊠ Yes □ No

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

	Exceeds Standard (Substantially exceeds requirement of standards)	
$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
	Does Not Meet Standard (Requires Corrective Action)	
Instructions for Overall Compliance Determination Narrative		

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

St. Brides Correctional Center is a facility for only male inmates so therefore no female inmates are ever present in the prison. The auditor witnessed during the walk around tour that females were announced when they entered the unit and areas. This was done even if a female employee was already present in the unit. The auditor also reviewed a log where senior staff sign in to show they are making rounds for the purpose of the PREA standards. Random interviews with staff and with inmates confirmed that this announcement practice is done consistently. Interviews with transgender females housed at St. Brides confirmed that they are treated in a professional manner.

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

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

# 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  $\boxtimes$  Yes  $\Box$  No

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

# 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Inmates who are classified as mental health were interviewed by the auditor. The inmates were aware of how to report and they knew that they could go to any of psychologists or request to be seen if they had any issues at the prison. Each inmate interviewed with disabilities or having limited English proficiencies were aware of the seriousness of allegations and that St. Brides wanted them to report. Each inmate interviewed in this category felt that they were safe in this prison environment. There were no blind inmates housed at St. Brides and the hard of hearing inmate interviewed was able to be communicated with and understood the auditor's questions. He was aware of the importance of reporting. The translation phone service is provided if an inmate cannot speak English. All staff new what to do if an inmate came to St. Brides and could not speak or understand English.

# Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☑ Yes □ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  $\boxtimes$  Yes  $\square$  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ⊠ Yes □ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ⊠ Yes □ No

# 115.17 (b)

#### 115.17 (c)

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

#### 115.17 (d)

# 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

#### 115.17 (h)

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the employment application and an interview with the Human Resources Manager at the prison confirmed that all necessary and mandated steps were taken to ensure that the correct people are hired to manage and supervise inmates. It was also confirmed that a background check is done on

all volunteers and any contract employee. The HR manager has authorization to perform background checks using NCIC (National Crime Information Center) database. This is a useful tool because it is nationwide. The auditor also reviewed the policy that informs staff to report any arrests after being hired. This would be for any arrest. The staff are informed that failure to report this information may result in termination. During random interviews with staff they were aware of their duty to report and the consequences they faced if they lied on the application or failed to report.

# Standard 115.18: Upgrades to facilities and technologies

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

## 115.18 (a)

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes 
 No 
 NA

# 115.18 (b)

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

# Auditor Overall Compliance Determination

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

# Instructions for Overall Compliance Determination Narrative

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

No expansions have been done to St. Brides Correctional Center. In an interview with the Director of the Virginia Department of Corrections it was apparent that he has a commitment to use technology afforded him and mirrors to assist the prisons in providing an inmate a safe environment to live. The Director is committed to ensuring that an inmate with the Virginia Department of Corrections is not sexually harassed or sexually abused.

# **RESPONSIVE PLANNING**

# Standard 115.21: Evidence protocol and forensic medical examinations

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

## 115.21 (a)

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

## 115.21 (b)

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

#### 115.21 (c)

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ⊠ Yes □ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ⊠ Yes □ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ⊠ Yes □ No

## 115.21 (d)

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

## 115.21 (e)

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

#### 115.21 (f)

#### 115.21 (g)

• Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

**Exceeds Standard** (Substantially exceeds requirement of standards)

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

#### Instructions for Overall Compliance Determination Narrative

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

Interviews with the investigator from SIU (Special Investigations Unit) who can perform criminal investigations and with the prison investigator assigned to help gather information for administrative investigations proved that the process used to conduct both investigations was in line with the national standard. It is beneficial for St. Brides that the investigators work well together and share information. Investigations were reviewed and were complete containing useful information. Through random interviews with inmates they were aware of the investigator they could go to and how they could contact him. The statewide provider for accompaniment to the hospital explained to the auditor the services that would be afforded the inmate who was transported to the hospital for a sexual assault exam. While interviewing the warden it was brought to the attention of the auditor that the warden and senior staff had visited the hospital where the inmate would be taken for a sexual assault exam and discussed the process with the coordinator.

# Standard 115.22: Policies to ensure referrals of allegations for investigations

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

#### 115.22 (a)

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

#### 115.22 (b)

■ Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ⊠ Yes □ No

- Does the agency document all such referrals? ⊠ Yes □ No

#### 115.22 (c)

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

## 115.22 (d)

• Auditor is not required to audit this provision.

#### 115.22 (e)

Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Investigation Policy and the PREA policy as it relates to investigations and referrals. Through interviews with the Special Investigation Unit investigator and with the prison investigator it was determined that each comply with the intention of the standard that all allegations of sexual harassment or sexual abuse will be investigated. The auditor was informed during interviews of the process to present a case to the local prosecutor to determine if the prosecutor wanted to pursue street charges. The auditor while interviewing the investigator and reviewing files confirmed that all allegations of sexual assault and sexual harassment are documented and investigated.

# TRAINING AND EDUCATION

# Standard 115.31: Employee training

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

## 115.31 (a)

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?
   Xes 
   No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Ves Does No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
   Xes 
   No

# 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the lesson plan for the PREA refresher training and reviewed the documentation providing proof that all had attended the training. Through random interviews with staff it was confirmed that they had taken the training and they understood what they had been taught. Many remember the PREA Jeopardy game that was played to test them on their knowledge retention. Those interviewed also were able to explain to the auditor the importance of the information. A few of the officers interviewed had also recently completed the academy and training and were very well informed of their responsibility when it dealt with a sexual assault or sexual harassment. Employees interviewed were very familiar with the training that focused on signs to look for when observing inmates who might have been sexually abused or are being groomed for sexual abuse.

# Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

■ Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Ves Doe

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The information that is shared and delivered to the volunteers was reviewed by the auditor. All aspects of the standards are covered when presented to the volunteers and there is verification that they have received the information. Through a random selection of volunteers the auditor asked them if they understood the zero tolerance policy and if they understood their role. All were able to inform the auditor what they would do if an inmate presented himself to them as having been sexually assaulted or harassed. The volunteers interviewed felt they had a good relationship with the staff on all shifts and felt they could share information they received with the staff and it would be investigated. No volunteer interviewed when asked had ever been approached by an inmate expressing concerns for sexual safety.

# Standard 115.33: Inmate education

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

# 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ⊠ Yes □ No

## 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

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

#### 115.33 (e)

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

#### 115.33 (f)

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The lesson plan to educate the inmates was reviewed. Also the handouts given to the inmates were reviewed. During the prison tour the auditor witnessed numerous locations where information is shared with inmates on how to report. Interviews with the inmates confirmed that they are aware how they or their family and friends can report sexual assault or harassment. Inmates interviewed feel very safe from sexual assault in this environment. They informed the auditor that they know there are cameras and that staff are watching them. The inmates also believed that in the open barracks style of housing there is less likelihood of being assaulted. In interview with a hard of hearing, not totally deaf, inmate it was clear that the inmate could be communicated with and understood that his safety was important to the prison staff. The PREA Coordinator confirmed that the agency has methods in place to accommodate inmates with a disability. The inmates interviewed also have access and know the mental health workers by name. These workers are very accessible to the inmate population which is helpful in prevention and monitoring. Within 21 days of the inmate's arrival to the unit they meet with their classification worker and another PREA risk assessment is performed. The classification workers have an office in the unit and have an open door policy that is shared with the inmates. This allows

inmates to come to them. The auditor has witnessed the risk assessment process and how it is saved electronically to be reviewed by appropriate staff. This is helpful as the inmate is transferred to another prison within the state system.

# Standard 115.34: Specialized training: Investigations

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

## 115.34 (a)

# 115.34 (b)

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

# 115.34 (c)

# 115.34 (d)

• Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

	]	Exceeds Standard (Substantially exceeds requirement of standards)
$\ge$	3	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative		

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

The auditor reviewed the documentation that the investigator with SIU and the investigator assigned to the PREA cases had taken the NIC course regarding investigations. The auditor is familiar with the National Institute of Corrections course provided for investigators and has also taken and passed the course provided online. Through interviews the auditor learned the SIU investigator has had criminal investigation courses at the state police academy. The investigator receives the same training that is provided to all certified law enforcement in Virginia. The investigator understands how to investigate an allegation to ensure that case can be prosecuted if the prosecutor takes the case.

# Standard 115.35: Specialized training: Medical and mental health care

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

#### 115.35 (a)

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

 Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ⊠ Yes □ No

#### 115.35 (b)

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

## 115.35 (c)

## 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Through reviews of training material it was confirmed that all of the medical staff to include those nurses hired by an employment agency have received the specialized training provided by the National Institute of Corrections on the internet. Also those working as mental health professional have taken and passed the NIC course. Interviews with medical staff and with mental health staff confirmed that they know what to do if an inmate presents themselves as having been sexually assaulted. Medical knew how to preserve the evidence when brought to medical prior to being taken to the hospital that

they have an agreement to perform the sexual assault exam. Medical and Mental health professionals are included in the refresher class required for all employees at the prison.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

# Standard 115.41: Screening for risk of victimization and abusiveness

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

# 115.41 (a)

## 115.41 (b)

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

# 115.41 (c)

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

# 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ⊠ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ⊠ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
   Xes 
   No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
   ☑ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Xes Doo
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ⊠ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ⊠ Yes □ No

# 115.41 (e)

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

# 115.41 (f)

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

# 115.41 (g)

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

## 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The PREA Risk Assessment tool was reviewed. All of the necessary questions are covered. The staff who perform the risk assessment were interviewed. An adequate amount of time is spent with the inmate to gather the information and observe the inmate. Also the location of the classification employee for the unit's office makes it advantageous that they have access to the inmates and can observe their day to day activities. The inmate is formally reassessed after 21 days of being in the prison and at this time if not before the inmate is asked how they are adapting to the living unit and the

prison. The auditor was shown the computer program that alerts the correctional counselor to make sure that a reassessment is done within the 21 days.

# Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

health and safety, and whether a placement would present management or security problems?  $\boxtimes$  Yes  $\square$  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- $\boxtimes$

 $\square$ 

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

#### Instructions for Overall Compliance Determination Narrative

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

The policy that addresses transgender was reviewed. It is in the agency policy that the placement of the transgender will be done on a case by case basis. There is no designated facility or unit for transgender females at St. Brides Correctional Center. In interviews with transgender females housed at St. Brides the inmates commented on their access to the mental health staff when they had concerns or needs. The inmates also said that classification counselors and unit managers were accessible to them. These inmates are reviewed more than every 6 months informally but formally every 6 months. Once the transgender is placed in a living unit the classification counselor, unit manager and mental health work as a team to make sure this inmate is safe from sexual assault and sexual harassment.

# Standard 115.43: Protective Custody

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

## 115.43 (a)

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

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

St. Brides use of restrictive housing is limited and short term. The commitment by the warden to correct the behavior of the inmate while in corrective housing was evident when interviewing the warden and staff. The auditor also interviewed an inmate, not involved in a sexual assault, housed in the restrictive housing unit (RHU) to learn what they had access to when placed there. The use of restrictive housing to only separate an inmate from the general population is not done at St. Brides. With the step down approach and using levels within restrictive housing it is apparent that prison is committed to not using restrictive housing for punitive measures or for separation.

# REPORTING

# Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does that private entity or office allow the inmate to remain anonymous upon request?
   ☑ Yes □ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ⊠ Yes □ No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

There is a number for inmates to call and it only requires 3 keypad punches. This number is publicized throughout the prison. There is a mailing address that is also published throughout the prison for the inmates to write to for third party reporting. Interviews with the inmates revealed that they knew the different ways to report sexual harassment or sexual assault. These reporting methods are printed in the inmate handbook and in handouts that inmates receive. Interviews with the staff confirmed that they know how to report if they chose not to tell anyone at the prison. Many conveyed to the auditor that they felt close as a correctional team and would share any information. There is a sign up inside the prison that says, "See something, say something" and this is followed by the staff. Staff believe that all allegations of sexual assault and sexual harassment will be investigated and taken seriously.

# Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA

#### 115.52 (e)

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
   ☑ Yes □ No □ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
   Xes 

   No
   NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
   ☑ Yes □ No □ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

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

#### Instructions for Overall Compliance Determination Narrative

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

This standard is in the Agency PREA policy and is in place but during interviews with the PREA Compliance Manager and with other staff it was learned that if a grievance is filed regarding any sexual assault or harassment claim it is immediately given to the PREA Compliance Manager and the allegation is investigated. The inmate is then given the outcome of the investigation once it is closed. In interviews with staff they are aware of the seriousness of allegations. There is an active grievance system but as it relates to sexual assault and harassment it is merely the avenue to share and report the information and allegation.

## Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? □ Yes ⊠ No

#### 115.53 (b)

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

#### 115.53 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency to include St. Brides Correctional Center has entered into an agreement with the Virginia Sexual and Domestic Violence Action Alliance. Through the statewide number that has operators 24 hours a day on line an inmate within a Virginia state prison can received confidential support services. The auditor called the three digit number to be connected with a victim advocate. The auditor questioned the person on the phone to learn what they provided and what they shared with the inmate. The inmate is told that this is not a reporting line. They are told that this is a line for confidential support. The auditor interviewed the statewide hotline manager for this organization and sent information that is sent to the inmates to assist them. Inmates call the same 3 numbers for reporting but to gain access to the support services they must choose option #2. At the time of this audit the inmate phone provider is up for review but it is recommended that a new 3 digit number be established for confidential support services.

# Standard 115.54: Third-party reporting

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

#### 115.54 (a)

 Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ⊠ Yes □ No 

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Reporting information is on the agency webpage for the public and inmate friends and relatives to see. It is also published in posters and placed in the visitation room for inmates and for visitors to see during their visitation time. Reporting mechanisms are also in the inmate handbook that all inmates receive as well as a pamphlet on PREA given to every inmate upon their arrival at St. Brides Correctional Center.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

# Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  $\boxtimes$  Yes  $\square$  No

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
   ☑ Yes □ No

#### 115.61 (d)

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

#### 115.61 (e)

 Does the facility report all allegations of sexual abuse and sexual harassment, including thirdparty and anonymous reports, to the facility's designated investigators? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The staff have been instructed to report all allegations that they become aware of. This directive is in policy and is reiterated in all training to staff. During interviews with random staff they all knew the

seriousness of reporting anything they learned or observed and the Agency's zero tolerance to sexual assault and harassment.

# Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This directive is in place in the policy and the PREA Compliance Manager along with the Investigator are to ensure that is inmate is safe. Interviews with the PREA Compliance manager and PREA investigator confirmed their responsibilities.

# Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

#### 115.63 (c)

• Does the agency document that it has provided such notification?  $\boxtimes$  Yes  $\Box$  No

#### 115.63 (d)

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does No
  - Does Not Meet Standard (Requires Corrective Action)

#### Instructions for Overall Compliance Determination Narrative

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

Formal notifications are made via email to facilities within the Virginia Department of Corrections and to the Agency PREA Coordinator. In an interview with the Warden she related to me that she would also call her fellow warden within the state prison to make sure they were aware of this allegation and email so that correctional center could immediately begin their investigation. If it is a prison out of the state or a local detention center then a letter from the Warden is sent to that prison warden providing as much information as they have available from the inmate.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

 Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 ☑ Yes □ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ⊠ Yes □ No

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

All staff at St. Brides Correctional Center, security and non-security staff, are trained on what to do if they are the first responders. There are no designated first responders on a shift. Each person that is available responds when the call goes out over the radio. This is shared in the training with all the staff and confirmed when an interview of the institutional trainer was done. The process of separating the inmates and protecting the evidence is gone over many times in shift briefings and in training. During random interviews with staff it was made clear that they know their responsibility.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

An institutional plan has been developed and Medical, Mental Health, Investigations and security staff that are working at the time of the assault respond in accordance with their roles. In interviews with each area they were able to explain their role when responding at an alleged assault. Because they have not had any reason to respond at St. Brides this is done as a table top exercise but all clearly understand the importance of their role and the need to work together.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

• Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Virginia Department of Corrections does not have unions so this standard does not apply. They meet the standard because they do not have to make arrangements with a union when dealing with staff.

# Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

• Auditor is not required to audit this provision.

#### **Auditor Overall Compliance Determination**

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

#### Instructions for Overall Compliance Determination Narrative

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

The PREA Investigator and the PREA Compliance Manager are responsible for monitoring possible retaliation of the inmate. The investigator would know if any changes have been brought up against the inmate following his participation in the investigation. If staff felt like they were being retaliated against by their supervisor they would report to the human resources manager. No instance like this has occurred at St. Brides Correctional Center but interviews with all three individuals confirmed to the auditor that they know what to do and how it should be handled.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### **Auditor Overall Compliance Determination**



**Exceeds Standard** (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

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

#### Instructions for Overall Compliance Determination Narrative

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

This is mentioned in the PREA policy but it is the intention of the institution to never use segregated housing for someone who has brought to the attention of staff that they have been assaulted or are in fear of being assaulted. In interviews with random staff, unit managers, classification correctional counselors it is clear that all attempts would be made to move the inmate when they feel they are threatened. In the open barracks design of the unit the staff can monitor the activity within the unit.

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

#### 115.71 (c)

 Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ⊠ Yes □ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
   ☑ Yes □ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ⊠ Yes □ No

#### 115.71 (d)

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

• Auditor is not required to audit this provision.

#### 115.71 (I)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

An interview with the Special Investigator Unit confirmed that the investigation regarding sexual assault of sexual harassment is done thoroughly just as an investigation would be done on the street. The auditor confirmed with the investigators that the gathering of documentation and evidence is paramount to developing a good case. A case that is found to have been substantiated is turned over to the prosecutor. There is no guarantee that the case will be prosecuted but the SIU investigator proceeds as if it would be.

# Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Interviewed the Intelligence Officer that heads up all PREA investigations. This employee has taken a week long training on investigative techniques that can be used when investigating within a confined prison setting. In this week long class there is a focus on evidence collection, investigative techniques and writing an incident report. The auditor reviewed investigations and interviewed the investigator about these cases.

# Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

## 115.73 (d)

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

#### 115.73 (e)

■ Does the agency document all such notifications or attempted notifications? ⊠ Yes □ No

#### 115.73 (f)

• Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination



**Exceeds Standard** (Substantially exceeds requirement of standards)



**Meets Standard** (Substantial compliance; complies in all material ways with the standard for the relevant review period)

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

#### Instructions for Overall Compliance Determination Narrative

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

The inmate receives a letter from the PREA Compliance Manager informing them the outcome of the investigation. The agency PREA policy dictates that this standard must be adhered to and the auditor has seen samples of letters/notifications provided to inmates following the outcome of the case.

# DISCIPLINE

# Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The human resources manager was interviewed and it was confirmed that all staff are reported to their licensing body if they are terminated for inappropriate relationships with an inmate even if sexual relations could not be proven. When the institution receives written notification that a past employee has authorized to provide information on pas employment the institution would report that the employee resigned while under investigation or that the employee was terminated due to misconduct in office.

# Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ⊠ Yes □ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ⊠ Yes □ No

115.77 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Reviewing the policy and procedure a volunteer or contractor would be disciplined in the same manner that it would be investigated if it was an employee. Volunteers have been told and trained to avoid personal relationships with inmates. The volunteer or contractor would not be allowed back into the prison during the investigation and could lose all of their volunteer privileges.

# **Standard 115.78: Disciplinary sanctions for inmates**

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

#### 115.78 (a)

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This standard is clearly spelled out in the PREA policy and it is adhered to. This was learned during an interview with mental health. Mental health performs an evaluation of the inmate prior to any

disciplinary hearing. The disciplinary system is used for order and control but not intended to prohibit reporting of sexual assault or sexual harassment allegations.

# MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination



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

#### Instructions for Overall Compliance Determination Narrative

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

In interviews with mental health staff and with the medical staff it is evident that these staff see a large percentage of the inmate population at St. Brides. The information that they receive has limited accessibility by other staff but it is used for housing placement and to offer appropriate services for the inmate population.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

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

#### 115.82 (b)

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

115.82 (c)

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Inmates at St. Brides Correctional Center would be transported to Chesapeake Regional Medical Center to have a sexual assault exam performed. The Chesapeake Regional medical center is closer to the prison and requires less travel for the officers and the inmate. The Warden during the interview informed the auditor that she and her senior staff had met with the hospital and those who would perform the Sexual Assault exam should they need to bring an inmate for a sexual assault exam. The inmate would be afforded the same sexual assault exam that anyone would receive if they walked in and informed the hospital that they had been sexually assaulted.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

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

#### 115.83 (c)

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

#### 115.83 (g)

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

#### 115.83 (h)

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

#### **Auditor Overall Compliance Determination**



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

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

#### Instructions for Overall Compliance Determination Narrative

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The mental health staff at St. Brides are very accessible to the inmate population. The inmates interviewed were aware that they could request to speak to one of the mental health staff. Medical also has a good relationship with mental health and if they felt an inmate needs to be referred to them they would inform mental health. During the tour of the facility while walking with mental health the inmates were not surprised to see them on the unit. This showed the auditor that the mental health staff are very engaged with this inmate population.

# DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
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- **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Incident reviews were read by the auditor. Interviews with different staff who participate in the incident reviews were made and during these interviews it was determined that all of the necessary information is discussed to formulate a plan if to prevent the incident of from reoccurring. All of the staff involved understand the purpose and importance of the incident review to be done when a case is found to be substantiated or unsubstantiated.

# Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

#### 115.87 (f)

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

 NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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There is coordination between the agency PREA Coordinator and the three PREA analysts to ensure that all data is collected and stored from St. Brides and all of the Virginia Department of Corrections facilities.

# Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

#### Auditor Overall Compliance Determination

	]	Exceeds Standard (Substantially exceeds requirement of standards)
$\boxtimes$	]	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
	]	Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative		

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The PREA Coordinator and the three PREA Analysts are in constant communication with the state prisons and review all of the data received from the institutions. They also include the Warden in the conversation when it has occurred at their prison. This information is available.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

#### 115.89 (c)

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

115.89 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Viewing and reading the agency website confirms that the necessary information is available to the public.

# AUDITING AND CORRECTIVE ACTION

# Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

#### 115.401 (h)

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

#### 115.401 (i)

#### 115.401 (m)

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

#### 115.401 (n)

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The auditor toured all areas of the prison. The auditor was provided policies and procedures to review prior to arrival to the prison. The auditor was provided all additional information and documentation upon request. The prison published the notification sent by the auditor and the auditor received correspondence from inmates prior to the onsite visit.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This information is provided on the Virginia Department of Corrections webpage.

# AUDITOR CERTIFICATION

I certify that:

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

# **Auditor Instructions:**

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

John Barkley

**Auditor Signature** 

January 4, 2018

Date

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

<sup>&</sup>lt;sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69. PREA Audit Report Page 74 of 74