

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: June 21, 2017

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| Auditor Information | | | |
| Auditor name: Bobbi Pohlman-Rodgers | | | |
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| Email: bobbi.pohlman@us.g4s.com | | | |
| Telephone number: 954-818-5131 | | | |
| Date of facility visit: May 22 – 23, 2017 | | | |
| Facility Information | | | |
| Facility name: Sussex I State Prison | | | |
| Facility physical address: 24414 Musselwhite Drive, Waverly, VA 23891-2222 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 804-834-9967 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Warden David W. Zook | | | |
| Number of staff assigned to the facility in the last 12 months: 290 security/72 non-security | | | |
| Designed facility capacity: 1227 | | | |
| Current population of facility: 1133 | | | |
| Facility security levels/inmate custody levels: Security Level 4 and 5 | | | |
| Age range of the population: 18-84 | | | |
| Name of PREA Compliance Manager: Harvey Spencer | | Title: Agency Management Analyst | |
| Email address: Harvey.spencer@badoc.virginia.gov | | Telephone number: 804-834-1480 | |
| Agency Information | | | |
| Name of agency: Virginia Department of Corrections | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 6900 Atmore Drive, Richmond, VA 23225 | | | |
| Mailing address: <i>(if different from above)</i> PO Box 26963, Richmond, VA 23261-6369 | | | |
| Telephone number: 804-674-3119 | | | |
| Agency Chief Executive Officer | | | |
| Name: Harold Clarke | | Title: Director | |
| Email address: Harold.clarke@vadoc.virginia.gov | | Telephone number: 804-887-8081 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Rose Durbin | | Title: PREA/ADA Supervisor | |
| Email address: rose.durbin@vadoc.virginia.gov | | Telephone number: 804-887-7921 | |

AUDIT FINDINGS

NARRATIVE

The Virginia Department of Corrections contracted with G4S Youth Services, LLC to conduct a PREA audit Sussex I State Prison. DOJ Certified auditor Bobbi Pohlman-Rodgers, Sr. Director of JJDA/PREA Compliance, was the identified auditor for this facility.

The facility was provided PREA audit notices to be posted where both staff and offenders could view the information. These were sent to the facility to be posted no later than April 10, 2017, which was 6 weeks prior to the audit. The facility provided a flash drive with required information and the Pre-audit Questionnaire prior to April 24, 2017. The auditor took time to review the material and contacted the facility prior to arrival with a list of documents that were to be prepared for viewing, including inmate rosters by housing unit, staff schedules for both shifts for the two (2) days on-site, a list of inmates identifying those with disabilities, Limited English proficiencies, LGBTI status, those with current allegations and prior reports of victimization. Additionally, the auditor provided an additional list of items needed on the first day of the audit.

The audit began at 8:00 A.M. on May 22, 2017 with a meeting between the auditor and Warden Zook, ADA/Agency PREA Coordinator Durbin, Eastern Region PREA Analyst Long, Assistant Warden White, AMA/PREA Compliance Manager Spencer, Operations Manager Adams, Health Administrator Antorn, Hearing Officer Leabough, Administrative Lieutenant McDonald, Investigator Isaac, Key Control Officer Jones, Sr. Counselor VanCampen, and three (3) Unit Managers. The auditor introduced herself and presented a tentative schedule for the two (2) day on-site audit.

After the entrance meeting, the auditor reviewed all documents requested and selected the following specialized staff for interview: Upper Level Management staff, Medical Staff, Mental Health Staff, Human Resource staff, Contractor, Investigator, Risk Screener, Restricted Housing Staff, Incident Review Team staff, Retaliation Monitor, First Responder/Security Staff, Intake Staff, Sr. Counselor, and Training Staff. The auditor also interviewed the Warden and PREA Compliance Manager. Both the Agency Head and Agency PREA Coordinator interviews were received from a DOJ Certified PREA Auditor prior to the start of the audit. The auditor then randomly selected ten (10) staff for interviews. The auditor reviewed the requested lists of unique offenders and selected seventeen (17) offenders for interview that included one (1) disabled offender, one (1) offender with a current allegation, one (1) death row inmate, two (2) restricted housing inmates, and one (1) inmate who reported being LGBTI.

A tour of the facility followed the selection of interviewees. There are four (4) buildings to the facility. The Administration Building is outside the secure area and provides access to the secure area. Within the secure area is a Support Building and two (2) housing units. The auditor was provided a complete tour of the facility which included all housing units, education, medical, mental health, visitation, offices, treatment hallway, gymnasium, vocational training, kitchen, staff dining, inmate dining, commissary, laundry, master control, and the security hallway. The building all connected through the Boulevard, which contains four (4) recreation yards. There are also two (2) separate restricted housing exercise yards.

Following the tour, the auditor began the interview process. The interviews continued into the late evening. The second day of the audit began early and ran into the later afternoon with the remaining interviews.

DESCRIPTION OF FACILITY CHARACTERISTICS

Sussex I State Prison is located in Waverly, within the county limits of Sussex, Virginia. The facility was opened in May 1998, and is located adjacent to Sussex II State Prison. This facility provides maximum security levels 4 and 5. Death row was moved from Mecklenburg Correctional Center in 1998 to Sussex I State Prison.

Sussex I State Prisons offers education and vocational training along with treatment programming. Education includes GED and the BOOK Program. Vocational classes include Dental Lab, Painting and Drywall, and Custodial Maintenance. Treatment programming includes Thinking for a Change, Anger Management, Substance Abuse (Matrix), PREPS – Preventing Recidivism by Educating for Parole Success, Ready to Work and Resources for Successful Living.

The auditor noticed signs posted “See Something/Say Something”, which is a newer program at Virginia prisons. Both offenders and staff are encouraged to report any misconduct, including sexual abuse or sexual harassment. The Agency has reported that this has been an effective system.

There are 2 buildings used for housing offenders. The buildings hold two (2) units each. Each unit is two levels providing four (4) housing units each. These are Units 1A, 1B, 1C, 1D, 2A, 2B, 2C, 2D, 3A, 3B, 3C, 3D, 4A, 4B, 4C, and 4D. Each of these is two tiered and all cells are centered around a large day room. With the exception of Housing Unit 5, Death Row, and Restricted Housing, all cells are double bunked. There is also a housing Unit 5 which contains 12 cells. All cells contain a sink and toilet. Showers are available in each unit.

It was noted that the Pre-Audit Notice, PREA reporting information and outside support services information was posted in each unit. Each unit also provides 4-6 phones for inmate use. All other areas of the facility provide sight supervision through windows and cameras.

The auditor noted the following areas where privacy for the inmate was not well provided: all showers in the housing units, vocational bathrooms (drywall, flooring and dental lab) and the gymnasium (3 bathrooms).

Access to mechanical rooms, electrical rooms, telephone rooms are limited to maintenance staff and the yard officer.

The auditor noted on the tour that female staff were announced by staff. Interviews and logbook checks confirmed that this is a normal practice at the facility.

SUMMARY OF AUDIT FINDINGS

Upon completion of the tour and upon discussion with the Agency PREA Coordinator and Eastern Region PREA Analyst, the exit was delayed pending the arrival of regional staff. The exit meeting included the Warden, Assistant Warden, PREA Compliance Manager, Agency PREA Coordinator, Corrections Operations Administrator, Regional Administrator, and the Regional Operations Chief. Discussion in the exit meeting addressed the areas found non-compliant with PREA standards. A plan of action was discussed.

At the conclusion of the on-site audit, the auditor identified challenges in the following standards: 115.13, 115.15, 115.16, 115.21, 115.33, 115.41, 115.42, 115.61, 115.64, 115.67, and 115.81. These were discussed with the leadership and the facility was given a date whereby any further information requested to be considered was to be provided.

Prior to the writing of this report, the facility made feature changes to all showers and bathrooms where privacy was not ensured, enacted procedures to ensure compliance with PREA standards, and conducted training with all staff and inmates. Proof of training and education was provided through staff and/or inmate signature. Photographs of the showers and bathrooms were provided as well.

On June 16, 2016, the auditor returned to the program to review the changes completed due to identified privacy issues – showers and bathrooms. This was conducted by a random review of four (4) pods, and a visit to gymnasium, dental lab and flooring vocational areas. Additionally, the auditor conducted brief interviews with five (5) random inmates to verify PREA educational training that was provided in response to the lack of PREA education for inmates, and with three (3) inmates who are required to be monitored for retaliation.

After a review of the additional supplemental documents provided by the facility, this auditor has determined Sussex I State Prison is compliance with all standards of the Prison Rape Elimination Act.

A sincere thank you goes to the administration at Sussex I State Prison for their positive attitude throughout the audit and during the weeks that followed. Special thanks to Assistant Warden White and Investigator Isaacs who stayed late in order to escort the auditor on her return trip.

Number of standards exceeded: 3

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): This policy outlines the implementation of the Agency's approach to preventing, detection, and responding to sexual abuse and sexual harassment. DOC prohibits and will not tolerate any fraternization or sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operating procedure.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): The Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment.

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): Addresses the rules of conduct between employees and inmates and defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions.

Harvey Spencer, Agency Management Analyst, serves as the PREA Compliance Manager. He is identified within the Agency list of PREA Compliance Managers. He services as the facility Agency Management Analyst, who is responsible for policy reviews, appeals, legal visits and death row issues. He has been in the position as the PREA Compliance Manager for three (3) months. He reports directly to the Operations Manager, who reports directly to the Warden. He reports that approximately 25% of his time is devoted to PREA compliance activities. His Employee Work Profile was updated to include the core responsibility to coordinate the facility's PREA efforts in conjunction with the requirements of the PREA standards as directed by the unit head or designee. Measures for the core responsibilities include maintaining necessary documentation of all PREA standard compliance efforts, acting as the primary facility contact for the PREA Analyst in coordinating compliance, ensuring compliance with all PREA related departmental, ACA and/or governing authorities policies/procedures, and providing regular feedback to the Unit Head and Regional PREA Analyst concerning policies, procedures, or practices that are not in compliance with the PREA standards. He is also required to model professional behaviors with all staff levers as well as with offenders and to be committed to improving the environment and outcomes of the facility. He reports that he coordinates the facility's efforts through training of all staff, conducting tours and unannounced rounds, and meeting with each inmate individually and introducing himself in order to allow inmates access to reporting any issues. When addressing an issue with PREA compliance, he contacts the Regional PREA Analyst for discussion and feedback. In various discussions throughout the two (2) day on-site audit, the auditor found that he was well versed in his duties and takes his duties seriously.

LaWanda Long is the Eastern Regional PREA Analyst. She is responsible for coordinating the facilities/regions comprehensive PREA response including technical and administrative guidance, creation of supporting policies and practices, design and modification of training, programming, investigation and analysis and interpretation relative to PREA implementation, compliance and investigation. She crafts and orchestrates strategies to ensure appropriate environments/cultures, and enforcement of policies, procedures, practices and standards for the prevention, detention and reduction of prison rape; ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance.

Rose Durbin is the Agency-wide PREA Coordinator. She has the responsibility for 41 facility PREA Compliance Managers. She has the assistance of two (2) PREA Analysts and a PREA Hotline Coordinator. She reports directly to the Operations Manager Support. Under the direction of the Corrections Operations Administrator, Ms. Durbin manages the activities of the Prison Rape Elimination Act (PREA) and American with Disabilities Act (ADA) Unit of the Department of Corrections. This supervision includes 2 PREA Analysts and a PREA Hotline coordinator. The position services as supervisor of the PREA/ADA Unit. Support of assigned unit includes personnel management and support and management of activities in support of all operations objectives. This position has overall responsibility for developing, implementing, and overseeing the Department's program to comply with PREA and ADA initiatives.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determined the facility exceeds the standard, in that there is a PREA/ADA Unit with 3 staff within the Agency and the facility has a designated PREA Compliance Manager as well as a Regional PREA Analyst who provides guidance and assistance.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): This policy requires that facilities and jails that contract for the confinement of DOC offenders shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with PREA standards.

PROCUREMENT OF GOODS AND SERVICES, Operating Procedure 260.01 (rev 2016): Requires that all contracts for the confinement of DOC offenders shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with PREA standards. Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with PREA standards have failed, the DOC may enter into a contract with any entity that fails to comply with these standards. In such cases, all unsuccessful attempts to find an entity in compliance with standards must be documented.

Sussex I State Prison does not contract directly with any outside entity for the confinement of its DOC offenders; however the Agency contracts with GEO Group, Inc. for the running of Lawrenceville Correctional Center. The last contract amendment was in February 2017. The amendment in 2013 added a requirement for the contracted agency to adapt and comply with PREA standards, as well as requires the state agency to monitor for PREA Compliance.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.13 Supervision and monitoring

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

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

SECURITY STAFFING, Operating Procedures 401.2 (rev 2017): Requires each facility must develop and document a staffing plan that addresses all 11 categories as identified in the PREA standard. The facility must also make its best efforts to comply on a regular basis with the staffing plan to provide adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse. Deviations from the staffing plan are required to be documented and justified. An annual review of the existing staffing plan and all post audits are required to be completed by January 31 of each calendar year, or more frequently as needed. Comprehensive written explanations for why a facility is not staffing to plan or staffing to post audits are required to be provided to the Regional Operations Chief for review and forwarded to the Regional PREA Analyst.

DEVELOPMENT AND MAINTENANCE OF POST ORDERS, Operating Procedure 401.1 (rev 2016): Requires that unannounced rounds

shall be conducted by a person that is of the rank of Lieutenant of higher and must be conducted intermittently during the month and must be conducted on both night and day shifts. Supervisors are prohibited from notifying staff of unannounced rounds. Staff assigned to any post is prohibited from alerting other employees that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

ADMINISTRATIVE DUTY COVERAGE, Operative Procedure 401.3 (rev 2015): Requires documented unannounced rounds to identify and deter staff sexual abuse and sexual harassment, and requires these to be conducted intermittently during the month and can be scheduled as part of the 14 hour clock.

The facility staffing plan shows that there are currently 338 positions, of which 307 are currently filled. A review of the staffing plan on March 15, 2017 by Warden Zook addresses all of the required factors as per the PREA standards and was reviewed and approved by the Agency-wide PREA Coordinator on March 23, 2017. Noted in the review is a plan that addresses the vacancies and four (4) officers on short-term disability. The review also documents an additional need for cameras in certain areas.

In an interview with the Warden, he reported that he is now down 62 positions and 56% of his current staff is female. They utilize close post positions and request voluntary overtime to cover the staffing posts before utilizing a draft of staff.

Each deviation from the schedule contains a leave code. Deviations of the staffing plan are noted on the Daily Duty Roster and these are reviewed by the Warden daily. Deviations are identified by code and include: Annual Leave, Comp Time, Civil Work Related, Educational Leave, Family/Personal Leave, Military Leave, Public Health Emergency Leave, Recognition leave, School Assistance & Volunteer Services Leave, Sick Family Leave, Sick Personal Leave, Short Term Disability Leave, Training, Workers Compensation Leave, and Leave without Pay. The Warden reports he reviews the Daily Duty Roster each shift to ensure appropriate staffing.

Each housing unit contains a PREA Logbook, where unannounced rounds are documented, including the signature of the person conducting the rounds, the date and time. A review of samples provided by the facility of random dates and random housing units shows that unannounced rounds are conducted quarterly by a Lieutenant or higher. Additionally, other staff – Sergeant and Unit Manager - may also conduct unannounced rounds and these are documented as well. Staff confirm that rounds are conducted hourly in all areas in addition to the unannounced rounds. In May 2017, the facility implemented the PREA Logbook which has been added to all housing areas and allows for the documentation of “Female on the Floor” or “Unannounced PREA Rounds”. A sample of the log was provided with unannounced rounds documented by the Captain or Lieutenant.

However, it was discovered that there was little documentation of unannounced rounds in other areas of the facility, more specifically was the main hallway to the Services Building that allows access to a variety of areas including the commissary. The facility immediately responded to the concern by instituting a logbook that requires daily checks to the access hallway leading from the loading dock to the commissary, laundry, and kitchen, and such checks shall be documented. The Warden implemented this logbook on May 23, 2017.

There are 263 cameras in the facility of which the Watch Commander, Administrative Duty Officers, Warden, Operations Manager, Chief of Housing/Programming, Assistant Warden, and the Chief of Security have access. Each DVR has the capability of maintaining video for 30-90 days, depending on the activity in the area. A review of the cameras found that none of these cameras capture areas where inmates may be toileting, showering, changing clothing, or being searched.

Based on the information discovered in the agency policies, observations, updated information provided after the on-site audit and before this report, information obtained through staff and inmate interviews, and the Warden’s response to the auditors concerns, the auditor has determine the facility meets the requirements of the standard.

Standard 115.14 Youthful inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Addresses the housing and supervision of youthful offenders for the Agency. Youthful offenders shall not be placed in housing units in which they have sight, sound or physical contact with any adult inmates through the use of a shared dayroom or other common space, shower area, or sleeping quarters. Direct supervision must be maintained by facility staff when a youthful inmate is within sight, sound, or physical contact with an adult offender.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Defines a youthful inmates as a person under the age 18 who has been convicted as an adult. This procedure documents that the Department of Corrections has specialized housing arrangements for youthful inmates that meet the requirements of this standard, and that all youthful inmates shall be assigned to the specialized unit, unless this assignment would create a risk to the safe, secure, and orderly operation of the institution. This also allows for the removal of a youthful inmate to a Special Housing unit due to exigent circumstances.

Memo from Warden Zook, dated March 13, 2017, states that Sussex I State Prison does not house youthful offenders.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the standard is not applicable to this facility.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

EMPLOYEE, VISITOR, AND OFFENDER SEARCHES, Operating Procedure 445.1 (rev 2015): Requires strip searches to be conducted by trained DOC employees of the same gender as the offender being searched, unless there is an immediate threat to the safe, secure, and orderly operation of the facility and there is no other available alternative. Searches by cross gender staff must be approved prior to the search with notification made to the Administrative Duty Officer and the Regional PREA Analyst, and a completed Internal Incident Report must be submitted. Transgender and intersex offenders expressing a preference regarding the gender of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review. Only a medical practitioner may conduct probes of the body cavities of an offender, and this must be authorized by the Facility Unit Head or Administrative Duty Officer and must be documented in a completed Internal Incident Report. Requires that only female staff can conduct a frisk search of female inmates. Male inmates may conduct a frisk search of female offenders only where there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative, approval has been granted by the Shift Commander prior to the search, notification is made to the Administrative Duty Officer and the Regional PREA Analyst and an Internal Incident Report is submitted. Access to regularly available programming or other out of cell opportunities for female offenders shall not be restricted in order to comply with this requirement.

The facility does not conduct cross-gender visual body cavity searches or strip searches, except in exigent circumstances, and must be authorized prior to the search. Any visual body cavity search is conducted by medical staff. No staff reported conducting a cross-gender strip or visual cavity search. All cross-gender searches are required to be documented in an Internal Incident Report.

DEVELOPMENT AND MAINTENANCE OF POST ORDERS, Operating Procedure 401.1 (rev 2016): Requires that staff of the opposite gender must announce their presence when entering into an offender housing unit.

SECURITY STAFFING, Operating Procedures 401.2 (rev 2017): Requires that offenders shall be permitted 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 incident to routine cell checks. Also requires that opposite gender staff shall announce their presence when entering an offender housing unit and must document the announcement in the logbook.

Interviews with both inmates and staff found that the female staff make an announcement when entering the housing areas. Documentation shows that all females entering the housing units are documented in the unit logbook.

FACILITY PHYSICAL PLANT AND SANITATION, Operating Procedure 801.1 (rev 2015): Requires that facility procedures and practices enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

MEDICAL SCREENING, CLASSIFICATION, AND LEVELS OF CARE, Operating Procedure 720.2 (rev 2015): Requires that if a transgender or intersex offender's genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if necessary, by learning this information as part of a broader medical examination conducted in private.

The Virginia Department of Corrections provides search training to all staff through Institutional In-Service Training. Samples provided show that "Searches & Restraints" is a normal part of the in-service training that are required to complete annually. Staff interviews found that the majority of staff knew the agency policy regarding the searching of transgender and intersex inmates, however, some were unclear.

The Agency PREA Coordinator issued a memo shortly after the audit to the Warden to reiterate that any transgender or intersex offender that has an approved strip search deviation shall be strip searched by corrections staff of the same gender as the offender. The PREA Unit and Policy and Initiatives are currently working on a policy revisions. Changes include the allowance of an inmate to request a deviation to the normal strip search process, entry of same into CORIS, referral to the Treatment Team for consideration and approval, and notification of the Institutional Program Manager and Chief of Security. The PREA Compliance Manager is required to then maintain a list of all transgender and intersex offenders with an approved deviation request.

There are 135 cameras in the facility of which only a selected number of administrative staff have access. Video is captured for 30-90 days depending on the activity in the area and the DVR that is in use.

There were numerous areas identified during the tour that did not provide privacy from cross gender viewing. These areas included the Isolation Shower, Housing Unit 5 Shower window, Gate house strip search areas and cells, all showers in Housing Units 1-4 (upper and lower), and the bathroom windows in the gymnasium, dental lab, dry wall classroom, and flooring classroom. During a walk through on June 16, 2017, the auditor found that all areas were rectified and now inmates are provided privacy from cross gender staff, except during mandatory count times.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, follow-up by the facility, and a second site visit by the auditor, the auditor has determine the facility meets the requirements of the standard.

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

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders with disabilities and who are Limited English Proficient 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. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with offenders disabilities, including offenders who have intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient. The policy prohibits the use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-responder duties, or the investigation of the offender's allegations.

The Agency has entered into a contract with Purple Communications, Inc. on October 31, 2016 for services of Sign Language Translation and Video Remote Interpreting Services. This is in effect for one (1) year with renewable options. The Agency has used Purple Communications, Inc. since 2011.

The Agency has entered into a contract with Optimal Phone Interpreters, Inc. on November 13, 2015 for services of language interpretation services. A renewal was issued in November of 2016 for another year. Prior to this, the Agency had a contract with Vernacular Language Services from 2014 –2015.

The Agency has created a PREA Brochure for the purposes of educating offenders on Prison Rape Elimination Act, which includes information on suspicious behavior, reporting, prevention strategies, making false claims, sexual misconduct definitions, and retaliation. This Brochure is available in English and Spanish (the most common non-English language in the Agency). The Agency has also translated the PREA Brochure into Braille through the services of their Enterprises division at Fluvanna Correctional Center for Women. This is available upon request of any facility.

Staff report that all new offenders receive PREA information at intake. While a variety of services are available for offenders who have disabilities or are limited English proficient, staff interviews found that there is no system to determine any disabilities or limited English proficiency of offenders at intake. During an interview with an offender with a hearing disability, he received information that he was able to read but staff did not know he had a hearing disability.

Prior to the writing of this report, the facility conducted training for all counselors that addresses the need to ensure that inmates are able to understand the material being presented, and to provide the information in a manner that is understood by the inmate.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and follow-up by the facility, the auditor has determine the facility meets the requirements of the standard.

Standard 115.17 Hiring and promotion decisions

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

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

RECRUITMENT, SELECTION, AND APPOINTMENT, Operating Procedure 102.2 (rev 2015): States that the Department of Corrections shall not hire or promote anyone for a position that may have offender contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or civilly or administratively adjudicates to have engaged 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. The Department of Corrections shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders. The Department of Corrections must ask all applicants and employees who may have contact with offenders directly about previous misconduct noted above in written applications or interviews for hiring or promotions.

PROCUREMENT OF GOODS AND SERVICES, Operating Procedure 260.01 (rev 2016): States that the Department of Corrections shall not hire any contactor that may have offender contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or civilly or administratively adjudicates to have engaged 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. The Department of Corrections shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders.

BACKGROUND INVESTIGATION PROGRAM, Operating Procedure 102.3 (rev 2014): Requires that a criminal background shall be conducted before hiring new employees who may have contact with offenders, and will 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 allegations of sexual abuse. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with offenders. Requires that a criminal background records check is completed at least every five (5) years for current employees and contractors, and annually for sensitive specialist assignments.

LITIGATION, Operating Procedure 040.1 (rev 2015): Requires an employee charged, or convicted, with a criminal offense either on or off the job or a moving traffic violation that occurs on or off the job or in a state vehicle, shall inform their organizational unit head immediate if received during normal working hours, or the next work day if received during non-working hours. Employees who have been charged or found liable in a civil or disciplinary proceeding to have engaged or attempted to engage in sexual activity by force (overt or implied threat of force, coercion, or if the victim did not consent or was unable to consent) shall inform their organizations unit head immediate if received during normal working hours or the next working day if received during non-working hours. All notifications shall be documented on a Criminal Offense/Moving Traffic Violation Notification. Failure to report or material omissions regarding charges convictions of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent) in the community, or charged or found liable in a civil or administrative proceeding for sexual activity by force shall be grounds for termination.

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): States that material omissions regarding convictions or charges of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent), civil or administrative adjudication for sexual activity by force shall be grounds for termination.

EMPLOYEE PERFORMANCE MANAGEMENT, Operating Procedure 145.2 (rev 2013): Requires that each employee shall be required to annually complete Section I of the Employee Self-Assessment to document a response to the following questions: Have you ever engaged or attempted to engage in sexual abuse in an institutional setting; for example, prison, jail or juvenile facility? Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described above)? This form and the employee's signature are a reminder that there is a continuing affirmative duty to disclose any such misconduct.

PERSONNEL RECORDS, Operating Procedure 057.01 (rev 2016): Requires the Agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to any institutional employer for whom which the employee has applied to work provided the request is written.

A master list of all employees and contractors is maintained by the Human Resources Director. Under this guidance, five (5) year background checks are conducted. The Agency provided the facility list to the auditor for review and no background check older than 4 years was found within the document.

The HR representative reported that all staff are required to submit their acknowledgement of their duty to disclose any previous misconduct during their annual evaluation, as well as answer the three (3) questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same. She reported that background checks are conducted every 5 years, at hire, at transfer, at promotion, a Driver's License check is conducted annually, and they will release prior employment information with a signed authorization by the former staff.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility exceeds the standard, as such the agency requires all staff to annually answer the three (3) questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FACILITY PHYSICAL PLANT AND SANITATION, Operating Procedure 801.1 (rev 2015): Requires consideration of a facility’s ability to protect an offender from sexual abuse when designing, acquisitioning, expanding or modifying a facility. Requires consideration of a facility’s ability to protect an offender from sexual abuse when installing or updating any video monitoring systems, electronic surveillance systems, or other monitoring technologies.

The Pre-audit Questionnaire and interviews confirmed that there has been no significant modifications to the facility, nor significant changes to the camera system. A review of invoices showed that there is a request for 20 additional cameras that were requested to provide additional coverage within the facility.

Based on the information discovered in the agency policies, observations, invoices, and information obtained through memo and interview, the auditor has determine the facility meets the requirements of the standard.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Identifies that the Special Investigations Unit (SIU) has established a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is developmentally appropriate for youth and is based upon or similar to other comprehensive and authoritative protocols developed after 2011. Requires a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interview. And requires the victim’s consent to collect forensic evidence by a specially trained professional medical practitioner using a kit approved by the appropriate authority (PERK kit recommended). While it is recommend that evidence collection is conducted within 72 hours, it will be collected beyond that time whenever there is a possibility of evidence remaining.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): Requires the use of a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible to perform a forensic medical examination. States that there is no financial cost to the offender for this examination. And requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. Clarification of what constitutes a qualified staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires attempts to provide a victim advocate from a rape crisis center to a victim of sexual abuse. If a rape crisis center is not available to provide victim advocate services, the Department of Corrections shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals.

MOU with Virginia Sexual & Domestic Violence Action Alliance went into effect initially in 2015 and has been renewed each year since. The new renewal runs through April 30, 2018. This MOU provides victim advocates as requested.

MOU with Mountain States Health Alliance went into effect initially in 2013 and has been renewed each year since. The new renewal runs through August 31, 2017. This MOU provides for PREA Forensic Nurse Examiner Services.

The facility maintains a rotation schedule for community-based advocates and their contact phone numbers. The schedules provided show services from 2013 through current. The Virginia Forensic Nurse Examiners Program list provides the agency with a list of facilities that conduct SANE services throughout Virginia. The Virginia Commonwealth University Health Services (VCUHS) provides SANE services for this facility and has a SANE on staff. The VCUHS services went into effect in 1997. In the past 12 months, there have been no allegations where a victim required a forensic medical examination.

Emotional Support services are provided by Action Alliance under a Memorandum of Understanding with the Virginia DOC. Inmate interviews found that they receive information at intake but are not aware of services. In response to this, the facility conducted inmate education for all inmates that included a discussion of accessing emotion support services.

Based on the information discovered in the agency policies, observations, the facility response to the initial findings, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires an administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. The initial investigation may be conducted by the facility investigator. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the Special Investigations Unit (SIU). Special Investigations Unit (SIU) shall conduct investigations into criminal behavior, procedural or administrative violation, or employee misconduct affecting the operation of the Department. The SIU Chief shall review the nature of all allegations received to determine if an investigation is warranted.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that the Facility Unit Head shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the Special Investigations Unit (SIU) who has the legal authority to conduct criminal investigations, including allegations of sexual abuse or sexual harassment. Requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiated a case for administrative action or prosecution referral. Requires that the Special Investigations Unit (SIU) is authorized to conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities. Special Investigations Unit Investigators are designed with the same power as a law-enforcement officer in the investigation of criminal behavior affecting the operations of the Department of Corrections.

The facility reported forty-two (42) allegations of sexual abuse or sexual harassment were received in the past 12 months. The auditor reviewed samples of five (5) investigations. Three (3) were determined by the facility investigator to be unsubstantiated, and two (2) were reported to the Special Investigations Unit (SIU). In an interview with the Investigator, it was reported that SIU conducts criminal investigations, as well as any staff involved investigations and the facility conducts administrative investigations.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.31 Employee training

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

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

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires all new employees to receive PREA orientation training that covers all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Employees are required to document that they understand the training and this shall be through employee signature or electronic verification.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training on current Department of Corrections sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.

New employee training requires one (1) week of training that includes a 3-hour PREA class. All 10 areas of PREA education as dictated by PREA standard 115.31 were observed in the curriculum. In-service training requires a 2 hour and 45 minute PREA class. All 10 areas of PREA education as dictated by PREA standard 115.31 were observed in the curriculum. Documents reviewed showed that in-service training was completed for the selection of staff interviewed, thus exceeding the requirement of every two (2) years with refresher in between.

Staff interviews confirmed that they receive PREA education annually through their in-service training. The majority were able to articulate specifics of the topics during the interview. Some staff were unable to articulate any understanding of elder abuse laws. The facility responded to this by providing education to all staff prior to June 5, 2017 and the information was provided to the auditor for review.

Based on the information discovered in the agency policies, observations, documentation, training documentation, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.32 Volunteer and contractor training

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

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

corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all contracts and volunteers who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. The level and type of training provided shall be based on the services they provide and the level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. At a minimum, such person should be provided with a copy of the brochure A Guide to Maintaining Appropriate Boundaries with Offenders.

VOLUNTEER PROGRAM, Operating Procedure 021.7 (rev 2013): Requires volunteers who will have no offender contact other than under close direct supervision of a corrections employee to a trained volunteer should be provided the Rules for Volunteers, A Guide to Maintaining Appropriate Boundaries with Offenders, and a Receipt and understating of these material will be documented by the volunteer's signature on the Rules for Volunteers. Requires the Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. Long-term, full-time contract staff with offender contact shall comply with the same orientation and training as equivalent DOC employees.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures.

Contractor and Volunteer training includes a Power Point that was provided the auditor for review and addresses all components of the agency policies and PREA standard 115.32.

A Guide to Maintaining Appropriate Boundaries with Offenders, For Contractors and Volunteers of the Virginia Department of Corrections: This brochure was reviewed for content and addresses the zero-tolerance policy, identifies the levels of contact with offenders, duty to report information, red flag information and prevention tips.

This facility reports forty-nine (49) volunteers and contractors. A sample of training acknowledgement forms were provided to the auditor for review and all were signed in 2016. The facility also provided a list of all volunteers that shows the dates of their start date and date of PREA training. One (1) contractor was on site to be interviewed. She reported that she receives PREA education annually at in-service training, as well as e-mails that are PREA related. Additional information is available to her through the virtual library.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.33 Inmate education

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders receive initial PREA training immediately upon intake that consists of Preventing Sexual Abuse & Sexual Assault, Section 1 of PREA video "PREA: What You Need to Know" and a copy of the Sexual Assault Awareness and Prevention brochure. Within 10 days, the offenders is required to have completed

comprehensive PREA training utilizing Preventing Sexual Abuse & Sexual Assault, and PREA videos “PREA: What You Need to Know” and “Breaking the Silence of Offender Sexual Abuse”. Facilities are required to provide the information for Limited English Proficient offenders, and those with disabilities such as limited reading skills, deaf or visually impaired. The offenders’ signature on the acknowledgement form, which will be uploaded in VACORIS as a special entry note. Offender training documentation is noted on the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training which shall be uploaded into VACORIS.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that inmates transferred from one facility to another will be provided a copy of the Sexual Assault Awareness and Prevention Brochure that includes the Sexual Assault Hotline number. If there is no record of having received the comprehensive PREA education in the offender’s record, the offender will then be provided PREA training as described for a new intake. Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

Sexual Assault Awareness and Prevention brochure contains information on What is PREA?, Suspicious Behavior, Reporting, Prevention strategies, Sexual Misconduct definitions, Making False Claims, Retaliation, and 3rd Party reporting information. Methods of reporting within this brochure include telling a staff, utilizing the PREA hotline #55, and contacting the National Sexual Assault Hotline (1-800-656-4673). Obtaining emotional support services can be requested by calling the Virginia Victim Assistance Network (1-800-838-8238) or writing to the Virginia Sexual & Domestic Violence Action Alliance at PO Box 17115, Richmond, VA 23226. Third party reporting can be made to the Virginia Department of Corrections PREA Office at 1-855-602-7001.

Offender Orientation Manual contains PREA education that is reviewed during the Orientation process. The manual contains specific information on the Prison Rape Elimination Act, PREA Hotline, Strategies to avoid sexual abuse/assault, Agency Zero-Tolerance policy, Other ways to report, Emotional Support Services and how to access, Victim Advocates and how to access, and AIDS information.

Interviews with inmates found that they have received information on intake regarding sexual abuse, sexual harassment, and how to report upon each facility intake (including transfers). Comprehensive education is also provided on the first day through the PREA video. Documentation of 17 random files found that all education was documented on the first day, with comprehensive education not well documented. It is noted that the Agency modified the form in February 2017 and a majority of the files reviewed were prior to this date.

Intake staff interviews found that the information is provided at initially on the first day. Inmate interviews found that many reported not having received the comprehensive PREA education at this facility. The facility agreed to provide all inmates’ comprehensive education in order to show compliance with the standard as the documentation was not clear. On June 1, 2017, the facility provided PREA education through video to all offenders. A form signed by inmates was provided to the auditor. In addition, on June 16, 2017 the auditor conducted a follow-up site visit and spoke with five (5) random inmates who reported that not only did they sit through a class on PREA, saw a video and received outside support information, but that the facility played the video on the television system all weekend.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, on-site follow-up visit, and follow-up by the facility, the auditor has determine the facility meets the requirements of the standard.

Standard 115.34 Specialized training: Investigations

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

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

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires all new employees to receive PREA orientation training that covers all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee’s facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Employees are required to document that they understand the training and this shall be through employee signature or electronic verification.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that PREA Investigators shall complete general PREA Training that is provided to all employees and specialized training in conducting sexual abuse investigations in confinement settings. Specialized training must include: Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and Criteria and evidence required to substantiate a case for administrative action of prosecution referral. Requires that the facility PREA Compliance Manager shall maintain documentation of the facility investigator's completed specialized training.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires that PREA Investigators shall receive special training in sexual abuse investigations, including Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and Criteria and evidence required to substantiate a case for administrative action of prosecution referral.

Specialized Training for Investigators is a 2.5 day training conducted by the Virginia Department of Corrections. Topics covered include Module 1: PREA Refresher and Overview of the PREA Investigative Standards, Module 2: Legal Issues & Agency Liability, Module 3: Overview of the VA DOC Policies and Procedure, Module 4: Agency Culture and Boundary Issues, Module 5: First Response and Evidence Collection, Module 6: Forensic Medical Exam, Module 7: Trauma and the Victim Response, Module 8: Prosecutorial Collaboration, Module 9: Interviewing Techniques, and Module 10: Report Writing.

The facility has four (4) PREA Investigations. The facility provided proof of four (4) facility investigator trainings that were conducted as required. Additionally, it is noted through training records that both the Regional PREA Analyst for this area and the Agency-wide PREA Coordinator have also completed this specialized training. In an interview with an Investigator, the Investigator reported receiving training through the staff development and the Virginia State SIU Agency, as well as annual PREA education. He reported that he has received specialized training on interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiated a case for administrative or prosecution referral.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires medical and mental health care practitioners shall receive the training mandated for employees or for contractors and volunteers depending on the practitioner's status in DOC.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures. Non-Security Staff In-Service training, mandated for employees or contractors,

is required for medical and mental health care practitioners.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): Requires that all healthcare providers shall be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence.

HEALTH SERVICES ADMINISTRATION, Operating Procedure 701.1 (rev 2015): Requires that all full and part-time medical and mental health staff who work regularly in DOC facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment, How to preserve physical evidence of sexual abuse, How to respond effectively and professionally to victims of sexual abuse and sexual harassment, and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Requires full-time health care professionals complete an annual 40-hour continuing education that includes: Response to emergency health-related situations within a 4-hour minute response time, Recognition of signs and symptoms, and knowledge of action required in potential emergency situations, Administration of basic first aid; Methods of obtaining assistance; signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal, and Procedures for patient transfers to appropriate medical facilities to health care providers.

The facility provided completed certificates for medical and mental health staff specialized training, as well as annual in-service training. Interviews with both medical and mental health staff found that both reported receiving specialized training, as well as in-service training. The auditor found record of specialized training certificates for the two (2) staff interviewed. Specialized training included detecting and assessing for signs of sexual abuse and sexual harassment, preservation of evidence, responding effectively and professionally to victims of sexual abuse and sexual harassment, and to whom to report allegations or suspicions of sexual abuse or sexual harassment. Both reported that any information should be reported to the Investigator and the Warden.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that all offenders upon transfer from one DOC facility to another shall receive an assessment for their risk of being sexually abused or sexually abusive within 72 hours. Requires the screening to be completed by a counselor or other non-clerical facility staff. Requires interviews, evaluations, and other available offender records when completing the Classification Assessment in VACORIS. Requires that the sensitive information only be disseminated in accordance with policy. Prohibits disciplinary action towards an inmate who refuses to answer or disclose complete information when responding to the Classification Assessment. Requires that the facility reassess the offender’s risk of victimization or abusiveness within 21 days utilizing the PREA Reassessment form, and this shall be scanned and uploaded as an external document to VACORIS.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires all offenders upon intake at Reception and Classification Centers shall receive a mental health screening by a health-trained staff or qualified health care personnel. Requires that transfers into DOC institutions shall receive a mental health appraisal by a qualified mental Health Professional within 14 days, and includes a review of sexual abuse victimization and predatory behavior. Requires an inmate’s risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 201): Requires that staff must document their perception of whether or not an offender appears to be gender nonconforming.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires staff document their perception of whether or not an offender appears to be gender nonconforming.

In an interview with the staff who conducts the risk screening, it was reported that all screening is conducted on the day the offender arrives. A review of any prior information in the agency computer system is also reviewed. The screening that is conducted includes any disabilities, age, physical build, current and previous incarcerations, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Additionally, inmates are asked about their perception of vulnerability. The auditor conducted a review of the database of the offenders that were selected for interview to ensure that the screening is conducted as required by policy. This review showed that some offenders receive a screening within 24 hours of arrival. Some of the offenders had been at this facility for quite a few years, and a screening was conducted on these offenders as well during 2014, 2015, 2016 and 2017. Some of the documents show that risk screenings were completed but had not been approved in the computer system. In discussion with the staff who conducts risk screening, there is no system in place to update the risk screening within 30 days when new information is discovered.

The facility responded to the finding by conducting a training with all counselors who conduct the risk screening. The training included the requirement to complete a new risk screening within 30 days and upon discovery of new information and when an allegation is made that is determined to be unsubstantiated or substantiated, or new information discovered by medical/mental health staff.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and the facility follow-up with appropriate training, the auditor has determine the facility meets the requirements of the standard.

Standard 115.42 Use of screening information

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall use information from the Classification Assessment to make housing, bed, work, education, and program assignments with the goal to keep separate those at high risk of being sexually victimized from those at high risk of being sexually abusive. Requires individual determination about how to ensure the safety of each offender. Requires that the Gender Dysphoria Committee will make individual recommendations for services and programming for transgender or intersex inmates. Requires placement and programming to be reviewed for all transgender or intersex offenders twice a year (January & July) and this review includes a face-to-face meeting with the offender to discuss the offender’s concerns or fears for their own safety. This review shall be documented in VACORIS. Prohibits the placement of LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires six (6) month follow-up reassessments for offenders determined by the Classification Assessment as High Risk for Sexual Aggression (HRSA) and as High Risk for Sexual Victimization (HRSV). Requires that the Qualified Mental Health Professional will provide relevant results of the screening to the classification office for determination of housing and programming services.

OFFENDER WORK PROGRAMS, Operating Procedure 841.2 (rev 2014): Requires the institution Work Program Assignment Reviewer (Work PAR) to review the Classification Assessment prior to determining work assignments.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires institutional staff to utilize the Classification Assessment to determine housing and bed assignments. Requires that housing and bed assignments for transgender or intersex offender shall be made on a case-by-case basis and shall take into consideration whether a placement would ensure the offenders health and safety and whether the placement would present management or security problems. Requires a six (6) month reassessment of the Classification Assessment for all transgender and intersex offenders. Prohibits the placement of LGBTI offenders in dedicated housing units or wings solely on the basis of such identification or status.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 201): Requires that the information from the Classification Assessment be utilized to make housing, bed, work, education and program assignments. Requires a six (6) month review of the Classification Assessment for transgender and intersex offenders.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that information from the Classification Assessment is used to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those offender at high risk of being sexually victimized from those at high risk of being sexually abusive. Requires a six (6) month follow up alert be placed in VACORIS for transgender or intersex offenders. Requires staff document their perception of whether or not an offender appears to be gender nonconforming.

TRANSFERS, FACILITY REASSIGNMENT, Operating Procedure 830.5 (rev 2014): Requires the facility make an individualized determination about how to ensure the safety of each offender when assigning an offender to the Protective Custody Unit. Requires a case-by-case assessment when placing a transgender or intersex offender to the Protective Custody Unit. Requires the offenders own views with respect to their own safety shall be given serious consideration.

In discussion with the staff who conducts risk screening, there is no system in place to update the risk screening when new information is discovered, an allegation is made, when information is presented by medical or mental health staff that may impact the assessment of an inmate. The staff who conducts risk assessments stated there is not a system to re-assess inmates who identify as transgender or intersex.

The facility responded to the finding by conducting a training with all counselors who conduct the risk screening. The training included the requirement to complete a new risk screening upon discovery of new information and when an allegation is made that is determined to be unsubstantiated or substantiated, or new information discovered by medical/mental health staff. Additionally, the facility provided updated screenings for the two (2) LGBTI inmates who were identified and interviewed during the on-site audit. Based on the policy, these two (2) inmates will again be reassessed in July, 2017.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.43 Protective custody

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

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

TRANSFERS, FACILITY REASSIGNMENT, Operating Procedure 830.5 (rev 2014): Requires that offenders identified as high risk of sexual victimization or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers. Placement in segregation must clearly document on the Institutional Classification Authority Hearing report the basis for the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Requires that involuntary assignment to segregation shall only be long enough for alternative means of separation from likely abusers can be arranged, but no longer than 30 days. Requires the Regional PREA Analyst be notified of this assignment and kept informed of any changes in the offender's status.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 201): Requires that offenders identified as high risk for sexual victimization shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and it has been determined by the Qualified Mental Health Professional, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. Requires an assessment within 24 hours, if not immediately able to be completed. Requires the documentation to include the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

MANAGEMENT OF CELL AND BED ASSIGNMENT, Operating Procedure 425.4 (rev 2016): Requires that offenders identified as high

risk of sexual victimization or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers. Placement in segregation must clearly document on the Institutional Classification Authority Hearing report the basis for the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Requires that involuntary assignment to segregation shall only be long enough for alternative means of separation from likely abusers can be arranged, but no longer than 30 days. Requires that offenders placed in segregation shall have access to programs, privileges, education, and work opportunities to the extent possible while ensuring their safety. Restrictions of programs, privileges, education and work opportunity the duration of the limitation and the reasons for the limitation.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that offenders identified as high risk for sexual victimization shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and it has been determined by the Qualified Mental Health Professional, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. Requires an assessment within 24 hours, if not immediately able to be completed. Requires the documentation to include the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

In an interview with the Warden, he reported that they do not use restricted housing for purposes of protecting inmates who are at high risk of imminent sexual abuse, are identified as high risk of vulnerability, or who have alleged sexual abuse unless the inmate requests protective custody. There are have been no instances in the past 12 months. Staff who supervises inmates in restricted housing report not having an inmate placed in restricted housing involuntarily in the past 12 months.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.51 Inmate reporting

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only to the immediate point-of-contact line officer. Requires that offenders may report abuse to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline #55, or in writing using the Offender request or Informal Complaint. Requires that staff must accept reports made verbally, in writing, anonymously, and from their parties. Requires an offender method of reporting must include reporting to an outside public or private entity or office that is not part of the agency and is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Requires that the agency provide a way for staff to privately report sexual abuse and sexual harassment of offenders.

OFFENDER GRIEVENCE PROCEDURE, Operating Procedure 866.1 (rev 2016): Requires that staff shall accept any report of sexual abuse or sexual harassment made through the Informal Compliant system or the Formal Grievance system and immediately notify the Facility Unit Head, PREA Compliance Manager and the Regional PREA Analyst.

REPORTING SERIOUS OR UNUSUAL INCIDENTS, Operating Procedures 038.1 (rev 2015): Requires that staff shall accept reports made verbally, in writing, anonymously, and from their parties and shall promptly document verbal reports as an Internal Incident Report with PREA checked in the description field.

OFFENDER SERVICES, Operating Procedure 801.6 (rev 2015): Requires orientation on reporting sexual abuse or sexual harassment

through the Offender Request.

OFFENDER TELEPHONE SERVICE, Operating Procedure 803.3 (rev 2016): Requires that phones shall have the ability to dial the PREA/Sexual Abuse Hotline at #55.

The facility provides multiple ways for inmates to report sexual abuse and sexual harassment, as well as retaliation for reporting sexual abuse and any staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders are informed upon intake that they can dial #55 – a direct line to reporting abuse or requesting emotional support following an incident of sexual abuse or sexual harassment, which does not require an offenders personal identification number when calling. Based on the inmate selection of options by utilizing #55, the inmate will reach Virginia DOC or the Action Alliance where inmates can allege sexual abuse to an outside agency or request emotional support services. Action Alliance and Virginia DOC have entered into a Memorandum of Understanding that provides the receipt of calls alleging sexual abuse and sexual harassment and an agreement to forward this information to the Agency PREA Coordinator. Offenders are also advised that they can tell any staff member, including contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment. Information regarding reporting through Action Alliance is provided to offenders upon intake.

Staff and a contractor interview confirmed that they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and from third parties, and report to the Warden and Investigator. Staff are also provided information for reporting in a confidential manner through a separate phone number that is outside of the facility.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility exceeds the standards, as such the facility offers direct reporting through staff and a dedicated phone line for reporting sexual abuse that allows an inmate to remain anonymous.

Standard 115.52 Exhaustion of administrative remedies

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that there is no time limit for an offender to submit a grievance regarding an allegation of sexual abuse. Allows for third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of offenders. Requires that if an offender declines to have the request process, the agency will document the offenders' decision.

OFFENDER GRIEVENCE PROCEDURE, Operating Procedure 866.1 (rev 2016): Requires each facility to have a Grievance Coordinator. Requires that the facility will respond within 20 days to grievances alleging sexual abuse, with written continuances of 30 days. Requires all grievances alleging sexual abuse must not exceed 70 days. Requires that the expiration of a time frame (to include any authorized continuances) at any stage of the process shall be considered a denial and shall qualify the grievance for appeal to the next level of review. Requires Emergency Grievances alleging imminent sexual abuse requires automatic forwarding to the Administrative Duty Officer or Shift commander who must respond within 8 hours. Both the initial response and final agency decision shall document the institution's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance. Requires that offenders may submit an allegation of sexual abuse through a grievance without first submitting to the staff member who is the subject of the complaint, is not referred to the staff member who is the subject of the complaint, and will not be the respondent of a grievance. Prohibits charges against an offender for filing a grievance related to sexual abuse only where the institution demonstrates that the offender filed the grievance in bad faith. Requires that an offender is not required to utilize the Information Complaint before submitting a formal grievance.

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev2016): Reaffirms that reports of sexual abuse and offender

grievance made in good faith do not fall under the offender discipline system, even if the outcome of an investigation is not substantiated.

In an interview with the staff who processes grievances, any grievance that alleges sexual abuse or sexual harassment is immediately forwarded to the PREA Compliance Manager or the Investigator. At that point, the grievance is closed out and the allegation is followed through the investigatory process. Policies do not require that an informal process be used first nor is the grievance referred to the staff member who is the subject of the complaint. An inmate who requests an appeal of the investigation outcome would appeal to the Regional Ombudsman and then to the Regional Director. There have been six (6) grievances filed alleging sexual abuse or sexual harassment in the past year, and all six (6) were responded to within ninety (90) days.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.53 Inmate access to outside confidential support services

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that facilities provide to offenders outside confidential support services and that the facility provide reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. Requires the facility to inform offenders prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Requires that each facility maintains a Memorandum of Understanding with an Action Alliance provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse.

Inmates are able to request confidential support services through their counselor or through Action Alliance, a community service provider under an MOU to provide such services. Inmate interviews found that they did not have an understanding of the services that Action Alliance was able to provide. During a discussion with the Warden, the facility will ensure this information is provided to offenders at intake and had also provided all standing offenders with the information regarding how to contact, what services are available, and to what extent the information shared is considered confidential. This information was provided to the auditor.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.54 Third-party reporting

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the Department of Corrections to provide contact information on how to report sexual abuse and sexual harassment on behalf of an offender on its' website.

Interviews with staff and the investigator confirmed that they are to receive allegations of sexual abuse or sexual harassment from third party reporters. The Agency website provides information for third party reporters and was viewed by the auditor. The facility also provides the Visitor/Offender Brochure that includes provides the agency website.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.61 Staff and agency reporting duties

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all employees, volunteers, and contractors shall immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Requires that information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. Requires that if an offender is under the age of 18, aged, incapacitated, or offenders who are receiving services from a Department of Corrections Licensed Mental Health Program, the Organizational Unit Head or Administrative Duty Officer in their absence, is required to immediately report any alleged abuse to the local Department of SocialServices.

OFFENDER SERVICES, Operating Procedure 801.6 (2015): Requires information to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): requires that at the initiation of services, both medical and mental health practitioners are required to report sexual abuse to the Facility Unit Head or Administrative Duty Officer to assure separation of the victim from their assailant and the practitioner is required to inform offenders of the duty to report and the limitations of confidentiality.

MEDICAL SCREENING, CLASSIFICATION, AND LEVELS OF CARE, Operating Procedure 720.2 (rev 2015): Requires that all offenders shall be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding n incident of sexual abuse and the limitations of confidentiality prior to conducting a screening, appraisal, or examination.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires that the Qualified Mental Health Professional notify the Facility Unit Head of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Requires that at the initiation of services, before beginning the Sexual Assault Assessment, the Qualified Mental Health Professional will advise the offender of the practitioner's duty to report and the limitations of confidentiality.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that all allegations of sexual abuse and sexual harassment, regardless of how the information is received, is to be reported to the facility designated investigator who will conduct an initial investigation and immediately notify the Regional PREA Analyst of the allegation.

The Agency requires all persons who are employed, contracted, or who volunteer at the facility to report any information, suspicion, or knowledge of sexual abuse or sexual harassment, as well as any retaliations towards a person who has reported sexual abuse or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed confirmed that they are required to report and have received this training annually during in-service. Policy prohibits the sharing of information to anyone who is not a part of the investigation or reporting process. Interviews with medical and mental health staff confirmed that they are required to report any knowledge, suspicion or information of sexual abuse or sexual harassment. Medical and mental health staff confirm that they are required to obtain consent before reporting any sexual abuse that occurred in the community, and provide their duty to report and limitations of confidentiality upon the initiation of services. The Warden and PREA Compliance Manager confirmed that all reports of alleged sexual abuse or sexual harassment, regardless of where the information came from, is reported to the Investigator.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.62 Agency protection duties

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the facility shall take immediate action if staff learn that an offender is at risk of imminent sexual abuse.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires that offenders who are at risk of imminent sexual abuse will be referred to a Qualified Mental Health Professional who will consult with the Warden or designee to recommend immediate action to protect the offender.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires that offenders who are at risk of imminent sexual abuse will be referred to a Qualified Mental Health Professional who will consult with the Warden or designee to recommend housing recommendations to protect the offender.

Interviews with staff indicated that they are required to immediately separate an offender who is believed to be at risk of imminent sexual abuse and to contact their supervisor. Per a Warden’s memo, dated July 8, 2016, and during an interview with the Warden during the on-site audit, there were no instances where an offender was identified at risk of sexual abuse in the past 12 months. The Warden also stated that an option is to move the inmate to Wallen’s Ridge State Prison, which offers a step phase program that allows an inmate to slowly adjust to prison life.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.63 Reporting to other confinement facilities

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

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

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that any allegations received from another facility that an offender was sexually abused while confined at that facility, it shall be investigated in accordance with PREA standards.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that an allegation made whereby an offender was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, that the notification will be made within 72 hours, and shall be documented. Requires that any receipt of an allegation of sexual abuse from another facility that occurred while confined in that facility shall ensure an investigation is completed.

In the interview with the Agency head, the Special Investigations Unit (SIU) would be notified by both the facility receiving the allegation and the facility where the allegation took place as per policy. The SIU would respond to the facility where the offender is located to conduct an interview. This system would ensure that all allegations are reported.

The facility reported no allegations were received by another facility, nor were any reported by an offender that occurred in another facility.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.64 Staff first responder duties

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

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

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene.

EMERGENCY OPERATION PLAN, Operating Procedure 075.1 (6/16): Requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene. A first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.

A review of the training material finds that all staff receive information on responding to an allegation of sexual abuse by separating the

victim from all others, protecting any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), protecting any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and securing the crime scene. Interviews with staff found that they were able to articulate the steps required if they become aware of a sexual abuse. An interview with a contractor confirmed their knowledge and actions following notification of a sexual abuse.

Interviews with staff also found that some staff reported that they would be responsible for collecting evidence (clothing) and conducting interviews with victims. In a discussion with the Agency-wide PREA Coordinator, staff who have not received specialized training are not to collect evidence or interview victims. In response to this finding, the facility conducted training for all staff on the exact duties of a first responder. Information was provided to the auditor to confirm this training.

There were seven (7) allegations of sexual abuse and none were reported within a time period that still allowed for the collection of physical evidence. This was confirmed with the Warden.

Based on the information discovered in the agency policies, observations, facility response to initial findings, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.65 Coordinated response

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that each facility shall have a Coordinated Response Plan.

EMERGENCY OPERATION PLAN, Operating Procedure 075.1 (6/16): Requires the use of the Sexual Assault Response Checklist to guide initial coordinated response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership.

PREA Coordinated Response Plan was reviewed. It includes steps for the First Responder, Supervisor, Evidence Collection, Medical, Mental Health, Investigator and PREA Compliance Manager. The Sexual Assault Response Checklist was provided to the auditor and this form documents initial information related to the response of an incident of sexual abuse.

The Warden reports that the PREA Compliance Manager ensures compliance with the Plan and the Warden and Regional PREA Analyst provide assistance to the PREA Compliance Manager. The Plan addresses all components of the standard.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

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

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

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

The agency provided a memo, dated April 22, 2013, which states “In accordance with the Code of Virginia, collective bargaining is prohibited. Per 40.1-57.2, “no state, county, municipal, or like governmental officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agency of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service.”

Based on the information, the auditor has determined that this standard is Not Applicable.

Standard 115.67 Agency protection against retaliation

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other offenders and staff. Requires protections such as housing changes or transfers for offenders victims or abusers, removal of the alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation are available. Requires monitoring for a minimum of 90 days, with periodic status checks, and provides protections for any other individual who cooperates with an investigation.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): Requires protections from retaliation for offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations.

CRITICAL INCIDENT PEER SUPPORT TEAM, Operating Procedure 145.5 (rev 2017): Requires that members of the CIPS Team must be willing to respond to the emotional support needs for staff who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment.

The staff who conducts retaliation monitoring is the facility PREA Compliance Manager, and he recently implemented the retaliation monitoring (April 2017) as there was no log or other documentation in place when we assumed the duty to monitor. However, the log was reviewed and showed that it was not being utilized to document periodic monitoring. Additionally, he reported that monitoring would begin 30 days after an outcome.

The facility responded to the auditors concerns and conducted training with the PREA Compliance Manager. He began documenting all periodic checks on the log and this was provided to the auditor for review. Additionally, an inmate was questioned during the auditor’s second visit to verify that he has been in touch with the retaliation staff after an allegation and it was appropriately documented.

Based on the information discovered in the agency policies, observations, the facility response to the initial concerns, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.68 Post-allegation protective custody

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

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

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires all offenders identified as HRSV or an alleged victim of sexual abuse shall be checked to determine the need for continued separation from the general population. Requires that HRSV or offenders alleged to have suffered sexual abuse shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and a determination by the QMHP and Shift Commander must agree. Requires that the Regional PREA Analyst must be notified. Requires an assessment must be completed immediately, but no later than 24 hours. Requires a documented basis for the use of Special Housing and the reason no alternative is available.

TRANSFERS, FACILITY, REASSIGNMENTS, Operating Procedure 830.5 (rev 2014): Requires that offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers.

Warden’s Memo, dated March 13, 2017, states no offender has been placed in Special Housing as a result of being identified as HRSV or an alleged victim of sexual abuse. In an interview with staff who supervises restricted housing, he confirmed that he has not been aware of a victim or high risk inmate being placed in restrictive housing.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.71 Criminal and administrative agency investigations

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

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

SPECIAL INVESTIGATIONS UNIT, Operating Policy 030.4 (rev 2015): Requires that all investigations shall receive special training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews. Requires that credibility of any person shall be assessed on an individual basis. Prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Requires that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires substantiated allegations of criminal conduct be referred for prosecution. Requires that an investigation not stop should be alleged abuser or victim depart from the employment or control of the facility or agency.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires an administrative or criminal investigation be conducted in accordance with PREA standards. Requires the facility shall cooperate with SIU and shall remain informed as to the progress of the investigation. Requires the report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Requires all documentation be retained for five (5) years after the alleged perpetrators release or employment ends.

Warden's Memo, dated March 13, 2017, states no allegations of sexual abuse or sexual harassment were received in the past 12 months that were referred to SIU due to a founded outcome.

The investigator who was interviewed reported that an investigation begins immediately upon notification. Initial response by the investigator includes interviewing the victim, ensure medical and mental health care is provided, gathering evidence, notifying the hospital, and making arrangements for a victim advocate if requested. He reports that evidence that may be collected include electronic video footage, clothing, medical records, bunk records, witness statements, victim statement, alleged perpetrator statement, PERK (physical evidence recovery kit) results, and prior complaints. He reports that the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Referral to the SIU would follow any finding of a criminal nature or if staff is identified as the alleged perpetrator. He reports that the investigation does not end if the alleged perpetrator is released or terminates employment, or if the victim leaves the facility prior to completion of the investigation. When the case is referred to SIU, his role becomes a support staff to SIU. He also reports that administrative investigations include a determination of staff actions or failures to act contributed to an allegations of sexual abuse.

Five (5) investigations were reviewed. Three (3) alleged sexual abuse, and each incident was investigated and found unsubstantiated. SIU investigated three (3) of the five (5) allegations.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): States that "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): States that "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev2016): States that a preponderance of evidence presented at a hearing shall be sufficient to support a finding of guilt.

During the interview with the Investigator, he reported that a preponderance of the evidence is used to determine the outcome of allegations of sexual abuse and sexual harassment. The files reviewed concurred with the use of a preponderance of evidence. Per a Warden memo, dated March 13, 2017, Sussex I State Prison does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.73 Reporting to inmates

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

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

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that the SUI will informed the Facility Unit Head of the outcome of an allegation and that the Facility Unit Head is to ensure notification is made to the offender.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that following an investigation, the offender will be informed as the outcome of the investigation. If the allegation was against a staff, the victim is to be notified of the outcome, whether the staff is no longer posted in the offender's unit or is employed at the facility, and whether the staff has been either indicted or convicted on a charge relate to sexual abuse within the facility. If the allegation was against another offender, the victim is to be notified of the outcome and whether the offender has been indicted or convicted on a charge related to sexual abuse in the facility,

The facility maintains a letter in the investigation file that documents notification to the victim of the outcome of an investigation. Of the five (5) files reviewed, the auditor found five (5) letters showing notification of the outcome of an investigation was reported to the victim.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): Requires that any sexual misconduct be treated as a Group III offense subject to disciplinary sanctions up to and including termination. Requires that termination be the presumptive disciplinary sanctions for employees who have engaged in sexual abuse. Requires that all terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff, shall be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal.

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): Requires that staff who are terminated or who resign in lieu of termination for a violation of the sexual abuse or sexual harassment policies shall be informed of the DOC's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires that staff shall be subjected to the disciplinary sanctions up to and including termination for violation the DOC sexual abuse or sexual harassment policies. Requires that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Requires that

violations of the DOC policies relating to sexual misconduct or sexual harassment – other than actually engaging in sexual abuse – shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The facility reported no staff have been involved in an allegation of sexual abuse or sexual harassment that was substantiated in the past 12 months. This was confirmed with the Agency PREA Coordinator and the Regional PREA Analyst. A memo from the Warden, dated March 13, 2017, confirms that there were no instances where a staff member was disciplined for violating the agency sexual abuse or sexual harassment policies, nor resigned or was terminated during an investigation.

Based on the information discovered in the agency policies and observations, the auditor has determine the facility meets the requirements of the standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

VOLUNTEER PROGRAM, Operating Procedure 027.1 (rev 2015): States that grounds for dismissal may be as a result of failure to comply with DOC procedures, state or federal laws, or unit rules. Requires that any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to licensing bodies. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): Requires that any contractor or volunteer who engages in sexual abuse of offenders shall be prohibited from contact with offenders and shall be reported to any relevance licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

A memo from the Warden, dated March 13, 2017, reports that there were instances of reports whereby a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment agency policies and procedures. This was confirmed with the Regional PREA Analyst. An interview with the Warden confirmed that any contractor or volunteer who is alleged to have violated the sexual abuse or sexual harassment policies would be required to leave the facility pending the outcome of the investigation. The Agency PREA Coordinator would also be notified.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.78 Disciplinary sanctions for inmates

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

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

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev2016): Requires a finding of guilt will only be based on the preponderance of the evidence presented at the Discipline Hearing. Requires that offenders who violate offense 106 (sexual assault upon or making forcible sexual advances toward an offender or non-offender) shall be referred to their counselor for reassessment of the offender’s risk of sexual victimization and abusiveness. Requires that offenders charged with offense 121 (False statements or charges against an employee) shall be handed with utmost caution and fairness to avoid hindering the offenders’ right to file complaints against employees, and prior to a finding of guilt an impartial third party will deter if there are any facts that could substantiated the statement or charge. Requires that reports of sexual abuse and offender grievance made in good faith shall not constitute falsely reporting an incident or lying, even if there is not enough evidence to substantiate the allegation. Requires that penalties for offenses 106 and 121 consideration shall be given to the nature and circumstance of the offense committed, the offender’s disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories. Requires that offenders charged with offense 206 (Lying or giving false information to an employee) excludes disciplinary action if the report was made in good faith and that such a report shall not constitute falsely reporting even if the evidence does not substantiated the allegation. Requires that offenders charged with offense 233 (making sexual advances, either physical, verbal in nature, or in writing towards an offender or non-offender without their consent) shall be offered therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior if the facility has these services available.

GOOD TIME AWARDS, Operating Procedure 830.3 (rev2015): Requires that offenders identified as HRSA that does not comply with therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for the abuse shall be charged with an offense under 200.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that an offender may be charge with a disciplinary offense if it is determine a report of offender-on-offender sexual violence or employee sexual misconduct or harassment is found to be false. Requires that offenders shall not be charged for reports of sexual abuse made in good faith.

A memo form the Warden, dated March 13, 2017, states that there have been no disciplinary actions taken towards an offender for reporting offender-on-offender sexual violence or employee sexual misconduct or harassment. The files reviewed did not indicate that any offender was disciplined for reporting offender-on-offender sexual violence or employee sexual misconduct or harassment. During the interview, the Warden reported that they would follow policy if this should arise.

Based on the information discovered in the agency policies, observations, and information obtained through file reviews and staff interviews, the auditor has determine the facility meets the requirements of the standard.

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

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

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

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires that within 14 days of completion of the Classification Assessment, the QMHP will notify offenders identified as HRSA or HRSV of the availability for follow-up referrals with a mental health practitioner and any available treatment or programming. Requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, for the purposes of treatment plans, security and management decisions. Requires

that medical and mental health staff obtain informed consent from offenders before reporting information about sexual victimization that did not occur in an institutional setting, unless the victim is under the age of 18.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners, and other staff as necessary, for the purposes of treatment plans, security and management decisions.

HEALTH RECORDS, Operating Procedure 701.3 (rev 2016): Requires that medical and mental health staff obtain informed consent from offenders before reporting information about sexual victimization that did not occur in an institutional setting, unless the victim is under the age of 18.

Interviews with medical and mental health staff did not confirmed the referral for follow-up referrals with mental health practitioners within 14 days for offenders who report sexual victimization or are identified as being sexually abusive. A review of investigation files found that medical or mental health saw victims of alleged sexual abuse. Medical and mental health staff are not aware of the requirement for informed consent before reporting information about a sexual victimization that did not occur in an institutional setting, unless the victim is under the age of 18. The Warden confirmed that persons under the age of 18 are not housed at this facility. The staff who conducts the risk assessment is aware of the requirement to refer offenders identified as HRSV or HRSA to a mental health practitioner for further treatment or programming. Documentation of follow-up meetings were reviewed. The facility provided the PREA QMHP form to show follow-up referrals.

As a result of the initial findings, the facility conducted training prior to June 5, 2017, with all medical and mental health staff to ensure that informed consent is received from the inmate prior to the reporting of any information related to a victimization that occurred outside of the facility, and with all counselors to ensure the referral to a mental health practitioner for inmates who report prior sexual victimization or who are identified as sexually abusive.

Based on the information discovered in the agency policies, observations, documents, facility training of counselors, medical and mental health staff, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Policy 720.7 (rev 2016): Requires the timely, and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner. Requires that victims of sexual abuse while incarcerated shall be offered timely information about and access to sexually transmitted infections prophylaxis. Requires that treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires the timely, and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse.

EMERGENCY OPERATION PLAN, Operating Procedure 075.1 (6/16): Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall

notify the appropriate medical or mental health practitioner.

CO-PAYMENT FOR HEALTH CARE SERVICES, Operating Procedure 720.4 (2016): Requires that offenders are not to be assessed a co-payment charge for emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident.

Interviews with medical and mental health staff confirm that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical confirmed that services begin immediately upon notification and carry through any hospital orders, or medical practitioner follow-up care. The Virginia Commonwealth University Health Services (VCUHS) provides SANE services for this facility and has a SANE on staff. Mental health services begin when the victim is available and after medical care is first provided. The offender interviewed did not wish to provide further information. The investigative file reviewed indicates that the offender was seen by medical following the allegation and shortly thereafter was seen by a QMHP, who he refused to talk with. Documentation received included a Sexual Assault Assessment form that documents services provided by medical staff after examining a victim of alleged sexual assault and a referral for mental health services.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

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

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

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

CO-PAYMENT FOR HEALTH CARE SERVICES, Operating Procedure 720.4 (2016): Requires that offenders are not to be assessed a co-payment charge for emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Policy 720.7 (rev 2016): Requires ongoing medical and mental health care for sexual abuse victims and abusers, including both evaluations and treatment. Requires, as appropriate, follow-up services, treatment plans and referrals. Requires services to be consistent with the community level of care. Requires pregnancy tests, as necessary, and timely access to all lawful pregnancy-related medical services. Requires offered tests for STD’s as medically appropriate. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires ongoing medical and mental health care for sexual abuse victims and abusers. Requires medical and mental health evaluation and treatment. Requires, as appropriate, follow-up services, treatment plans and referrals. Requires services to be consistent with the community level of care. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with medical and mental health staff indicate that victims are offered a Sexual Assault Assessment, individual and group treatment, treatment plans, referral to the Psychiatrist, medications as ordered by the physician, and laboratory testing for STD and HIV. The mental health staff reported that mental health evaluations of all known inmate-on-inmate abusers are offered treatment services within 14 days. A memo from the Warden, dated March 13, 2017, states that there have been no allegations reported by medical or mental health staff. There are no female offenders in this facility. Mental health evaluations of all known inmate-on-inmate abusers are referred and/or offered treatment services within 14 days.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.86 Sexual abuse incident reviews

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

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

REPORTING SERIOUS OR UNUSUAL INCIDENTS, Operating Procedures 038.1 (rev 2015): Requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires an After Action Report/Improvement Plan may serve as the Review of the Incident in critical incidents. Requires a review team to consist of at least 2 DOC employees and one (1) Administrative Duty Officer who solicits input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse incident reviews. Requires the review shall be completed and submitted within 7 working day of the initial Incident Report. Requires causal factors, methodology, review of all documents, interviews of participants/witnesses, examination of any physical evidence, examination of the area where the incident allegedly occurred, review of relevant operating procedures/training manuals/equipment operating manuals, and the development of an action plan to limit further incidents. Requires a brief summary of the incident, analysis of the causal factors and contributing circumstances, actions to prevent future incidents and submission to the Regional Office for review. Requires submission of the final report to the Regional PREA Analyst.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires submission to the Regional PREA Analyst within 14 days of the completion of the investigation or notification to the Regional PREA Analyst requesting an extension.

Of the five (5) allegations reviewed, all five (5) contained an Incident Review. The reviews address a review of causal factors including motivation, policy/procedure review, staffing levels, electronic video, and a review of the area where the incident occurred were documented. In an interview with the Warden, he confirmed that the review team includes the Warden, Investigator, medical staff, QMHP, Assistant Warden, Major and the PREA Compliance Manager. The team reviews the incident, looks for ways to prevent future incidents, looks at the physical area, addresses any policy or staffing changes, and addresses if the incident could have been prevented. He reports that this is an opportunity to learn and grow from each incident.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.87 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Requires annual aggregate of the sexual abuse data. Requires the collection of necessary data to respond to the DOJ – Survey of Sexual Violence. Requires that data will be collected from any private facility with which it contracts for the confinement of offenders. Requires the data be provided to the DOJ no later than June 30 of each year.

The auditor was provided with the 2014 and 2015 DOJ SSV-2 forms. The auditor was provided with the 2014, 2015, and 2016 annual reports.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.88 Data review for corrective action

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the DOC to collect and review data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Requires the report to include comparison data and corrective actions from prior years. Requires the report is approved by the Director and made public. Allows the redaction of specific material and an indication of the material redacted.

The auditor was provided the 2014, 2015, and 2016 annual reports. The reports reflect comparison data and corrective actions specific to each facility as well as to the agency. The report was approved by both the Agency PREA Coordinator and the Agency Head.

Interview with the Agency Head found that the agency utilizes Incident Report, Critical Incident Debriefing and an After Action Report to assist with identifying the lessons learned and to obtain information on facility specific corrective action. The Agency PREA Coordinator reports that information is gathered and submitted to the public through an annual report that is available on the website, and includes comparison data and any facility modifications or agency policy changes. She also reports that the information is security retained and ongoing corrective action is tracked. The PREA Compliance Manager reports that all information collected from Incident Review is forwarded to the Regional PREA Analyst.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.89 Data storage, publication, and destruction

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

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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall ensure that data collected of allegations of sexual abuse is securely retained, and makes information readily available to the public through an annual report on its website. Requires that before making the report public, the DOC shall remove all personal identifies. Requires the DOC to maintain this information for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

The auditor was provided the 2014, 2015, and 2016 annual reports for review.

In an interview with the Agency PREA Coordinator, it was reported that all information is securely maintained in a database where only the PREA unit has access. A review of the 2016 report finds that there is no personal identifiers within the report.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

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.

Bobbi Pohlman-Rodgers

July 1, 2017

Auditor Signature

Date