

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 5/25/16

Auditor Information			
Auditor name: DeShane Reed			
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Telephone number: (501) 276-1678			
Date of facility visit: April 27, 2016 –April 28, 2016			
Facility Information			
Facility name: Wallens Ridge State Prison			
Facility physical address: 272 Dogwood Drive, Big Stone Gap VA, 24219			
Facility mailing address: <i>(if different from above)</i> P.O. Box 759, Big Stone Gap VA, 24219			
Facility telephone number: 276-523-3310			
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: Leslie J. Fleming-Warden			
Number of staff assigned to the facility in the last 12 months: 51			
Designed facility capacity: 1212			
Current population of facility: 1084 on 4/27/16			
Facility security levels/inmate custody levels: Maximum Security Levels 4, 5, and 6			
Age range of the population: 18 and above			
Name of PREA Compliance Manager: Rebecca Young		Title: PREA Compliance Manager/Operations Mgr.	
Email address: Rebecca.young@vadoc.virginia.gov		Telephone number: 276-524-3716	
Agency Information			
Name of agency: Virginia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Virginia Department of Corrections			
Physical address: 272 Dogwood Drive, Big Stone Gap VA, 24219			
Mailing address: <i>(if different from above)</i> P.O. Box 759, Big Stone Gap VA, 24219			
Telephone number: 276-523-3310			
Agency Chief Executive Officer			
Name: Harold Clarke		Title: Director	
Email address: Harold.clark@vadoc.virginia.gov		Telephone number: 804-887-8081	
Agency-Wide PREA Coordinator			
Name: Rose Durbin		Title: Statewide PREA Coordinator	
Email address: Rose.durbin@vadoc.virginia.gov		Telephone number: 804-887-7921	

AUDIT FINDINGS

NARRATIVE

On April 27, 2016, in coordination and cooperation with the Virginia Department of Corrections (VADOC), USDOJ Certified PREA Auditor DeShane Reed conducted a facility audit of the Wallens Ridge State Prison (WRSP). The audit commenced with Pre-Audit Briefing meeting (8:00am) consisting of Wallens Ridge State Prison administration and supervisory staff. In attendance was the following from WRSP: Leslie Fleming (Warden), Rebecca Young (PREA Compliance Manager), Matthew Fleming (PREA Investigator), Beverly Collins (Captain), John Combs (Assistant Warden), Rose Durbin (Statewide PREA Coordinator), LaWanda Long (Eastern Region PREA Analyst), Ella Farrington (Western Region PREA Analyst), Eddie Kilbourne (Building and Grounds), and Velisa Stallard (Human Resources). The PRE-Audit meeting commenced with introductions, review of the PREA audit schedule and agenda, on-site document requests, lists of inmates for interviewing and a tour of the entire Wallens Ridge State Prison.

The PREA audit commenced with a full tour of WSRP's multiple housing locations, program locations, warehouse, cafeteria, food prep warehouse, laundry, showering locations, offices, recreation and educational locations within WRSP. After a complete tour and documentation, the PREA Auditor moved into interviewing a selecting a random sample of inmates. A total of 25 inmates were interviewed, with a specific selection focused on the following category of inmates, based on PREA audit requirements: (Inmates with prior victimization, LGBTI, disability, current allegation, limited English proficiency, and an inmate in segregation). The PREA Audit also consisted of interviews of a random selection of WRSP staff including: Facility Warden, PREA Compliance Manager, Investigation and Retaliation Team, Human Resources, Contractors, Volunteers, Medical/Mental Health Staff, and other WRSP Specialized Staff. The PREA Auditor also reviewed multiple files and physical documents while on-site, which allowed the PREA auditor to verify compliance with PREA facility standards and confirm compliance consistency.

On April 28, 2016 at approximately 5:00pm (EST), the PREA Audit of Wallens Ridge State Prison (WRSP) concluded with a Post-Audit Debriefing meeting. All representatives from the Pre-Audit Briefing meeting were in attendance (excluding 3 from Pre-Audit attendance). The PREA Auditor shared that the information shared by the auditor within the debriefing meeting did not depict a final reporting. The PREA Auditor continued by sharing several highlights of the WRSP's programs. The PREA Auditor also shared any findings and/or areas not meeting standards requiring Corrective Action Planning. WRSP had zero PREA standard areas requiring Corrective Action. There were no observable physical plant blind spots areas in question, as a result of the open design of the physical plant, several cameras, the use of two-way mirrors, as well as consistent staff supervision and rounds. The Post-Audit Debriefing meeting concluded with the Auditor thanking the WRSP staff for their cooperation, efficiency and coordination in allowing the audit to move along in an even flow. The PREA Auditor also informed the WRSP staff that the final PREA Audit report will be submitted 30 from the conclusion of the facility audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Wallens Ridge State Prison is a 1212 inmate capacity maximum security/custody prison, housing male inmates ages 18 and older. The facility does not house youthful inmates. The physical plant consists of approximately 15 buildings (interior and exterior of the compound), with 7 interior of the compound. WRSP has four housing units divided into 6 PODS with single and double cell occupancy. Each housing unit has two control rooms which overlook inmate housing areas. Housing unit D consists of time-limited and long-term single-celled segregated inmates. The additional buildings consisted of intake/receiving area, administrative, education, vocational training, recreation, maintenance, mental health offices, and dining halls.

Wallens Ridge State Prison (WRSP) relies heavily on a compilation of camera assistance, staff supervision through sight/sound supervision by Correctional Officers, as well as predictable and random unannounced rounds per shift by supervisory staff (Lieutenant or higher). WRSP video technology consists of 217 cameras through a “Rapid Eye Video Monitoring System (with 125 pan/tilt cameras). The system also allows for live video, playback, and recording capabilities. WRSP’s Warden, Assistant Warden, PREA Investigators, as well as shift Captains have camera review access. While conducting the on-site PREA audit, WRSP was in the process of adding an additional 123 cameras. At the time of the PREA Facility Audit, WRSP had approximately 447 staff employed, as well as 130 volunteers and individual who may have contact with inmates within their daily roles at WRSP. Finally, WRSP employs a PREA investigation team of 4 to investigate allegations of sexual abuse. Forensic sexual assault medical exams are conducted on site at WRSP, by a contracted Certified SANE Nurse.

SUMMARY OF AUDIT FINDINGS

The PREA site audit of Wallens Ridge State Prison (WRSP) consisted of a 2-day comprehensive assessment (April 27, 2016 through April 28, 2016), related to PREA's mission of prevention, detection, responding to instances of sexual abuse/sexual harassment, and the freedom from retaliation when reporting sexual abuse/harassment. The PREA Institution Audit also consisted of assessing the 43 PREA standards. The assessment of the Wallens Ridge State Prison included an exhaustive facility tour, review of electronic and on-site documents, reviewing investigations and retaliation follow-up documentation, comprehensive interviews with inmates, staff, volunteers, and WRSP's Administration.

Based on the audit findings, there were 0 out of 43 PREA standards requiring Corrective Actions. This auditor did identify 5 staff training files which most previous training dates exceeded the timeframe for refresher PREA training (from the staff's previous annual PREA training). Though this PREA auditor received verification of the pre-set upcoming training date for these 5 staff, these 5 staff refresher training issues were mitigated during the audit (via in-person training by the facility's staff trainer, as well as an online refresher course), with proper documentation. The auditor observed portions of the in-person training. The auditor also requested additional random staff training files and was satisfied that the PREA trainings/refresher trainings were within their proper annual timeframes.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.11 VADOC submitted their Operating Procedure 038.3 (May 1, 2013-Page 4) and Operating Procedure: 130.1 (August 1, 2013) as evidence of compliance with 115.11. Finally, the PREA Auditor also reviewed the VADOC Organizational Chart, which identified Liz Thornton as the former Statewide PREA Coordinator, however at the time of the on-site PREA Audit. Rose Durbin has assumed the role as the VADOC Statewide PREA Coordinator who oversees the agency's efforts to comply with PREA standards in all VADOC facilities.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 PREA Auditor reviewed pre-audit documentation submitted via electronic source to determine compliance for PREA standard 115.12. VADOC submitted their Operating Procedure 038.3 (May 2013-Page 4) and Operating Procedure 260.1 (February 2015-Page 4) as evidence of compliance with 115.12. The PREA auditor reviewed a contract between VADOC and another contractual DOC corrections entity. The signed contract had PREA-related literature, which required the contracting entity to adopt and comply with the PREA Standards.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 PREA Auditor reviewed pre-audit documentation submitted via electronic source to determine compliance for PREA standard 115.13. VADOC submitted their Operating Procedure 401.2 (December 2013-Page 5), Operating Procedure 401.1 (September 2013-Page 4), and Operating Procedure: 401.3 (January 2015-Page 4) as evidence of compliance with 115.13. Each of the above-mentioned Standard Operating Procedures discussed WRSP's staffing plan to ensure adequate staffing levels, video monitoring and unannounced rounds to deter, prevent, and protect inmates from sexual abuse. The PREA auditor also reviewed documentation of WRSP's staffing plan annual review (dated 1/26/16), as well as WRSP's staffing plan analysis which identified WRSP's top 5 reasons for staffing plan deviation

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.14. VADOC submitted their Operating Procedure 038.3 (May 1, 2013-Page 6) and Operating Procedure 425.4 (September 2013-Page 4) which states, "A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters; b) DOC provides specialized housing arrangements for youthful inmates to meet the requirements of this standard; c) 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 and; d) exigent circumstances may require removal to a special housing unit. Furthermore, the PREA auditor reviewed documentation from office of the VADOC Director, stating that all Youthful offenders will be housed at the Sussex I State Prison (Effective February 1, 2013).

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site to determine compliance for Standard 115.15. This PREA Auditor reviewed VADOC Operating Procedure 445.1, which addresses the limitations of cross-gender strip searching, as well as conducting searches of transgender and intersex inmates. Operating Procedure 445.1, Section 7 states, "Female corrections staff should

conduct all frisk searches of transgender and intersex offenders unless exigent circumstances are present and documentable. Exceptions to this requirement should be referred to the facility Treatment Team.” Operating Procedure 445.1, Section VII also states, “Strip searches shall be conducted by trained DOC employees of the same gender as the offender being searched; strip searches of offenders by opposite gender staff may only be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative; Transgender and intersex offenders expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review; approval must be obtained from the Shift Commander prior to conducting the search with notification to the Administrative Duty Officer and the Regional PREA Analyst; and an Internal Incident Report must be submitted in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.” The auditor also reviewed Operating Procedures 720.2 which stated, “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.” Finally, Operating Procedure 801.1 stated, “Facility procedures and practices shall enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.”

The PREA Auditor also interviewed 20 WRSP various staff members and asked each if they have been trained on cross-gender pat-down searching, as well as being trained on searching transgender and intersex inmates. Each WRSP staff member was knowledgeable of the facility’s policy. Also the auditor interviewed two transgender inmates. Each shared that the staff allowed them to shower and conduct bodily functions without non-medical staff of the opposite gender viewing, and at different times than the general population. The Auditor also reviewed a memorandum from 2/11/13, which directed all female staff to announce “Female staff on the shift,” when entering on housing units to commence their shift or returning to a specific post after an extended amount of time. This announcement must also be logged in the control room logbook.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.16. This PREA Auditor reviewed VADOC’s Operating Procedure 038.3 (Page 8) which stated, “The DOC shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively.”

The PREA Auditor also reviewed on-site visual verification of interpretation services, as well as reviewed PREA-related brochures in English and Spanish. The auditor also interviewed three limited English proficient inmates. Each was able to describe the interpretation services if the needed to report sexual harassment or sexual abuse. The PREA auditor also verified interpretation access for limited English proficient inmates by calling the #55 PREA reporting telephone number (located on each housing unit). The hotline gave an English and Spanish option for reporting abuse. Finally, the Virginia Department of Corrections contracts with “Optimal Phone Interpreters” (OPI) for all of their DOC facilities. OPI interprets for the following services: Victim Services, Classification, Court & Legal, Corrections Facility, Probation, Interstate Compact, and Medical questions.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.17. This PREA Auditor interviewed the WRSP Human Resources (HR) Manager, who showed documentation of recruitment, screening, interviewing, and hiring protocols. This PREA Auditor also reviewed VADOC's Operating Procedures 040.1 (Page 2), 057.1(Pages 3-4), 101.1 (Pages 4-5), 101.8 (Page 4), 135.1 (Page 11), 170.1 (page 5), and 260.1 (Page 8) which referenced all the required PREA language to meet standard 115.17 policy compliance requirement.

During the auditor's interview with the HR Manager, five random employee files were pulled. Each file had the required and updated background checks, employment application questions which may disqualify and potential candidate from being employed with WRSP, as well as required PREA disclosures. The Auditor also reviewed an example of the Virginia Criminal Information Network (VCIN) log, and discussed with the HR Manager, VADOC's system of conducting and tracking employee backgrounds.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.18. This PREA Auditor reviewed VADOC's Operating Procedures 801.1 (Page 2) which referenced all the necessary PREA language to meet standard 115.18 policy compliance requirements. The PREA Auditor reviewed documentation and observed upgraded adjustment to the all prison showers to allow a reasonable amount of privacy. Replacement half shower doors were installed to meet PREA standards. While the auditor was on-site, the facility was in the process of installing 123 additional cameras to add to the current camera count of 217. In interviewing the WRSP Warden, he shared that the goal of the cameras are for added security measures, investigations and inmate monitoring enhancements, as well as deterring any PREA-related incidents.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.21. This PREA Auditor reviewed VADOC’s Operating Procedures 030.4 (Page 10), 038.3 (Pages 12-13), 445.2 (Pages 7-8), 720.7 (Pages 5-6), and 730.2 (Page 7) which referenced all the necessary PREA language to meet standard 115.21 policy compliance requirements. The auditor interviewed the WRSP PREA Compliance Manager, who shared that in any incident of sexual abuse, the facility have contracted with SANE who comes on-site as needed to complete forensic exams. VADOC renewed their annual contract with Mountain State Health Alliance on 6/22/15.

The WRSP investigation team gave the auditor improved insight into the entire process from reporting, 1st responder staff, preserving a crime scene through the use of the Physical Evidence Recovery Kit (PERK), and the PREA Investigator’s role in Administrative Investigations. WRSP investigators further shared that once an investigation is identified as being criminal in nature, they refer the investigation over the VADOC’s Special Investigations Unit (SIU) and work in cooperation with the SIU.

Additionally, according to one of VADOC Regional PREA Analysts, the SIU handles investigations of criminal nature. SIU is based out of VADOC headquarters and consists of 19 agents, 3 Assistant Chiefs, and 1 Chief. SIU agents are located throughout the state of Virginia and are assigned to specific regions. Each VADOC facility has a designated agent as a point of contact. There is always an agent on duty to receive investigation calls. The PREA unit can request SIU to investigate a PREA case or the facility can refer the case to SIU if the allegation is initially identified as criminal in nature or if the preliminary investigation indicated criminal conduct. When SIU completes the PREA investigation, it is reviewed by one of the regional PREA Analysts who determines whether the case is substantiated, unsubstantiated, or unfounded. The PREA Hotline Coordinator sends the WRSP PREA Compliance Manager and PREA Investigator at the facility an email informing them of the disposition and instructing them to deliver a disposition letter. The Warden, Statewide PREA Coordinator, and the regional PREA Analyst are copied on the email for tracking purposes.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.22. This PREA Auditor reviewed VADOC’s Operating Procedures 030.4 (Pages 4-6 and 9-10) and 038.3 (Pages 11) which referenced all the necessary PREA language to meet standard 115.22 policy compliance requirements. The auditor interviewed the WRSP PREA Investigation Team and the Regional PREA Analyst, who confirmed the policy which states that the Special Investigations Unit (SIU) handles investigations of criminal nature. SIU is based out of VADOC headquarters and consists of 19 agents, 3 Assistant Chiefs, and 1 Chief. SIU agents are located throughout the state of Virginia and are assigned to specific regions. Each VADOC facility has a designated agent as a point of contact. There is always an agent on duty to receive investigation calls. The PREA unit can request SIU to investigate a PREA case or the facility can refer the case to SIU if the allegation is initially identified as criminal in nature or if the preliminary investigation indicated criminal conduct. When SIU completes the PREA investigation, it is reviewed by one of the regional PREA

Analysts who determines whether the case is substantiated, unsubstantiated, or unfounded. The PREA Hotline Coordinator sends the WRSP PREA Compliance Manager and PREA Investigator at the facility an email informing them of the disposition and instructing them to deliver a disposition letter. The Warden, Statewide PREA Coordinator, and the regional PREA Analyst are copied on the email for tracking purposes.

Finally, The PREA Auditor reviewed documentation of three of the most recent WRSP investigation which were turned over to the Special Investigations Unit (SIU). This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.31. This PREA Auditor reviewed VADOC's Operating Procedures 160.1 (Pages 4) and 350.2 (Pages 11-12) which referenced all the necessary PREA language to meet standard 115.31 policy compliance requirements. The auditor interviewed the WRSP Staff Trainer regarding the PREA training procedures for new and present employees. The staff trainer showed electronic verification where every WRSP staff was mandated to take the PREA training by October 2014, in efforts to kick off their official surge. The goal was to get each staff their foundational PREA training, and refresher training annually thereafter. The WRSP staff trainer further shared the PREA training process of new employees, which entails PHASE ONE (Week 1): Computer-based training (4 hours of PREA), PHASE TWO (Week 2-4): 1.5 hour Power point PREA training, and ACADEMY TRAINING (Approximately Week 6): Comprehensive PREA Training. Additionally, the auditor reviewed the PREA training packet which included: training agenda, outline, objectives, and topics which covered requirements of PREA standard 115.31.

The auditor reviewed on-site PREA training documentation of random staff files to verify compliance with standard. The auditor verified that all training dates of the random files selected were in compliance with PREA Standard 115.31.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.32. This PREA Auditor reviewed VADOC's Operating Procedures 027.1 (Page 7), 038.3 (Page 6), 160.1 (Pages 4-5), and

350.2 (Page 8) which referenced all the necessary PREA language to meet standard 115.32 policy compliance requirements. An example of the VADOC policy states, “The Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with offenders, but all volunteers who have contact with offenders shall be notified of the DOC’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A briefing on security procedures, privacy laws, chain of command, basic knowledge of criminal behavior, and other related topics, as pertinent and applicable. Completion of orientation/training will be documented by the volunteer’s signature on the *Rules for Volunteers*.”

The auditor interviewed the WRSP Staff Trainer regarding the PREA training procedures for volunteers. He shared that the volunteers receive training similar to the new employees. The auditor also interview 2 WRSP volunteers and asked them about their PREA training and their knowledge of the facility’s policy on reporting witnessed sexual abuse or if/when a sexual abuse is reported to them. Each volunteer was able to share the reporting procedures. Finally, the auditor reviewed the files of 3 volunteers and verified up-to-date PREA training documentation in each randomly selected volunteer’s file.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.33. This PREA Auditor reviewed VADOC’s Operating Procedures 810.2 (Page 5) and 038.3 (Page 5) which referenced all the necessary PREA language to meet standard 115.33 policy compliance requirements. An example of the VADOC Operating Procedure states, “When an offender enters a DOC facility from a jail, the offender shall receive information explaining the DOC’s zero-tolerance policy for sexual abuse and sexual harassment and instruction on how to report incidents or suspicions of sexual abuse or sexual harassment. This information shall be communicated verbally and in writing, in language clearly understood by the offender. Immediately upon intake to DOC, the offender shall receive an initial PREA training, utilizing the *Preventing Sexual Abuse & Sexual Assault - Trainer Outline – Intake*. The offender will watch Section 1 of the *PREA: What You Need to Know* video and a copy of the *Sexual Assault Awareness and Prevention* brochure (in English and/or Spanish) that includes the Sexual Assault Hotline number will be provided. Within 10 days of arrival, the offender shall receive a comprehensive PREA training, utilizing the *Preventing Sexual Abuse & Sexual Assault - Trainer Outline - Comprehensive Preventing Sexual Abuse and Sexual Assault Training* including use of the videos *PREA: What You Need to Know* and *Breaking the Silence of Offender Sexual Abuse Speaking Up: Discussing Prison Sexual Assault*. Facilities shall make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. The offender shall document receiving the *Sexual Assault Awareness and Prevention* brochure and both of the *Preventing Sexual Abuse and Sexual Assault Trainings* (Intake and Comprehensive) by signing the *Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training*. The signed *Acknowledgement* will be placed in the offender’s Institutional Record. It is mandatory that offenders attend the both trainings. Offenders refusing shall be charged with Offense Code 200, per Operating Procedure 861.1.

Information shall include the following topics:

- i. Definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and offenders;
- ii. DOC Zero Tolerance Policy;
- iii. Prevention;
- iv. Self-protection;
- v. Reporting sexual abuse/assault;
- vi. Treatment and counseling; and
- vii. Offender telephone sexual abuse Hotline Number #55

An offender received from another DOC facility via transfer will be provided a copy of the *Sexual Assault Awareness and Prevention* brochure that includes the Sexual Assault Hotline number. If documentation of *Preventing Sexual Abuse and Sexual Assault Training* is not found in the offender's record, the offender shall be provided the 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.

The auditor reviewed the *What You Need to Know PREA* intake video during the on-site audit, as well as interviewed 25 WRSP inmates. Each inmate was familiar with the intake video and recognized the brochure given to the at intake. Each interviewed inmates file consisted of an signed acknowledgement form verifying participation in PREA education. The auditor also observed PREA-related literature on each housing unit and most locations where inmates frequent. This literature was in both English and Spanish.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.34. This PREA Auditor reviewed VADOC's Operating Procedures 030.4 (Page 10) and 350.2 (Page 14) which referenced all the necessary PREA language to meet standard 115.34 policy compliance requirements. An example of the VADOC Operating Procedures states, "Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations. In addition to the general PREA training provided to all employees, facility investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include:

- i. Techniques for interviewing sexual abuse victims
- ii. Proper use of Miranda and Garrity warnings
- iii. Sexual abuse evidence collection in confinement settings
- iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The PREA auditor reviewed the training files of each of the 4 WRSP PREA Investigators, to verify Specialized Training in accordance to this PREA Standard. Each PREA Investigator's file had the appropriate specialized training documentation. This Auditor also conducted interviews of the PREA Investigators, as well as reviewed concluded and current investigations, to verify investigation procedure documentation.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.35. This PREA Auditor reviewed VADOC's Operating Procedures 060.1 (Page 5), 350.2 (Page 12), 701.1 (Page7), and 720.7 (Page 5) which referenced all the necessary PREA language to meet standard 115.35 policy compliance requirements. An example of the VADOC Operating Procedures states, "All health care providers shall be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence. The Health Authority and/ or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receives specialized training in:

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

Medical and mental health care practitioners shall also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC."

This auditor also interviewed a medical and mental health staff while conducting the on-site audit. Both staff were able to explain PREA, its reporting procedures, their obligation to the victim, their role related to resource and referrals. Finally, all medical and mental health staff had current PREA training in their personnel files (trainings within one year).

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.41. This PREA Auditor reviewed VADOC's Operating Procedures 730.2 (Pages 3-5), 810.1 (Pages 5-6), 810.2 (Pages 2-3), and 861.1 (Page 13) which referenced all the necessary PREA language to meet standard 115.41 policy compliance requirements. An example of the VADOC Operating Procedures states, "All offenders will receive a medical and mental health screening by health trained or qualified health care personnel upon arrival to a facility. A counselor or other non-clerical reception center staff shall assess all offenders during reception for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. The assessment shall ordinarily take place be completed and approved within 72 hours of arrival at the facility. Reception center staff will interview and evaluate all incoming offenders for High Risk Sexual Aggressor (HRSV) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the *Classification Assessment* in VACORIS. In addition to the mental health screening, all intersystem (i.e., new to DOC) transfers into DOC institutions will also undergo a mental health appraisal by a Qualified Mental Health Professional (QMHP). Offenders will be interviewed within the following time frames:

- a. A newly received offender who is prescribed psychotropic medication for a mental disorder will be interviewed by the QMHP within one working day of admission to a Reception and Classification Center (RCC) or Parole Violator Unit (PVU).
- b. Offenders who are not prescribed psychotropic medication will be interviewed by the QMHP within 14 days of admission to the RCC or PVU.
- c. The QMHP will document the results of the mental health appraisal on the *Mental Health Appraisal* and assign the offender a Mental Health Classification Code.

If there is documented evidence of a mental health appraisal within the previous 90 days, a new appraisal is not required, except as determined by the QMHP. The mental health appraisal includes:

- a. Assessment of current mental status and condition;
- b. Assessment of current suicidal potential and person-specific circumstances that increase suicide potential;

- d. Assessment of violence potential and person-specific circumstances that increase violence potential;
- e. Review of available historical records of inpatient and outpatient psychiatric treatment;
- f. Review of history of treatment with psychotropic medication;
- g. Review of history of psychotherapy, psycho-educational groups, and classes or support groups;
- h. Review of history of drug and alcohol treatment;
- i. Review of educational history;
- j. Review of history of sexual abuse-victimization and predatory behavior;
- k. Assessment of drug and alcohol abuse or addiction;
- l. Use of additional assessment tools, as indicated;
- m. Referral to treatment, as indicated; and
- n. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

Within 30 days from the offender’s arrival at the facility, the facility will reassess the offender’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. An offender’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness. Offenders may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the *PREA Screening Checklist Classification Assessment* interview. In order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates, responses to *PREA Screening Checklist*, questions regarding an offender’s risk of sexual victimization and abusiveness shall only be disseminated in accordance with this operating procedure.”

This auditor also interviewed a member of WRSP’s mental health team and a Case Manager while conducting the on-site audit. Both staff were able to explain their roles related to screening for risk of victimization, vulnerabilities, and sexual aggressiveness. Finally, the case manager showed the auditor an example of VACORIS role in analyzing and gather all assessment information on screened inmates. Finally, the mental health staff and Case Manager had current PREA training in their personnel files (trainings within one year).

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.42. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Page 7), 425.4 (Page 2), 730.2 (Pages 5-6), 810.1 (Page 6), 810.2 Page 3), 830.5 (Page 8), and 841.2 (Page 3) which referenced all the necessary PREA language to meet standard 115.42 policy compliance requirements. Examples of the VADOC Operating Procedures states, “The DOC shall use information from the offender risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The DOC shall make individualized determinations about how to ensure the safety of each offender. Specialized decisions to provide specific individual accommodations to regarding transgender or intersex offenders and offenders diagnosed by Mental Health staff with Gender Dysphoria should be made by the Gender Dysphoria Identity Disorder Committee. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender’s health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender. The Institutional Program Manager (IPM) or designated staff for facilities without an IPM shall pull the *Facility Offender Alert* custom report from VACORIS in the months of January and July in order to complete a six month reassessment of housing and programs for all transgender and intersex offenders. The staff member must meet with the offender to

discuss their program and housing needs and to ensure their current assignments are still appropriate. A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. A note shall be placed in VACORIS indicating "six month housing and program assignment reassessment completed" and documenting any necessary action taken regarding changes to housing and programs. The IPM or designated staff shall refer the offender to QMHP for follow-up, as needed. All reassessments shall be completed by the last day of the designated months. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. The DOC shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Lesbian, gay, bisexual, or intersex offenders shall not be placed in a dedicated housing unit or wing solely on the basis of such identification or status."

Additionally, during this PREA Auditor's on-site audit of WRSP, this auditor interviewed 2 self-identified LGBTI inmates, whom confirmed that they are allowed to shower separate from other inmates, they are allowed to express their concerns to the staff. Each LGBTI inmate also shared that there are no designated or special housing for LGBTI inmates.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.43. This PREA Auditor reviewed VADOC's Operating Procedures 425.4 (Page 5), 425.4 (Pages 13-14), 810.1 (Page 6), 810.2 (Page 3), 830.5 (Page 8), 830.5 (Page 8), and 841.2 (3) which referenced all the necessary PREA language to meet standard 115.43 policy compliance requirements. Examples of the VADOC Operating Procedures states, "Offenders identified as HRSV shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. When Mental Health or Medical staff determine that an offender should be placed in special housing to protect the offender or the general population they may request to the Shift Commander that the offender be placed on General Detention. If the facility cannot conduct an assessment immediately, the Shift Commander may place the offender in Special Housing on General Detention for no more than 24-hours while completing the assessment. The facility must clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. The Regional PREA Analyst must be notified. The ICA must clearly document on the *Institutional Classification Authority Hearing* report the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged. Involuntary assignment to Segregation shall only be made until an alternative means of separation from likely abusers can be arranged. This assignment to segregation shall not ordinarily exceed a period of 30 days. Mental Health staff shall advise the ICA on whether the offender can be released to General Population or whether they must be assigned to Segregation and/or transferred to the DOC Protective Custody Unit. The Regional PREA Analyst must be notified of this assignment and kept informed of any changes in the offender's status."

Additionally, during the PREA Auditor's on-site audit of WRSP, this auditor did not observe any inmates in protective custody. The segregated populations in which the auditor observed and interviewed were in segregation for disciplinary violations/reasons.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.51. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Page 8), 038.1 (Page 4), 810.6 (Page 1), 803.3 (Page 7), 866.1 (Pages 2, 6, 8, and 11) which referenced all the necessary PREA language to meet standard 115.51 policy compliance requirements. Examples of the VADOC Operating Procedures states, “Offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only to the immediate point-of-contact line officer. An offender may report such incidents to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline Number #55, or in writing using an *Offender Request* or *Informal Complaint*. An offender who is sexually assaulted shall immediately notify staff that a sexual assault has occurred. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Offenders who observe, are involved in, or have any knowledge or suspicion of a sexual assault or unauthorized relationship shall immediately notify staff. The agency shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders.

The PREA Auditor’s interviewed 25 inmates from various housing locations. All were able to identify at least three avenues to report an incident of sexual harassment or sexual abuse. The three identified avenues were through an emergency grievance, verbally to any staff, and the primary route is by dialing #55 on the housing unit telephone. The auditor tested out the #55 PREA Abuse hotline telephones. The call is free, available in English and Spanish, and an inmate can talk to a live person. Though the #55 is a private reporting avenue, VADOC has a contractual agreement with “Virginia Sexual and Domestic Violence Action Alliance” The current contract is up for renewal on 4/30/16. Finally, all inmates received a PREA *Sexual Assault Awareness and Prevention* brochure upon intake, which depicts resources/telephone numbers of the various reporting avenues. The brochure is in English and Spanish.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.52. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Pages 8-9), 861.1 (Pages 6 and 8), 866.1 (Pages 2-4, 6-8, and 10-12) which referenced all the necessary PREA language to meet standard 115.52 policy compliance requirements. Examples of the VADOC Operating Procedures states, “There is no time limit on when an offender may submit a grievance regarding an allegation of PREA Audit Report

sexual abuse. An offender is not required to use the informal complaint process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

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

Due to the sensitive nature of this offense, it is important that it is handled with utmost caution and fairness to avoid hindering the offender's right to file complaints against employees. The purpose of this offense is to prevent offenders from fabricating false charges against corrections employees. Before this offense can be brought, there must be an investigation by an impartial third party to determine that there are no facts that could substantiate the statement or charge. The investigation should include, but is not limited to, interviewing the offender who made the allegation and the employee who is the subject of the allegation. The employee who is the subject of the statement/charge will not be the Reporting Officer. This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

The PREA Auditor's interviewed 25 inmates from various housing locations. All were able to identify at least three avenues to report an incident of sexual harassment or sexual abuse. The three identified avenues were through an emergency grievance, verbally to any staff, and the primary route is by dialing #55 on the housing unit telephone. The auditor tested out the #55 PREA Abuse hotline telephones. The call is free, available in English and Spanish, and an inmate can talk to a live person. Though the #55 is a private reporting avenue, VADOC has a contractual agreement with "Virginia Sexual and Domestic Violence Action Alliance" The current contract is up for renewal on 4/30/16. Finally, all inmates received a PREA *Sexual Assault Awareness and Prevention* brochure upon intake, which depicts resources/telephone numbers of the various reporting avenues. The brochure is in English and Spanish.

This PREA Auditor also requested on-site documentation of 4 random closed and active grievances. All necessary procedures were in place, as well as the team investigating grievances of sexual abuse or sexual harassment was clear in how they conduct their investigations according the Administrative Remedy Process. In interviewing the 25 random inmates, all could clearly explain the grievance procedures and had knowledge that grievances dealing with sexual abuse and sexual harassment do not have a time limit for submittal. Finally, all inmates understood that they could use a third party to assist in grievance completion and submittal.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.53. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Page 13) which referenced all the necessary PREA language to meet standard 115.53 policy compliance requirements. Examples of the VADOC Operating Procedures states, “Offenders may contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for contact information for access to outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA Coordinator. “

The PREA Auditor verified that VADOC has a contractual agreement with “Virginia Sexual and Domestic Violence Action Alliance.” VADOC also has resources for Immigration Legal Services through *Arlington Immigration Court*. Finally, all inmates received a PREA *Sexual Assault Awareness and Prevention* brochure upon intake, which depicts resources/telephone numbers of the various reporting avenues. The brochure is in English and Spanish.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.54. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Page 9) which referenced all the necessary PREA language to meet standard 115.54 policy compliance requirements. Examples of the VADOC Operating Procedures states, “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender’s decision. The Department of Corrections public web site provides contact information on how to report sexual abuse and sexual harassment on behalf of an offender.”

The PREA Auditor verified this standard by reviewing the external third party reporting webpage, as well as two third party reports. Finally, all inmates received a PREA *Sexual Assault Awareness and Prevention* brochure upon intake, which depicts resources/telephone numbers and third party reporting avenue. The brochure is in English and Spanish.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.61. This PREA Auditor reviewed VADOC’s Operating Procedures 030.4 (Page 10), 038.1 (Page 4), 038.3 (Page 9), 720.2 (Page 3), 720.7 (Page5), 730.2 (Pages 6-7), and 801.6 (Page 1) which referenced all the necessary PREA language to meet standard 115.61 policy compliance requirements. Examples of the VADOC Operating Procedures states, “Any employee, volunteer, or contractor shall immediately report to his or her supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions. Employees, volunteers, and contractors shall report to the supervisor, Organizational Unit Head or officer in charge any suspicion or knowledge of other staff, volunteer or contractor fraternization with offenders. If the alleged victim is under the age of 18, aged, incapacitated, or offenders who are receiving services from a DOC 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 Social Services. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be immediately reported to the facility designated investigator who will conduct an initial investigation and will immediately notify the PREA Analyst of the allegation.”

This auditor interviewed 24 random staff, covering multiple shifts and disciplines within WRSP. This auditor asked all the same question, “If you witnessed or was a informed of sexual abuse or sexual harassment here at WRSP, what steps do you take in reporting this alleged sexual abuse or sexual harassment?” Each interviewed staff verbally shared their reporting procedures based on their specific role. The PREA auditor also verified the most current PREA training of each randomly selected staff. Each staff’s file was in compliance with PREA training standards. Finally, the auditor interviewed the WRSP PREA Investigators, who were well versed in their responsibilities, once any reports of sexual harassment and sexual abuse occur.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.62. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Page 4), 425.4 (Page 2), and 730.2 (Page 7) which referenced all the necessary PREA language to meet standard 115.62 policy compliance requirements. Examples of the VADOC Operating Procedures states, “Offenders who are subject to a substantial risk of imminent sexual abuse, or are considered to be at risk for additional sexual victimization shall be referred to the QMHP who will immediately consult with the Facility Unit Head or designee to recommend

immediate action to protect the offender.”

This auditor interviewed 24 random staff, covering multiple shifts and disciplines within WRSP. This auditor asked all the same question, “If you learn an inmate is at risk of imminent sexual abuse, what actions do you take to protect the inmate...and how quickly do you take such actions?” Each interviewed staff verbally shared their responding procedures. The common theme of the staff responses was that they would immediately report the inmate imminent risk issue to their immediate supervisor, mental health, or the highest ranking officer on duty, with the goal of reassigning the inmate to another housing location.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.63. This PREA Auditor reviewed VADOC’s Operating Procedures 030.4 (Page 9) and 038.3 (Pages 6-7) which referenced all the necessary PREA language to meet standard 115.63 policy compliance requirements. Examples of the VADOC Operating Procedures states, “Upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Unit Head shall document that it has provided such notification. When the Facility Unit Head receives notification from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA Standards.”

During this audit reporting period, the facility had zero allegations reported to WRSP that an inmate was sexually abused while confined at another facility.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.64. This PREA Auditor reviewed VADOC’s Operating Procedures 030.4 (Page 6), 038.3 (Page 10), and 075.1 (6) which

referenced all the necessary PREA language to meet standard 115.64 policy compliance requirements. Examples of the WRSP Operating Procedures states, “Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

- (a) Separate the alleged victim and abuser;
- (b) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (c) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;
- (d) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”

This auditor interviewed 24 random staff, covering multiple shifts and multiple disciplines within WRSP. This auditor also interviewed 1 medical and 1 mental health staff. This auditor asked all the same question, “If you witnessed or were informed of sexual abuse or sexual harassment here at WRSP, what steps do you take in reporting this alleged sexual abuse or sexual harassment and preserving/protecting the alleged crime scene?” Each interviewed staff verbally shared their reporting procedures and procedures to preserve/protect the crime scene (including not allowing the involved inmates to clean, brushing teeth, urinating, defecating, drinking, eating, or changing clothing). All training of these 24 random staff was in compliance with PREA training standards. Finally, the auditor reviewed WRSP’s “Sexual Abuse Response Checklist.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.65. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Page 9-10) and 075.1 (6) which referenced all the necessary PREA language to meet standard 115.65 policy compliance requirements. Examples of the VADOC Operating Procedures states, “Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The *Sexual Assault Response Checklist* should guide initial coordinated response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.”

Finally, the auditor reviewed WRSP’s written *Response Plan* and *Sexual Assault Response Checklist* which contains all the necessary element to be an adequate tool to coordinate all departmental responses within and external to WRSP.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- N/A 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.

According to a VADOC memo submitted to the PREA auditor as evidence of meeting standard 115.66. This memo states that in accordance to the Code of Virginia, collective bargaining agreements are prohibited.

This PREA auditor concludes this particular standard (115.66) to be Not Applicable to the above-mentioned PREA Standard.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.67. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Pages 13-14), 075.5 (Page 4), and 030.1 (Page 5) which referenced all the necessary PREA language to meet standard 115.67 policy compliance requirements. Examples of the VADOC Operating Procedures states, “All staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. Allegations of retaliation shall be reported through the same methods as available for reporting sexual abuse or sexual harassment. Such allegations shall be investigated as for an allegation of sexual abuse. The DOC shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the DOC shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items to be monitored include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DOC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of offenders, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the DOC shall take appropriate measures to protect that individual against retaliation. The DOC’s obligation to monitor shall terminate if it determines that the allegation is unfounded.”

Additionally, the PREA auditor reviewed two investigations (1 active and 1 completed investigation). Each had appropriate retaliation monitoring documentation.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.68. This PREA Auditor reviewed VADOC Wallens Ridge State Prison’s (WRSP) Operating Procedures 425.4 (Pages 5, 13, and 14) and 830.5 (Page 8) which referenced all the necessary PREA language to meet standard 115.68 policy compliance requirements. Additionally, according to 2 Memorandums from the Warden of WRSP, the facility had zero inmates who alleged sexual abuse or who was risk of victimization were placed in segregation for the sole purpose of protection between July 2015 and January 2016.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.71. This PREA Auditor reviewed VADOC’s Operating Procedures 038.3 (Pages 11-12) and 030.4 (Pages 10-12) which referenced all the necessary PREA language to meet standard 115.71 policy compliance requirements. Examples of the VADOC Operating Procedures states, “All investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Sexual abuse and sexual harassment investigations shall only be conducted by SIU investigators who have received special training in sexual abuse investigations. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

Finally, the auditor verified WRSP PREA investigators specialized training documentation. Each training file was up-to-date. This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.72. This PREA Auditor reviewed VADOC’s Operating Procedure 030.1 (Page 3) which referenced all the necessary PREA language to meet standard 115.72 policy compliance requirements. The VADOC Operating Procedure states, “A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

The auditor also verified through 2 random investigation preponderance of the evidence is utilized in determining the outcome of allegations of sexual abuse and sexual harassment. This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.73. This PREA Auditor reviewed VADOC’s Operating Procedure 038.3 (Page 12) which referenced all the necessary PREA language to meet standard 115.73 policy compliance requirements. The VADOC Operating Procedure states, “Following an investigation into an offender’s allegation that he or she suffered sexual abuse in a DOC facility, the investigator in charge shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the DOC did not conduct the investigation, the institutional investigator shall request the relevant information from the investigative agency in order to inform the offender.

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

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

Following an offender’s allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever:

- (a) The DOC has determined that the allegation is unfounded;
- (b) The DOC has determined that the allegation is unsubstantiated;
- (c) The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (d) The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented and sent to the offender in the same manner as legal mail. DOC’s obligation to report under this standard shall terminate if the offender is released from DOC custody.”

The auditor also verified through 2 random completed investigations that there was documentation where the inmate making the allegation was notified of the outcome of the investigation at its conclusion. This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.76. This PREA Auditor reviewed VADOC’s Operating Procedure 030.1 (Page 3) which referenced all the necessary PREA language to meet standard 115.76 policy compliance requirements. The VADOC Operating Procedure states, “Sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1 *Standards of Conduct*. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal.”

Additionally, according to 2 Memorandums from the Warden of WRSP, the facility had zero staff on inmate allegations of sexual harassment or sexual abuse between July 2015 and January 2016.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.77. This PREA Auditor reviewed VADOC’s Operating Procedure 130.1 (Page 3) which referenced all the necessary PREA language to meet standard 115.77 policy compliance requirements. The WRSP Operating Procedure states, “Any contractor or volunteer who engages in sexual abuse of offenders shall be prohibited from contact with offenders and 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. The DOC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer.”

Additionally, according to 2 Memorandums from the Warden of WRSP, the facility had zero allegations of sexual harassment or sexual

abuse by a contractor/volunteer between July 2015 and January 2016.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.78. This PREA Auditor reviewed VADOC's Operating Procedure 038.3 (Page 8), 820.2 (Page 3), and 861.1 (Pages 1, 5, 6, 8, 9, 12, 13, and 19) which referenced all the necessary PREA language to meet standard 115.78 policy compliance requirements. Examples of the VADOC Operating Procedure states, "In determining the appropriate penalty consideration shall be given to the nature and circumstances of the offense committed, the offender's disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories. Before disciplinary action is taken against an offender assigned to a Mental Health Unit, housed in Special Housing for a mental health reason (e.g. suicide watch), or against an offender who may be intellectually limited or mentally disordered to the extent they did not know what they were doing, the OIC will contact a QMHP to assess facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in such interventions as a condition of access to programming or other benefits. Offenders that do not comply with therapy, counseling, or other interventions should be charged with offense code 200 in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions* or offense code 217. Offenders shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred."

Additionally, according to 2 Memorandums from the Warden of WRSP, the facility had zero substantiated offender on staff or offender on offender sexual abuse allegations July 2015 and January 2016.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.81. This PREA Auditor reviewed VADOC's Operating Procedure 425.4 (Page 3), 701.3 (Page 4), and 730.2 (Pages 5-6) which referenced all the necessary PREA language to meet standard 115.81 policy compliance requirements. Examples of the VADOC Operating Procedures states, " Within 14 days of completion of the *PREA Screening Checklist Classification Assessment*, the QMHP will notify

offenders identified as HRSA or HRSV of the availability of a follow-up meeting with a mental health practitioner and relevant available treatment and programming. Notification will be documented on the *Prison Rape Elimination Act (PREA) 14-day QMHP Follow-Up Notification Form*. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.”

The auditor also reviewed submitted documentation, showing follow-up meetings occurring within the allotted 14-day of the intake. Also the documentation verified that information related to sexual victimization or abusiveness occurring in an institutional setting is strictly limited to medical, mental health practitioners, and other necessary staff.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.82. This PREA Auditor reviewed VADOC’s Operating Procedure 720.7 (Page 5) which referenced all the necessary PREA language to meet standard 115.82 policy compliance requirements. The VADOC Operating Procedure states, “Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

The auditor also interviewed the health services supervisor, as well as random inmates. Each verified that access to medical services and crisis intervention services are responded to within a reasonable timeframe (24-48 hours). Also, WRSP documentation verifies timely access to medical services.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.83. This PREA Auditor reviewed VADOC’s Operating Procedure 720.7 (Page 6) which referenced all the necessary PREA language to meet standard 115.83 policy compliance requirements. The VADOC Operating Procedure states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.86. This PREA Auditor reviewed VADOC’s Operating Procedure 038.3 (Page 14) which referenced all the necessary PREA language to meet standard 115.86 policy compliance requirements. The VADOC Operating Procedure states, “The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The sexual abuse incident review will be documented on a *Report of Incident Review*. The facility shall complete a *Report of Incident Review* at the conclusion of every investigation into an allegation of sexual harassment where the allegation has been determined to be founded substantiated. The facility shall provide a copy of the completed sexual abuse incident review *Report of Incident Review* to the Regional PREA Analyst within 14 calendar days of completion of the investigation. If the facility determines that the sexual abuse incident review *Report of Incident Review* will not be completed within 14 calendar days, the Regional PREA Analyst shall be contacted to discuss and extension.

While on site at WRSP, the PREA auditor reviewed 2 incident review reports. The documentation and timeframes were within the PREA 115.86 standard. This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents and Annual Reports from collected data submitted via electronic source and on-site documentation to determine compliance for Standard 115.87. This PREA Auditor reviewed VADOC’s Operating Procedure 720.7 (Page 6) which referenced all the necessary PREA language to meet standard 115.87 policy compliance requirements. The VADOC Operating Procedure states, “The DOC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. Upon request, the DOC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.88. This PREA Auditor reviewed VADOC “PREA Annual Report.” After this PREA Auditor’s examination of this comprehensive report (6 page report), it contains all the elements and language to meet this 115.88 PREA Standard. This report identified problem areas, corrective actions, various statistical data and comparisons, progress in various areas, and projected goals. From observations, this annual report was made available to the public.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This PREA Auditor reviewed pre-audit documents and Annual Reports from collected data submitted via electronic source and on-site documentation to determine compliance for Standard 115.89. This PREA Auditor reviewed VADOC's Operating Procedure 038.3 (Page 15) which referenced all the necessary PREA language to meet standard 115.89 policy compliance requirements. The VADOC Operating Procedure states, "The DOC shall ensure that data collected of allegations of sexual abuse at facilities under its direct control are securely retained. The DOC shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the DOC shall remove all personal identifiers. The DOC shall maintain this sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.

DeShane Reed

May 25, 2016

Auditor Signature

Date