

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility:	Deerfield Men's Work Center/ Deerfield Women's Work Center/ Brunswick Women's Reception & Pre-Release		
Physical address:	15772 Old Belfield Road/ 17080 Old Belfield Road, Capron, VA 23829/ 1147 Planters Road, Lawrenceville, VA 23868		
Date report submitted:	7/14/14		
Auditor Information Diane Lee – The Nakamoto Group			
Address:	11820 Parklawn Drive, Suite 240 Rockville, MD 20852		
Email:	Diane.lee@nakamotogroup.com		
Telephone number:	301-468-6535		
Date of facility visit:	June 16-18, 2014		
Facility Information			
Facility mailing address: (if different from above)	21360 Deerfield Drive, Capron, VA 23829		
Telephone number:	434-358-4368		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Teresa Porrovecchio		Title: Unit Manager/ PREA Compliance Manager
Email address:	teresa.porrovecchio@vadoc.virginia.gov		Telephone number: 434-658-9098
Agency Information			
Name of agency:	Virginia Department of Corrections		
Governing authority or parent agency: (if applicable)	Commonwealth of Virginia		
Physical address:	6900 Atmore Drive, Richmond, VA 23261		
Mailing address: (if applicable)	PO Box 26963, Richmond, VA 23261		

<i>different from above)</i>			
Telephone number:	804-674-3000		
Agency Chief Executive Officer			
Name:	Harold Clarke	Title:	Director
Email address:	Harold.Clarke@vadoc.virginia.gov	Telephone number:	804-887-8081
Agency-Wide PREA Coordinator			
Name:	Elisabeth Thornton	Title:	PREA Coordinator
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AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of the Deerfield Men’s Work Center, Deerfield Women’s Work Center and Brunswick Women’s Reception & Pre-Release was conducted on June 16-18, 2014 to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. Before the audit, the auditor interviewed the Agency Director, Harold Clarke, and the state PREA Coordinator, Elisabeth Thornton, at the Virginia Department of Corrections headquarters in Richmond, Virginia. During the audit, the auditor toured the facilities and conducted formal staff and inmate interviews. The auditor interviewed 10 inmates (10 random inmates from all of the facilities). There were no inmates who are disabled or limited English proficient, no transgender inmates, nor inmates who had reported sexual abuse or victimization. In addition, the auditor questioned 24 staff (13 specialized staff and 11 random Correctional Officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Random Correctional Officers were selected from each facility and each shift. Specialized staff interviewed included the Warden, PREA compliance manager, Deerfield Assistant Warden, Brunswick Assistant Warden, two facility investigators, Lieutenant at Deerfield, Human Resource Manager, Brunswick Intake Casework Counselor, Deerfield Intake Casework Counselor, Community Education Centers Program Director Contract Staff, Health Services Administrator and RN Supervisor.

An entrance meeting was held with the following persons in attendance: Warden James Beale; Douglas Vargo, Assistant Warden, Deerfield Men’s Center; Beth Cabell, Deerfield Women’s Center; Dee Copeland, Assistant Warden, Brunswick Women’s Center; Sahib Brown, Evidence Based Practices Manager; Teresa Porrovecchio, PREA Compliance Manager; Sgt. Kirk Chalmers, Investigator; Officer Celeste Charity, Intel Officer; Cynthia Bhuya, Unit Manager, Brunswick Women’s Center ; Curtis Starke, Buildings and Grounds Director and Lawanda Long, Regional PREA Analyst.

On the first day of the audit, there were 195 female inmates at Brunswick Women’s Reception & Pre-Release, 172 male inmates at Deerfield Men’s Work Center and 192 female inmates at Deerfield Women’s Work Center. Following the entrance meeting, I toured all three facilities. In

the last calendar year, there were 8 sexual assault/harassment allegation cases. Five were determined to be unfounded and 3 were found to be unsubstantiated.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Deerfield Correctional Center, a unit of the Virginia Department of Corrections (VDOC), is a 1080 bed facility, located near Capron, Virginia about an hour's drive south of Richmond. Deerfield was originally built in the fall of 1986 as a temporary facility using mobile homes on approximately forty-two acres of land. In the fall of 2008, Southampton Correctional Center was closed. As a result, Deerfield Correctional Center was given oversight of the remaining Men's and Women's Work Center that support the Agribusiness operation. The Men's (DMWC) and Women's (DWWC) Work Centers have an offender capacity of 200 each. DWWC provides work force for the Flash Freeze Plant located at the complex. The Flash Freeze Plant processes produce for the Department of Corrections Agribusiness operation. It is also a pilot site for the Transitional Women's Work Release (TWWR) program. This is a joint collaboration between the DOC and Community Education Centers. Offenders, who are eligible, work in the community 90 days prior to their release date. DMWC provides work force for the 2,500 acre agricultural operation (Agribusiness) at the complex. This includes a cattle operation, swine operation, row crops, green houses, saw mill, feed mill, pallet shop, equipment and vehicle maintenance and grounds crews. The DMWC also has a 12-bed reception unit which receives and classifies offenders from the jails who are suitable for the work centers.

In the fall of 2009, Brunswick Correctional Center was closed and Deerfield Correctional Center was then given oversight responsibility for the Brunswick Women's Pre-Release/Reception Center and agribusiness operation remaining at that location. The offender capacity at Brunswick Women's Reception/Pre-Release Center (BWPR) is 210. The adult female work center provides work force for a cattle operation, green houses and row crops for Agribusiness. BWPR also provides Re-entry, Pre-Release programming for offenders nearing the end of their sentence. Offenders who are eligible for the TWWR program complete pre-release programming at BWPR. It also serves as a reception center for female offenders received from the jails for classification.

The mission of Deerfield Correctional Center is: advances the Virginia Department of Corrections' overarching mission of enhancing public safety. We accomplish this by providing young and elder men and women with excellent services and supervision consistent with sound correctional principles, constitutional standards, and fiscal responsibility. Through collective wisdom, we are committed to a vision inspiring therapeutic, life-skills and agricultural programming that creates a continuing care community in which individuals can achieve greater physical, mental and spiritual development.

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

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, an exit meeting was held. While I could not give the facility a final finding, as there were some issues needing further documentation and clarification, I did discuss areas where they had questions as to the facility's and the department's compliance with specific standards. I gave an overview of the audit and thanked the Deerfield Men's Work Center, Deerfield Women's Work Center and Brunswick Women's Reception & Pre-Release staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded: 4

Number of standards met: 35

Number of standards not met: 0

Not Applicable: 4

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

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

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

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

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

Not Applicable -The agency has not contracted with other entities for the confinement of the inmates from Deerfield Men's Work Center, Deerfield Women's Work Center and Brunswick Women's Reception & Pre-Release Center.

§115.13 – Supervision and Monitoring

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

Warden James Beale ensures that he completes an annual review of the post audits and staffing plan. They have adequate resources to meet their needs and effectively administer procedures and programs related to PREA standards compliance. The review included an assessment of the facilities' video monitoring systems, phone access and staffing levels. They do not operate below the critical post requirements. Warden Beale has re-arranged some of the current staff in the last review so that there are now Unit Manager positions for each of the female facilities. Operating procedures 401.1, 401.2, and 401.3 support this standard. Documentation of unannounced rounds that cover all shifts was reviewed. There are minimal exterior video cameras due to being minimum security. The only dorms that have interior cameras are in the Deerfield Women's Work Center.

§115.14 – Youthful Inmates

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

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

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Staff of the opposite gender is required to announce their presence when entering the inmate-housing unit(s) by stating “female on unit”. This is also noted in the log book and has been added to the post orders. This was documented during interviews with staff and inmates, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. Operating procedures cover all aspects for this standard including 445.1, 401.2, 801.1, 401.1, 720.2, and 160.2. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff has been trained on conducting strip searches of transgender and intersex inmates in a professional manner. A PREA transgender strip search memo was issued on 5/21/14 and it was added to the specific post orders upon the next post order review. There are no transgender or intersex inmates at the facility at this time.

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

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

Operating Procedure 038.3 meets all the requirements of this standard. The DOC takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. They have a contract for interpreter services.

§115.17 – Hiring and Promotion Decisions

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

Based on interviews with HR all components of this standard are being met. Operating procedures to meet this standard include 170.1, 030.3, 260.1, 040.1, 057.1, 101.1, and 135.1. All employees/contractors have recently had their criminal background check completed again. A tracking system is in place to ensure they will be completed every five years.

§115.18 – Upgrades to Facilities and Technology

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

Not Applicable – There have been no upgrades to facilities or technology in this report period.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

Operating Procedures cover all aspects of this standard in 030.4, 445.2, 720.7, 038.3, and 730.2. A Sexual Assault Response Checklist is used and medical determines if the inmate should be transported to Southampton Memorial Hospital for SAFE/SANE exam. A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. The auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services the inmates are allowed to make. The phone number is posted in each housing unit.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

Operating Procedures 038.3 and 030.4 were reviewed during on-site inspection to verify the components are met. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. The facility investigator initiates all investigations. The Special Investigations Unit (SIU) picks up on criminal cases and advises facility investigator on administrative investigations. All investigations are internal to DOC. The Auditor reviewed all of the investigations that had been conducted.

§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)

Operating procedures 160.1 and 160.2 cover all training required by standard. Virginia DOC provides all employees a three hour class which includes a video. Staff also acknowledge in writing their understanding of PREA. The acknowledgement form lists all the required areas of the standard. A review of the lesson plan demonstrates all the required areas are covered. All staff interviewed indicated that they received the required PREA training.

§115.32– Volunteer and Contractor Training

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

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

§115.33 – Inmate Education

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

Inmates receive information at time of intake through a PREA pamphlet and there is information in the inmate handbook (also available in Spanish). There are posters throughout the facility and the phone number to call to report is in each housing unit. A facility orientation including PREA information is delivered the day of arrival which consists of video and additional information which expands on the information provided in the pamphlet and handbook. The inmates sign an acknowledgement of having received the training. Operating procedures 038.3 and 810.2 cover the components required.

§115.34 – Specialized Training: Investigations

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

Institution Investigator Sgt. Kirk Chalmers and the Intelligence Officer have received specialized training at the Virginia State Police Academy developed by Moss Group for conducting sexual abuse investigations. Operating procedures 030.4 and 160.2 meet this standard.

§115.35 – Specialized training: Medical and mental health care

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

The Health Services Administrator, and all medical and mental health staff has received specialized training on victim identification, interviewing, reporting, and interventions for medical and mental health staff. They are all contract employees with Corizon. Operating procedures that meet this standard include 160.1, 701.1 and 720.7.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

Operating procedures 810.1, 810.2, 730.2, and 861.1 include all components required by this standard. All inmates are assessed at reception center during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. Upon arrival at the facilities, counselors conduct a screening within 72 hours of arrival by policy and check of records. Inmates identified as high risk for sexual victimization or risk of sexually abusing other inmates are referred to a qualified mental health professional for a reassessment within 30 days. They would be reassessed based on any new information that bears on the inmates' risk of sexual victimization or abusiveness. The new information would be added to the VDOC electronic system to determine appropriate housing assignments.

§115.42 – Use of Screening Information

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

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. Housing and program assignments are done on a case by case basis. They have verified that they have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Numerous operating procedures address how the information from the risk screening is used to ensure safety of each inmate.

§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)

Agency policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after that. There have been no inmates placed in this status. If an inmate was at imminent risk of sexual victimization, they would be transferred to another facility that has protective custody housing. Operating procedures that meet this standard include 425.4, 810 and 830.5.

§115.51 – Inmate Reporting

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

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook, on posters and through Operating Procedures 038.3, 801.6, 803.3. and 866.1.

§115.52 – Exhaustion of Administrative Remedies

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

Operating Procedures 038.3, 866.1, and 861.1 cover the elements of this standard. The Emergency Grievance form was revised 7/1/13 to specifically address PREA issues. No grievances were filed in last year that alleged sexual abuse.

§115.53 – Inmate Access to Outside Confidential Support Services

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

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

§115.54 – Third-Party Reporting

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

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

§115.61 – Staff and Agency Reporting Duties

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

Operating Procedures 038.3, 038.1, 720.7, 720.2, 730.2, 801.6 and 030.4 include all the components of this standard. This was also verified through interviews with random staff.

§115.62 – Agency Protection Duties

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

If an inmate was at imminent risk of sexual victimization, they take immediate action to protect the victim. There have been no inmates placed in this status. Operating procedures that meet this standard include 425.4, 038.3 and 730.2. This was also verified through interviews with random staff.

§115.63 – Reporting to Other Confinement Facilities

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

Operating procedures 038.3 and 030.4 include all the components of this standard. This was also verified through interviews with Warden and PREA Coordinator. The facilities have received one allegation that an inmate was abused while confined at another facility. The facility was notified of the allegations within 72 hours. An investigation was completed and determined to be unfounded. There have been no allegations of sexual abuse that Deerfield and Brunswick received from other facilities.

§115.64 – Staff First Responder Duties

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

Operating procedures 038.3, 030.4 and 075.1 include all the components of this standard. This was also verified through interviews with random staff.

§115.65 – Coordinated Response

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

Operating procedures 038.3 and 075.1 address this standard.

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

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

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

§115.67 – Agency protection against retaliation

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

The facility PREA Plan states that the PREA Compliance Manager is charged with monitoring retaliation and at a minimum conducts checks with inmates who have been victimized or reported victimization every 30 days up to 90 days or longer if required to ensure no retaliation on the inmate has been instigated.

§115.68 – Post-Allegation Protective Custody

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

Inmates would be transferred to a facility that has protective custody, pending investigation. There have not been any inmates who required this type of placement in this report period.

§115.71 – Criminal and Administrative Agency Investigations

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

Operating Procedures 030.4 and 038.3 cover these components. The Deerfield Investigator conducts investigations within the facility. If an allegation appears to be criminal in nature, the Investigator will call upon the DOC SIU to conduct the investigation. The SIU will provide technical assistance and support to the facility investigator for administrative investigations. The DOC SIU has full police powers. With the exception of recently hired investigators who

are still in their field training, all SIU Investigators have received special investigation training. All of the investigations were reviewed promptly, thoroughly, and objectively.

§115.72 – Evidentiary Standard for Administrative Investigations

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

Operating Procedures 130.1, 135.1 and 861.1 cover these standard requirements.

§115.73 – Reporting to Inmate

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

Operating procedures 038.3 and 030.4 address this standard. All inmates were notified of the results of the investigations.

§115.76 – Disciplinary sanctions for staff

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

Operating Procedures 130.1 and 135.1 include all the components of this standard. During this audit period no staff member was terminated for violating agency sexual abuse or sexual harassment policies.

§115.77 – Corrective action for contractors and volunteers

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

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

§115.78 – Disciplinary sanctions for inmates

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

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

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

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

Operating Procedures 730.2, 425.4, and 701.3 cover all components. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services if needed.

§115.82 – Access to emergency medical and mental health services

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

Operating procedures that address this standard are 720.7, 730.2, 038.3 and 075.1.

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

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

Operating Procedures 720.7 and 730.2 cover all components.

§115.86 – Sexual abuse incident reviews

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

Operating Procedures 038.3 and 038.1 include all the components of this standard. A sample incident review was reviewed by this auditor.

§115.87 – Data Collection

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

This is covered in Operating Procedure 038.3. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument since 2008. The system allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action.

§115.88 – Data Review for Corrective Action

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

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the VA DOC website.

§§115.89 – Data Storage, Publication, and Destruction

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

This is covered in Operating Procedure 038.3 and 025.3. The 2013 Annual Report was reviewed.

AUDITOR CERTIFICATION:

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

_____*Diane Lee*_____

_____July 16, 2014_____

Auditor Signature

Date