

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

**Date of Interim Audit Report:** Click or tap here to enter text.       N/A

If no Interim Audit Report, select N/A

**Date of Final Audit Report:**      December 21, 2020

## Auditor Information

**Name:** Jennifer L. Feicht      **Email:** jennifer@preaauditing.com

**Company Name:** PREA Auditors of America

**Mailing Address:** 14506 Lakeside View Way      **City, State, Zip:** Cypress, TX 77429

**Telephone:** (724) 679-7280      **Date of Facility Visit:** November 4-6, 2020

## Agency Information

**Name of Agency:** Virginia Department of Corrections

**Governing Authority or Parent Agency (If Applicable):** Click or tap here to enter text.

**Physical Address:** 6900 Atmore Drive      **City, State, Zip:** Richmond, VA 23225

**Mailing Address:** P.O. Box 26963      **City, State, Zip:** Richmond, VA 23261-6369

<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency Website with PREA Information:** <https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>

## Agency Chief Executive Officer

**Name:** Harold Clarke, Director

**Email:** Harold.clarke@vadoc.virginia.gov      **Telephone:** (804) 887-8081

## Agency-Wide PREA Coordinator

**Name:** Rose Durbin, PREA/ADA Supervisor

**Email:** rose.durbin@vadoc.virginia.gov      **Telephone:** (804) 887-7921

<b>PREA Coordinator Reports to:</b>  Jermiah Fitz, Corrections Operations Administrator	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> (3) Regional PREA/ADA Analysts, (40) PREA Compliance Managers report to the Analysts
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## Facility Information

**Name of Facility:** Deerfield Men's Work Center 2

**Physical Address:** 15080 Old Belfield Road

**City, State, Zip:** Capron, VA 23829

**Mailing Address (if different from above):**

Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <https://vadoc.virginia.gov> (Search PREA)

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

[Click or tap here to enter text.](#)

### Warden/Jail Administrator/Sheriff/Director

**Name:** Tammy B. Williams

**Email:** [tammyb.williams@vadoc.virginia.gov](mailto:tammyb.williams@vadoc.virginia.gov)

**Telephone:** (434) 658-3650

### Facility PREA Compliance Manager

**Name:** Mark Blair

**Email:** [mark.blair@vadoc.virginia.gov](mailto:mark.blair@vadoc.virginia.gov)

**Telephone:** (434) 658-3632

**Facility Health Service Administrator**  N/A

**Name:** Linda Ray

**Email:** [linda.ray@vadoc.virginia.gov](mailto:linda.ray@vadoc.virginia.gov)

**Telephone:** (434) 358-3996

### Facility Characteristics

**Designated Facility Capacity:**

200

Current Population of Facility:	91	
Average daily population for the past 12 months:	95.8	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20-63	
Average length of stay or time under supervision:	160.6 days	
Facility security levels/inmate custody levels:	Minimum/Security Level W	
Number of inmates admitted to facility during the past 12 months:	208	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	208	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	162	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	36	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	1	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	12	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	97
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting <b>CRIMINAL</b> investigations into allegations of sexual abuse or sexual harassment:	19
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), <b>CRIMINAL INVESTIGATIONS</b> are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for <b>CRIMINAL INVESTIGATIONS</b> : Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting <b>ADMINISTRATIVE</b> investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), <b>ADMINISTRATIVE INVESTIGATIONS</b> are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for <b>ADMINISTRATIVE INVESTIGATIONS</b> : Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

The Virginia Department of Corrections contracted to have a PREA audit conducted at the Deerfield Men's Work Center (DMWC) and Deerfield Men's Work Center 2 (DMWC-2). This audit was initially scheduled to be conducted earlier in 2020, however, it had to be postponed due to the COVID-19 pandemic.

The audit was scheduled for (3) days for both facilities and conducted on November 4-6, 2020. The tour for both facilities was conducted on the first day of the audit and then interviews for each facility was conducted separately starting with Deerfield Men's Work Center and then moving to Deerfield Men's Work Center 2 as much as possible, although due to scheduling, there were some that had to be put in amongst the other facility interviews.

There were several interviews that applied to both facilities such as the Warden, Assistant Warden, Human Resources, Health Services Administrator (HSA), PREA Compliance Manager (PCM), Training Captain, Institutional Investigator, Special Investigations Unit (SIU) Agent, Mental Health provider and Unit Manager.

PREA Audit Notices were sent to the Eastern Region PREA Analyst six weeks prior to the beginning of the onsite audit visit. The staff at the facility hung those notices as required in all housing units, areas where offenders and staff members gather and visiting areas of the facility. Date stamped photographs were taken of these notices as verification that those were hung as required.

The staff of the PREA Unit and the PREA staff at the facility completed the pre-audit documentation and sent that to this Auditor approximately three weeks prior to the onsite audit visit. Review of this documentation allowed this Auditor to develop questions for the onsite audit visit.

The first day of the onsite audit began at approximately 9:00 AM with an initial meeting with a group of staff members in conference room at Deerfield Men's Work Center to have introductions, discuss the process, and answer questions. These staff members included the following:

- Warden
- Assistant Warden – Work Center
- Eastern Region PREA Analyst
- Operations Manager/PREA Compliance Manager (PCM)
- Major
- Unit Managers

After the initial meeting, the tour of both facilities began. The tour started at outside work sites near the facilities. The first place that was toured was the Flash Freeze Plant. This plant is large and employees (7) staff members, (3) security staff and (53) offenders. This plant has multiple rooms for different functions of the process of flash freezing vegetables. This facility does not have any cameras. There were several areas of the facility that were identified to have mirrors hung for better visibility. This was completed before the end of the onsite visit and photographs were provided to this Auditor as verification.

Next, the group went to Deerfield Men's Work Center 2. The staff provided a thorough tour of the facility and allowed this Auditor to have access to all areas of the facility where offenders have access to. The tour included visiting the follow areas.

- Both housing units in the facility
- Kitchen
- Visitation area
- Medical area
- Counselors' Offices
- Control Room
- Maintenance

Next the tour moved to the Warehouse. Offenders from DMWC work at this site. There are (2) offenders who work here and there are (3) staff members.

The last area toured was DMWC. This tour started with the main Control Center. The following areas were all toured.

- Administrative offices
- Group room
- Chapel
- Laundry
- Housing units
- Library
- Barbershop
- Intake area
- Dayroom
- Kitchen area
- Medical department

After the conclusion of the onsite tour, the staff interviews began. Interviews were conducted for both facilities at the same time. These interviews were conducted in a conference room in DMWC. Staff were interviewed from both shifts. Some of the positions apply to both DMWC and DMWC-2 and other interviews were for specifically DMWC or DMWC-2. Interviews included the following positions.

- Warden
- Assistant Warden
- Lieutenants
- Sergeants
- Health Services Administrator (HSA)
- Human Resources Director
- Unit Manager
- Casework Counselors
- Corrections Officers

Three agency level interviews, the agency Director, PREA Coordinator and SIU Agent, were conducted via phone. The Director and PREA Coordinator were interviewed prior to the onsite audit visit and the SIU Agent was interviewed after the visit.

Based on the population of DMWC-2, (16) offender interviews were required. According to the Auditor's Handbook, (8) should be randomly selected and (8) should include targeted populations. This facility did not have any offenders that fit into these targeted categories. The staff indicated that because of the nature of this facility and the requirements for acceptance into this program, it is rare that they receive any offenders that fit these categories. The Regional PREA Analyst provided a written memo to this effect.

In addition to the interviews with staff and offenders, this Auditor did review documentation while onsite. Personnel and employee training files were reviewed during the portion of the audit completed at

Deerfield Men's Work Center and included information from both facilities. The PREA assessments and reassessments and the offender education documentation were also reviewed.

All required interviews, tour, and documentation reviews were completed and a debrief meeting was held in the afternoon of the last day of the onsite audit visit. This debrief included information on issues and corrections made while this Auditor was onsite. This meeting included a smaller group of individuals including the following.

- Warden
- Assistant Warden – Work Centers
- Eastern Region PREA Analyst
- Operations Manager/PREA Compliance Manager (PCM)
- Unit Managers

This meeting discussed the issues for both work centers. Due to the nature of the relationship between these two facilities, this report will reflect the same or similar information in many areas.



## Facility Characteristics

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

The Virginia Department of Corrections is headquartered in Richmond, VA. The Average Daily Population (ADP) of the entire department in 2019 was 25,994 offenders. Eight percent of the offender population was made up of females and 92% are male offenders. In 2019, there were (26) major institutions in the system and one additional privately operated facility.

The mission of the VADOC is to enhance the quality of life in the Commonwealth by improving public safety. We accomplish this through reintegration of sentenced men and women in our custody and care by providing supervision and control, effective programs and re-entry services in safe environments which foster positive change and growth consistent with research-based evidence, fiscal responsibility, and constitutional standards.

The Deerfield Men's Work Center 2 (DMWC-2) is located in a rural area of Southampton County, Virginia and operates under the umbrella of the Deerfield Correctional Complex. In addition to Deerfield Men's Work Center 2 (DMWC-2), Deerfield Men's Work Center (DMWC) is also part of the complex. The complex has one Warden and two Assistant Wardens to oversee all three facilities, plus the Agribusiness operation of the complex.

The Department of Corrections is divided into three regions, Western, Central and Eastern. Deerfield Men's Work Center and Deerfield Men's Work Center 2 are located in the Eastern Region of the state.

There is one Assistant Warden assigned to oversee both Deerfield Men's Work Center and Deerfield Men's Work Center 2. There is one PREA Compliance Manager (PCM) responsible for covering the entire Deerfield Correctional Complex.

The mission of the Deerfield Men's Correctional Complex reads as follows.

*In service of the Commonwealth, we will work to enhance the quality of life of those in our care, their families, and the community by fully supporting the embodiment of positive community reintegration and lasting public safety. We will accomplish this by ensuring those in our custody and care are supervised consistent with sound correctional principles, constitutional standards, and fiscal responsibility; and by supporting initiatives such as: Cognitive Skill-Building, Education, Workforce Development, Agriculture, and Interdisciplinary Health Care.*

This is a Minimum/Security Level W facility with a rated capacity of (200) beds. Security Level W indicates that this is a work program. The average daily population for the past (12) months is (95.8). On the first day of the onsite audit visit, the population count was (91) offenders.

This number is low, in comparison to the rated capacity, due to the COVID-19 pandemic. The Department of Corrections stopped all transfers between the facilities for a period of time earlier in the year as a precaution to try to slow the spread of the disease. The transfers restarted the week of the onsite audit.

It should be noted that until October 2019, this facility was a women's work center site. The agency then made the decision to move all female facilities and services to the Central Region and this facility was converted into a second work center facility.

There were (36) staff members working at the facility at the time of the onsite audit. Over the preceding (12) months, (1) new staff members were hired.

The facility has (1) building, with (2) housing units. Both of these housing units are open bay units. Due to the low numbers in the facility, one of the units is used strictly for new receptions to the facility. These new receptions will quarantine in this unit and then will be moved to the other unit once the quarantine period is over.

There are services that are shared throughout the correctional complex. The human resource department works the entire correctional complex and is housed in the DMWC building. Another position which works throughout the complex is the institutional investigator. This position was open at the time of the onsite audit; however, the Intelligence Officer was filling in for this position until someone is permanently hired. Other positions which move all over the complex or between the two work centers include medical, mental health, the PREA Compliance Manager and training.

The facility has medical services onsite. There are nurses that work at each of the work centers and are supervised by a Health Services Administrator (HSA) who is housed at the work center.

All offenders are expected to have jobs while at this facility. If they do not have an outside job, then they are expected to have a job inside the facility. The offenders in DMWC work in the warehouse, Farmer's Market in Capron, maintenance, training academy, culinary arts building and to Sussex 1 and Sussex 2. However, due to storms in the area, the Farmer's Market was severely damaged and offenders have not been able to work there due to this damage.

COVID has made it difficult for some of the offenders to work. Some offenders who were interviewed indicated that their jobs still had not opened back up yet.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:**

115.11 – Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.31 – Employee training

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:**

## PREVENTION PLANNING

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

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

The Virginia Department of Corrections (VADOC) has developed operating procedures for the compliance with the PREA standards. This policy, *Operating Procedure 038.3, Prison Rape Elimination Act*, “.....provides guidance for the Department of Corrections on the requirements of the Prison Rape Elimination Act (PREA) of 2003 and compliance with the *Prison Rape Elimination Act National Standards*.”

This policy contains the agency’s zero tolerance policy statement. It is noted as follows.

“Procedure: I.D. The DOC has a Zero Tolerance Policy that strictly prohibits and fraternization, sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operating procedure. The DOC actively works to prevent, detect, report, and respond to any violation.”

This zero-tolerance policy is also echoed in the text of Operating Procedure 135.2. It reads as follows.

“9. Sexual Misconduct

a. The Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment. See Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*, for additional information on preventing, detecting, and responding to such conduct.”

The VADOC employs one statewide PREA Coordinator and three regional PREA Analysts at the agency level. The state is divided into three regions (Western, Central and Eastern) and each PREA Analyst oversees one region.

As required, each facility/complex has a PREA Compliance Manager (PCM) assigned. At the Deerfield Correctional Complex, PREA compliance duties are assigned to the Operations Manager. The PCM works with the Eastern Regional PREA Analyst to ensure the entire complex is in compliance with all PREA standards.

The PCM took over the PREA responsibilities in April 2019 and this is the PCM’s first PREA audit as the PCM. The PCM duties are part of the Operations Manager position. In addition to the PCM duties, the Operations Manager also supervises the Ombudsman at the complex, oversees the mailroom, records and disciplinary hearing offices, oversees the law library, and is responsible for ADA and ACA compliance.

The PCM indicated that over half of his time is spent on PREA issues over all three sites in the complex. He does have an analyst position that assists him with some of his other duties. He was clear that he receives a lot of support from the Regional PREA Analyst to assist him and educate him.

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

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

### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The VADOC has one contract to house offenders with a private, for profit organization, GEO Corrections and Detention, LLC (GEO). GEO operates one facility in the state of Virginia, Lawrenceville Correctional Center located in Lawrenceville, VA.

The agency provided the contract with GEO during the pre-audit phase for review. This contract was signed in 2018 and is renewable up to 10 years. The contract on Page 11 of 64, states that GEO must operate the facility ".....in accordance with all applicable federal, state and local laws; Court Orders; orders or decisions of federal, state and local regulatory agencies; ACA Standards, State Regulations, Prison Rape Elimination Act (PREA) Standards, and all DOC policies and procedures as they may all be amended and/or superseded from time to time."

Additionally, the agency provided the most recent PREA Audit Report dated November 20, 2019 and indicating that the facility is in full compliance with the requirements of the PREA standards.

During the last (12) months, Deerfield Men's Work Center 2 has not contracted for the housing of any offenders.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  
 Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes    No    NA

### 115.13 (c)

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

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes    No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes    No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes    No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



VADOC Operating Procedure 401.2, *Security Staffing*, outlines the requirements of the staffing plan and includes all items required from the PREA standards. This policy was last revised and approved with an effective date of January 1, 2020.

The facility provided this Auditor with the staffing plan, including post audit information for 2020 and was dated January 30, 2020. This staffing plan is for the entire correctional complex. These annual reviews are conducted at the facility and provided to the Regional PREA Analyst and the Regional Administrator. These reviews provide information regarding how many positions are allocated to the facility and how many would be needed for optimum coverage.

Additionally, the facility provided duty rosters dating back to the first quarter of 2019 through the third quarter of 2020 to show how the facility covered the deviations from the staffing plan.

***This Auditor would make a recommendation to the facility to include information in the staffing plan document as to who is present at this review meeting and additional notations for the PREA Coordinator to sign off on the document indicating her review and agreement.***

Interviews with higher level staff members such as the Assistant Warden, Lieutenants, and Sergeants confirmed they conduct unannounced rounds on a daily basis and those are documented in the PREA Logbook located in each building and on every housing unit in all buildings. Additionally, this Auditor reviewed the PREA Logbooks during the tour of the facility on the first day of the onsite audit visit and a large number of copies of PREA Logbooks were provided during the pre-audit phase.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Deerfield Men's Work Center 2 does not accept any offenders under the age of 18.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (d)

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

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Interviews with staff and offenders confirmed that cross gender strip searches do not occur at the facility. Offenders who identify as transgender or intersex are provided the opportunity to indicate what gender of staff member, they would prefer to conduct strip searches. This is documented on a strip search deviation form. Staff indicated that there have not been any transgender individuals at the facility recently. At the time of the onsite audit, the Deerfield Men's Work Center 2 did not have any transgender or intersex offenders.

Training curriculum documents were provided for review in the pre-audit information. This training contained information about cross gender searches and searches of transgender and intersex individuals.

Interviews with the staff and offenders also indicated that there are female staff that work in the housing units or that enter housing units daily. These interviews also confirmed that staff are making the required cross gender announcements so that offenders are able to shower, change clothes and perform bodily functions without staff of the opposite gender viewing their genitals. This was also confirmed by reviewing the PREA Logbooks both onsite and as part of the pre-audit information provided to this Auditor. Many offender interviews indicated that all female staff entering the housing units made the required cross gender announcements.

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

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

#### 115.16 (a)

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The VADOC and Deerfield Men's Work Center 2 works to provide PREA information to offenders in many formats to ensure that all offenders are able to understand what PREA is and how they can report sexual abuse or sexual harassment.

The facility provided a memo stating that they have not had any Spanish speaking offenders come to the facility during this audit period.

All written materials are provided in both English and Spanish for all offenders. The posters that are put up around the facility are in both English and Spanish. The reporting line (#55) can be accessed in either English or Spanish.

At the time of the onsite audit, the facility did not have any offenders identified that could not speak or understand English. However, the facility did provide information on the translation line used if there is an instance where they would need those services. The contract for Propio translation services was provided. This contract began November 1, 2018 and was active for a one-year period, with an additional (3) one-year renewals, which takes the contract through October 31, 2022.

The agency also has a contract for sign language translation services when needed. The contract for these services was provided for review.

Information is available for offenders in Braille for those that are blind but able to read through Braille. This translation was completed by the Virginia Correctional Enterprises Braille at the Fluvanna Correctional Center for Women.

At the time of the audit, there were no offenders identified who had an intellectual or cognitive disability. However, interviews with staff indicated that if there was an offender who had an intellectual disability

would be seen one to one and the information provided verbally by a staff member and questions would be asked to ensure the offender understands the information provided.

Operating Procedure 038.3 includes information about ensuring all offenders receive information about PREA and understand the information which is provided to them. This is included in sections E. 1-4 on page 7 of this policy.

When questioned all staff indicated that they would not use inmate interpreters when it comes to finding information out about issues related to PREA. Operating Procedure 038.3 provides clear information regarding the use of offender interpreters. Section E.3 on page 7 reads as follows.

*Facility staff cannot rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties under, or the investigation of the offender's allegations.*

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)



- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (c)

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

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)



- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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During the onsite audit visit, this Auditor randomly selected (10) employee personnel files to review at the time of the interview with the Human Resource professional onsite at the Deerfield Men's Correctional Center. Some of the files reviewed were for individuals who work at Deerfield Men's Work Center 2. The Human Resource professional was extremely helpful in obtaining the needed information for review. The Human Resource Office for the entire complex is located in the DMWC.

The VADOC requires that all applicants apply for any positions online. Included in the employment application are the (3) required PREA questions. If any of those questions are answered with a "yes", the system will automatically kick the application out of the system as ineligible for employment.

The application also contains a statement that must be acknowledged that the applicant understands that any false information provided to the Commonwealth could result in termination and/or prosecution.

The local facility will run an initial background check on those that are chosen to move forward through the interview/hiring process. This background check is known as a VCIN check, which standards for Virginia Commonwealth Information Network.

If an applicant is selected for employment, their information is then sent to the Background Unit at VADOC headquarters in Richmond for a more in-depth background. This is when references are checked and if the applicant has worked at another correctional facility, this unit reaches out to that institution to ask the required questions. Those responses are noted on the background report.

The Deerfield Men's Work Center 2's Human Resource office tracks the required background checks to ensure these are done every five years.

Background checks are required as part of the promotion process. In addition, the applicant for promotion is also required to answer the (3) questions regarding any PREA related cases against the

applicant. These questions are also required of every employee during the annual performance review process.

Contractors and volunteers are also required to have background checks prior to contact with offenders.

The Human Resource staff are responsible for the entire employees in the entire complex which includes the Deerfield Correctional Center, Deerfield Men's Work Center and Deerfield Men's Work Center 2.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has not made any major upgrades, additions or renovations to the physical plant. The staff did discuss the addition of cameras to the facility. Cameras were added to the housing units and outside of the facility. The work order with specific information was provided during the pre-audit phase.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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This is an area where DMWC and DMWC-2 share the same staff members. Investigations are conducted both administratively and criminally, when appropriate. If a case involves a staff member, the case will be investigated by the Special Investigations Unit (SIU). This is the internal affairs unit of the Department of Corrections. If the case may be criminal, the case will also be investigated by SIU as they have arrest powers in the Commonwealth.

If the case is a claim of sexual harassment or is not criminal in nature, it will be investigated by the Institutional Investigators. This is another shared service the entire complex.

Staff from both the institutional investigation office, located in the correctional center, and SIU were interviewed as part of this audit. Both were able to discuss evidence collection protocols. The agent from SIU was interviewed over the phone following the onsite audit visit.

If an offender fits the criteria to have a rape kit, or PERK kit, done, the facility has a couple of options of where offenders can be taken for that examination. Operating Procedure 038.3 includes information that an offender shall not be held financially responsible for the PERK kit being completed, or any other medical or mental health services related to a PREA related case. In the preceding (12) months prior to the onsite audit, the facility did not have any allegations made in the timeframe that would indicate a forensic examination should be conducted.

Advocates are available to provide accompaniment and advocacy services to offenders at the Deerfield Men's Work Center 2. Advocates are available to go to hospital if an offender is taken for a forensic examination.

The VADOC has an extensive history with The Virginia Sexual and Domestic Action Alliance (aka Action Alliance), the statewide victim service provider. The contracts dating back from 2015 through 2021 were provided to this Auditor for review.

***One recommendation this Auditor would make to the PREA Department at the state level, would be to ensure that the "Virginia Forensic Nurse Examiner Programs" document is reviewed and updated as needed. This document provided in the pre-audit information was last updated in 2012. Forensic programs often change staff members, and it is likely that this document does not included the most up-to-date information for staff to use for a resource.***

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

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

### 115.22 (a)

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

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The agency ensures that all sexual abuse and sexual harassment cases are investigated administratively and criminally, if applicable to the situation. When interviewing all investigators, it was clear that the institutional investigators work with the SIU agents when it comes to allegations of sexual abuse and sexual harassment.

Processes for investigations are contained in the Operating Procedure 030.4 on pages 3 & 10. Additional information is found in Operating Procedure 038.3 on pages 11-12.

At the time of the onsite audit there have been no sexual abuse or sexual harassment allegations made.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

### 115.31 (b)

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

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*



*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All employees of the VADOC are required to participate in PREA education. There are several levels of training provided. First, all new employees are required to participate in initial PREA training during their orientation to the agency/facility. Second, employees will receive PREA information during the Phase training, held at the local training center for the facility. If the new employee is a Corrections Officer, they will receive PREA training when they go to the Academy.

Every staff member and contractor are required to participate in (40) hours of in-service training on an annual basis. Two hours of that in-service training is dedicated to PREA. Typically, the staff are required to complete online “pre-training” and then follow up with in person training.

Each individual is required to take a test at the end of the training and pass with 100%. If they do not pass with 100%, the staff member is allowed to take the test one additional time. If they do not pass with 100% on the re-test, they will be required to retake the entire training course.

Due to COVID-19, the amount of in person training being conducted has been significantly reduced. Most training for 2020 is being conducted online.

Each person is required to also sign off on a form indicating that they have not only participated in the required training, but also verify they understand the training that was provided to them. This documentation is kept in training files.

The Training Captain also indicated during the interview that the contracted medical staff are also required to attend the PREA classes and pass the examinations, just the same as a regular staff member is required to do.

During the onsite audit visit, (10) training files of staff from both facilities were reviewed and found to include the required information for each person.

An additional training item provided by the PREA office, which goes above and beyond the required training, is a monthly newsletter sent out to all staff members regarding PREA. This is a one-page document that highlights different aspects of PREA. It is used to reinforce any information which staff may be unclear about. Nearly (30) copies of this newsletter were provided to this Auditor during the pre-audit phase.

Interviews were conducted with staff, a contractor and a volunteer for the facility. All were able to provide information regarding the PREA training they have received. This information included a broad overview of the topics that have been covered in this training.

One item that identified as needing additional information was providing information about the reporting methods for offenders and where the phone calls go to when an offender calls the #55. When staff were interviewed, the vast majority did not know this information. In order to correct this issue, additional training was provided at muster for each shift at the facility. The Regional PREA Analyst provided the sign off sheets for these muster trainings via email. This information was provided prior to the required deadline for the completion of this report.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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According to agency operating procedures and directive memos, all volunteers and contractors who may have contact with offenders are required to participate in PREA training.

Contractors, such as those working in the medical department, are required to participate in the same level of training as a staff member since they have as much contact with offenders as regular employees do. They are required to participate in PREA training before any contact with offenders and also required to participate in annual in-service training.

Other contractors, with less constant contact with offenders and volunteers are required to participate in a one-time training which includes PREA, as well as other important components. After the training,

each participant is required to sign that they have participated and understand the information provided to them.

Due to the COVID-19 pandemic, volunteers have not been allowed to come to the facility since March 2020. However, this Auditor was able to talk with a volunteer over the phone to confirm the training that had been provided.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

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

#### 115.33 (e)

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

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The agency provided the offender education curriculum for review as part of the pre-audit information to review. All required elements of the standard are included in the offender education.

Each offender who enters the work center will receive the PREA brochure and have the opportunity to ask questions of the staff member. If they have already watched the video at another facility, they will not be required to watch it again. They will sign off that they have received the PREA information.

***One recommendation made to the PCM would be to include his name and position in the information given to the new offenders coming into the facility. While the reporting methods are the same throughout the system, the offenders should know who the PCM is at each facility.***

During the onsite audit visit, this Auditor randomly selected (10) offenders to view the signed acknowledgement forms. This information was provided onsite.

In addition, during the interviews with offenders, questions were asked regarding the education they were provided on PREA, what it is, how to report, etc. All offenders were able to provide information on PREA and discuss how and when the facility provided them with this information. Most indicated that this is one area that the agency provides a lot of information about at all facilities.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### **115.34 (b)**

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

#### **115.34 (c)**

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)

Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Sexual abuse and sexual harassment investigations are completed for all allegations at Deerfield Men's Work Center 2. The complex has (2) institutional investigators who work in conjunction with the Special Investigations Unit (SIU). These investigators are another shared service, and they are mainly located at the correctional center.

At the time of the onsite audit, the Institutional Investigator position was vacant as the previous investigator retired approximately one month before the onsite audit. As noted prior in this report, the Intelligence Officer is filling in on investigations until another Institutional Investigator can be hired.

All institutional investigators are required to attend "Investigators School" prior to conducting any investigations, including PREA investigations. This school includes a module dedicated to investigating sexual abuse and sexual harassment.

For the specific specialized investigations training that the VADOC utilizes, investigators access the online training provided by the National Institute of Corrections (NIC). The facility provided screenshots of this training to prove that it does include the required elements. In addition, the completion certificates for all institutional investigators and agents at the Specialized Investigations Unit (SIU) were provided for review. Additionally, SIU staff participate in a training provided by the VADOC entitled "DOC-PREA for Non-Institutional Staff".

Direction regarding the required training for investigations is included on page 10 of the Operating Procedure 030.4 and on page 14 of Operating Procedure 350.2.

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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (b)

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

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency



does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Deerfield Men's Work Center 2 provides both medical and mental health services to the offenders housed at this facility. These professionals participate in the online specialized training through the National Institute of Corrections (NIC). A list of all medical and mental health personnel employed at the facility was provided, along with the completion certificates for each of those individuals.

The medical personnel at Deerfield Men's Work Center 2 are contracted employees. These individuals are contracted through a company called Armor. This company has provided medical services since approximately 2014. The HSA provides oversight of both work centers' medical offices.

The mental health staff, with the exception of the psychiatrist, are employees of the VADOC.

Forensic examinations are not conducted at this facility; therefore, no specialized training is needed for this function.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No



- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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All offenders that arrive at Deerfield Men's Work Center 2 are asked questions from a classification assessment. This assessment is conducted in the CORIS software system. It is conducted the first day of arrival at the facility by a Case Management Counselor. A review of this document showed the required questions are included in this assessment.

There is a "PREA Reassessment" that is required to be conducted between day (14) and (21) after the arrival at the institution. This reassessment is also conducted by the offender's Case Management Counselor or the Unit Manager. At the time of the onsite audit, the Unit Manager was filling in for a vacant Case Management Counselor position.

The facility did provide a memo indicating that they did not receive any new offenders during the months of April, May and June due to the COVID-19 pandemic precautions put in place by the VADOC.

This Auditor reviewed the risk assessments and reassessments of (10) offenders that were interviewed at the facility. While some offenders indicated that they could not remember being asked the questions on the risk assessment, the documentation showed that they did in fact answer the assessment questions. In addition, assessments and reassessments provided with the pre-audit information.

Additionally, Operating Procedure 730.2 directs that:

*"An offender's risk level must 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."*

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Information obtained through the administration of the assessment and reassessment are used by the staff to inform decisions about housing, education, programming and work placements. At the time of the onsite audit, there were no education and few programming opportunities due to the COVID-19 pandemic. However, the assessments were utilized in the housing/bed placements and work placements.

Although there were no offenders identified as high risk for victimization or abusiveness, staff were able to discuss how these assessments would be utilized to ensure that those on the high risk for sexual victimization (HRSV) list and those on the high risk for sexual abusiveness (HRSA) list are housed in a manner as to limit the contact between those offenders such as bed placement or dorm selection.

At the time of the onsite audit visit, there were no transgender individuals identified by staff members.

In this Auditor's assessment, there are no dedicated housing units specifically for those who are part of the LGBTI population.

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

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

#### **115.43 (b)**

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

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

The Deerfield Men's Work Center 2 does not have any segregated housing areas.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

##### 115.51 (c)

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



### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Offenders in the VADOC have multiple methods of reporting sexual abuse and sexual harassment. During interviews with both offenders and staff, it was clear that these options are well publicized. The main method of reporting impressed upon offenders is to dial #55 on the phone in any housing unit.

This reporting option prompts the caller to either leave a message or they can talk with an advocate from the Action Alliance.

Other options offenders have available for reporting include:

- Telling a staff member
- Writing to a staff member
- Asking family or friends to report for them
- Writing to the Action Alliance
- Writing an emergency grievance

During the onsite audit visit, this Auditor tested the phone system in each unit to ensure that this method of reporting worked appropriately. Documentation of the calls being reported back to the PREA Office was provided to this Auditor as verification of the process through email.

### Standard 115.52: Exhaustion of administrative remedies

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

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not

ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Offenders in the VADOC have the option of filing a grievance as a method of reporting sexual abuse. Information is contained the offender handbook about filing grievances related to sexual abuse. These grievances can be filed at any time without a time limit. And these grievances may be filed without giving it to the staff member the grievance is about.

Offenders may have assistance writing the grievance from a third party.

The requirements for filing grievances related to sexual abuse can be found in the Operating Procedure 866.1. This procedure also discusses how to file emergency grievances related to sexual abuse.

The facility indicated that they have not had any grievances related to sexual abuse filed in the preceding (12) months to the onsite audit visit.

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

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

**115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

**115.53 (b)**

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Virginia Sexual and Domestic Violence Action Alliance, or Action Alliance for short, provides advocacy services to the Deerfield Correctional Complex. The agency provided the Memorandum of Understanding (MOU) which the two entered into beginning in 2015. This MOU outlines what each agency will provide as part of this agreement.

Offenders can reach out to the Action Alliance by calling #55 on the phone system and choosing Option #2. The phone call is not recorded when calling the #55 number, however, it can be determined who called this option by reviewing the video surveillance system to see who was calling at a particular time. They may also write to the Action Alliance at the address provided on posters hung in the housing units.

Again because of the pandemic, advocates from Action Alliance are not allowed to visit the facility to provide services. So, offenders have the option of speaking with an advocate on the phone or writing to Action Alliance.

### Standard 115.54: Third-party reporting

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

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The agency has three methods established and published for reporting sexual abuse. The first is a confidential reporting hotline with a toll-free number, 1-855-602-7001. The second is a "Third Party Reporting Form" which can be found on the agency's website in English and Spanish. The last is an email address for reporting, [PREAGrievance@vadoc.virginia.gov](mailto:PREAGrievance@vadoc.virginia.gov).

This information can be found at <https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VADOC requires that all staff report sexual abuse and sexual harassment immediately to a supervisor or other staff member of a higher rank. Once the abuse is reported, staff are instructed and required by policy, not to discuss the situation/allegation with anyone else, unless those staff are investigating, making security decisions or providing services to the offender victim.

During the interviews, all staff were clear that they should report any suspicions they have regarding sexual abuse or sexual harassment of an offender.

Additionally, the medical and mental health providers were able to discuss the limits to confidentiality they have and how they provide that information to offenders at the beginning of each session they have with that individual.

These policies are outlined in Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)* on page 9. The policy in item B.3. states the following.

*Staff, volunteers, and contractors must immediately report to their supervisor, or the OIC any knowledge, suspicion, or information on the following incidents; and if applicable, an Incident Report will be submitted in accordance with Operating procedure 038.1 Reporting Serious or Unusual Incidents.*

Additionally, item B.3.c. states the following.

*Apart from reporting to designated supervisors or officials, staff must not real 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.*

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative



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All staff were able to answer questions effectively regarding what immediate action they would take if they learned an offender was at imminent risk of sexual abuse. Higher level staff were able to discuss what options they have available to protect offenders. These options including moving the offender to the other housing unit in the facility, moving the offender closer to the staff desk or moving the offender to another facility. These would be determined on a case-by-case basis and with the best interest of the offender in mind.

The facility provided information indicating that they have not had to move any offenders because they were being threatened with sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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The facility provided information in the pre-audit phase indicating that there have been no reports made to the work center of any offenders being sexually abused while housed at this facility.

At the time of the onsite audit visit, the facility indicated that they had not received any allegations of sexual abuse occurring at another facility which would have required reporting.

The PCM was able to clearly discuss what actions would need to be taken should a report be made about abuse which occurred at another facility and if the facility receives a report of abuse which is alleged to have occurred at DMWC-2.

Operating Procedure 038.3 provides guidance on what is to occur when the facility receives allegations of sexual abuse occurring at another facility and if there are allegations which occurred at Deerfield Men's Work Center.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: 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 abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Staff interviewed as part of this onsite audit visit were all well versed in their responsibilities as a first responder to an allegation of sexual abuse or sexual harassment. It is clear that these staff discuss PREA and how to handle these situations should they arise. Staff all indicated that they would take the following steps.

1. Separate the offender victim from the offender perpetrator
2. Secure the crime scene
3. Request that the offenders do not eat, drink, bathe, go to the restroom or anything else that may destroy evidence
4. Notify the supervisor

These steps are listed in Operating Procedure 038.3, Page 10 of 18, also in Operating Procedure 030.4, Page 6 of 18, and Operating Procedure 075.1, Page 6 of 16.

During the timeframe for this audit, no offenders made a report of sexual abuse within the specified timelines for a forensic examination to be conducted.

If there had been a report of sexual abuse, a "Sexual Assault Checklist" would require that this be done as soon as possible after the inmate reports it to a staff member or by another method. This checklist documents basic information about the allegation, as well as the steps that should be taken once that report is made.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility provided the written coordinated response plan for review. This plan, “Deerfield Men’s Work Center 2 – PREA Response Plan”, covers the following topics of each staff’s responsibilities in response to sexual abuse and sexual harassment.

1. First Responder/Security
2. Watch Commander
3. Medical
4. Investigator
5. Mental Health
6. PREA Compliance Manager
7. Administration

This plan was approved and signed off on by the Warden on January 31, 2020.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Virginia Department of Corrections does not have any collective bargaining units, and this is prohibited by state law.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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At the Deerfield Men's Work Center 2, the PREA Compliance Manager is responsible for monitoring for retaliation. The Deerfield Men's Work Center 2 has not had any sexual abuse allegations during the previous (12) months. As noted earlier, there were no sexual harassment allegations during this time either.

When questioned about who was responsible for monitoring staff who reported sexual abuse, the PCM indicated it was the job of SIU to conduct that retaliation monitoring.

### Standard 115.68: Post-allegation protective custody

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

##### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Deerfield Men's Work Center 2 does not have any segregated housing areas.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)



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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Investigations of sexual abuse and sexual harassment are taken seriously at this facility and conducted for all allegations. These investigations are being done promptly, thoroughly, and objectively. Again, as noted earlier in this report, there were no PREA related allegations during this time period.

As noted in §115.22, if it is determined that there may be a criminal element to the allegation of sexual abuse, SIU will handle that investigation as all those investigators are sworn law enforcement officers with arrest powers.

Credibility assessments are conducted as part of the investigation process with the institutional investigators and the SIU agents. These credibility assessments are conducted for all involved parties to an investigation.

No matter if the offender is released or transferred from the facility, the investigations will continue through the conclusion of the investigation.

If the SIU agent determines that the case is substantiated and they have enough evidence to make a criminal case, the agent will present the case to the prosecutor in the area. The prosecutor will make the determination whether or not they will take the case and move it forward in the criminal justice system. Neither the facility or agency have any say whether or not this will happen.

As noted in §115.34, the investigators at the facility have participated in the required specialized investigations training. During the conversation with the SIU agent for the Deerfield Correctional Complex, she indicated that she also participates in training staff members and other investigators due to her vast experience working on sexual abuse investigations.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Offenders* and Operating Procedure 861.1 both state that a preponderance of the evidence shall be used for determining the outcome of sexual abuse and sexual harassment investigations.

During the interviews with the institutional investigator and the agent from SIU, both were able to discuss this level of evidence for PREA cases.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

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

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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When an investigation is completed, notification is required to be made to the offender victim regarding the outcome of the investigation, and any of the following, if applicable.

- If criminal charges are filed
- If there is a conviction of criminal charges
- If the perpetrator was a staff member, if the staff member was removed from the post, facility or no longer works for the agency

No matter who conducts the investigation, the PCM at the facility is the one responsible for providing the written notification to the offender regarding the outcome of the case. When he meets with the offender, he will explain what the determination of substantiated, unsubstantiated, or unfounded means to the offender.

This notification would be provided via a written memo outlining any information the offender is entitled to. The offender victim will be asked to sign and date the memo as verification that they did receive the notification. The PCM will also sign and date the document. A copy of this notification is kept.

There were no notifications provided at the facility during this audit period.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Offenders*, indicates that termination is the presumptive action for those employees that are found to have a substantiated case of sexual abuse against them. These cases will be referred for criminal prosecution and will be reported to any relevant licensing bodies.

Additionally, disciplinary sanctions will take into consideration the staff member's disciplinary history, sanctions imposed for similar offenses by other staff and takes into consideration the nature of the acts committed.

During the audit period, there were no members removed from service due to infractions related to sexual abuse or sexual harassment. A memo to this fact was provided to this Auditor as part of the pre-audit information.

#### Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Disciplinary sanctions for volunteers or contractors are similar to those of the disciplinary sanctions for staff members. If there is an investigation, and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies.

Additionally, the DOC will take measures to prevent contact from the volunteer or contractor with any offender within the DOC system. This is defined in the Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Offenders*.

During this audit period, there were no contractors or volunteers that were removed from positions as a result of violations of sexual abuse or sexual harassment, according to a memo provided to this Auditor during the pre-audit period.

Volunteers have not been allowed into the facility since March 2020 due to the COVID-19 pandemic.

### Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

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

## Auditor Overall Compliance Determination

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



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

**Instructions for Overall Compliance Determination Narrative**

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“The DOC has zero tolerance for offender-on-offender sexual harassment, assault, or abuse.” The Operating Procedure 038.3 clearly states that consensual sexual activity among offenders is prohibited. If an offender is found to have engaged in sexual activity, the offender will be subject to disciplinary action.

If an offender reports sexual abuse and that report is made in good faith, based upon a reasonable belief that he alleged conduct occurred, will not be charged for reports. According to Operating Procedure 038.3, the following is stated on pages 8-9.

- III. 4.a. Offenders will not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred.*
- III.4.b. Even if an investigation does not establish sufficient evidence to substantiate the allegation, reports of sexual abuse made in good faith will not constitute falsely reporting an incident or lying.*

If it is determined that the offender did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.

This information is contained in several policies of the VADOC. These policies included 038.3, 820.2, 820.3, and 861.1.

**MEDICAL AND MENTAL CARE**

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

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

**115.81 (a)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes  No  NA

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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As noted earlier in this report, there are medical staff housed at the Deerfield Men's Work Center 2. These medical professionals are contract staff members contracted through Armor. Between DMWC and DMWC-2, there are three full time nurses in addition to the Health Services Administrator (HSA).

Because this is a small facility, the nurses are able to see offenders very quickly if a request is made for a "sick call".

The mental health staff working at the complex are employees of the VADOC. There are three mental health staff who work between both buildings. In addition, there is a contracted psychiatrist that will see offenders (3) afternoons per week.

Offenders are able to see the mental health staff as needed and the staff indicated they have seen an increase in requests for services with the extended, limited movement because of the COVID-19 pandemic.

The answers that an offender provides to questions asked by medical staff can trigger an automatic referral to the mental health staff. While the standards indicate that the mental health professional has up to (14) days to meet with the individual, staff indicated that this is usually accomplished within two to three days.

The mental health staff discussed providing an informed consent disclosure to the offender victim prior to talking with the individual. This informed consent lets the offender know what information must be reported by staff if needed and what information is not required to be reported.

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

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

#### **115.82 (a)**

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

#### **115.82 (b)**

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

#### **115.82 (c)**

- Are inmate victims of sexual abuse 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?  Yes  No

## 115.82 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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There are nurses employed at both work centers. They work Monday through Friday during the day. If there is an emergency or other need for immediate medical attention, there is an on-call system for the medical staff. If there is an emergent need, the offender will most likely be taken directly to the outside hospital for treatment.

This would be the case if there was a report of sexual abuse at one of the work centers. If the incident was reported in a timeframe for the collection of evidence, the decision to send an offender out for the forensic examination is based on professional opinion of the staff working in the medical department, in consultation with the physician on call.

If an offender required a forensic medical examination, they would be transported to the Virginia Commonwealth University (VCU) Medical College of Virginia Hospital in Richmond, VA. That hospital has SAFE nurses available to conduct those examinations.

The facility has not had to send any offenders for a forensic medical examination during the previous (12) months prior to this audit.

According to Operating Procedure 720.7, *Emergency Medical Equipment and Care*;

*III.B.1 Offender victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement (see Nursing Evaluation Tool – Sexual Assaults).*

*III.B.4. Treatment services will 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.*

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

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

### 115.83 (a)

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

### 115.83 (b)

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

### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

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Offender victims have the right to follow up and counseling services after they have been abused at the facility. These services are all provided to the offender victim regardless of whether the offender names their abuser or agrees to cooperate with the investigation according to agency policy.

If an offender is sent out for a forensic medical examination, they will be required to see a nurse when they first return to review the follow up instructions. The staff did indicate that they have not had any offender sent out for a forensic medical examination from this facility.

When questioned about whether the level of care offender victims receive at the facility is equal to or higher than the level provided in the community at large, the answer was better than what the offender can expect in the community.

The medical staff are onsite during the day Monday through Friday. If there is a need for medical services outside of the time the nurses are in the facility, the staff are able to contact the on-call medical staff to get direction on what to do for the offender.

The mental health personnel at the facility are able to see offenders very quickly after a request is made for services. Usually within the following day to two days, the mental health provider is able to see the offender.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

At the time of the onsite audit, the Deerfield Men's Work Center 2 has not had any sexual abuse investigations therefore there have been no sexual abuse incident reviews conducted during the previous (12) months prior to the onsite audit.

The PCM was able to discuss the process for the review should the facility need to conduct one. Sexual abuse incident reviews are part of the investigation process. Once an investigation has been completed, an outcome is determined and the SIU indicates it is also completed its investigation and has an outcome, if applicable, then an incident review of the process and system is scheduled.

The department has developed a form to be utilized during this review process. It contains questions with all the appropriate pieces to determine if a case was handled appropriately.

If there are any problems that are identified, this committee, typically consisting for the following, will identify the problem, and determine the appropriate corrective action.

1. Warden
2. Assistance Warden
3. Investigator
4. PREA Compliance Manager
5. Medical
6. Mental Health

This review is required to be held within (30) days of the conclusion of the case. There is a form developed for the documentation of these reviews. It is called the "*PREA Report of Incident Review*". This form requires the review of the Warden, notation of the person completing this form which at Deerfield Men's Work Center is the PCM and review by the Regional Operations Chief/Regional Administrator.

Directives for this standard can be found in Operating Procedures 038.1, pages 10-12 and in Operating Procedures 038.3, page 14.

## Standard 115.87: Data collection



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

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Data collection by the Virginia Department of Corrections in relation to PREA is collected through the CORIS system and by information collected through the PCM's and Regional Analysts for the Department. The PCM indicated she does not have to do much in terms of the data collection for the facility as it is done electronically.

Each year, the agency is required to collect information which will provide content for the completion of the Bureau of Justice Statistic's (BJS) Survey of Sexual Violence. This report is supposed to be completed and submitted by June 30<sup>th</sup> of each year, however, BJS typically ends up giving extensions for the submission of these reports. These reports are not found on the agency website as they are not required to be.

The BJS reports were provided to this Auditor during the pre-audit phase for the years 2014-2018. These surveys of sexual victimization for the years 2012-2014 are available on the agency's website at the following address. <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>

## **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

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

#### **115.88 (b)**

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

#### **115.88 (c)**

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

#### **115.88 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency creates annual PREA reports which contain information on allegations and investigations for every facility under the purview of the Virginia Department of Corrections. These reports contain a listing of the corrective actions that have been taken for each facility individually. The report provides a listing of the PREA related calls broken down by region and then by the state as a whole.

The end of the report provides a summary and comparison section for the regions of the Commonwealth. Each report is signed by the Director of the Department of Corrections and the PREA Coordinator. Reports available on the website currently are for the years 2014 through 2019. Again, these reports are available on the agency’s website at the following address.

<https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>

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

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

#### 115.89 (a)

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

#### 115.89 (b)

- Does the agency 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 or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

All information contained in the reports identified in §115.87 is kept at the facility and on the secure server of the VADOC for a minimum of (10) years. The agency does not allow any personally identifying information to be included in the reports that are posted on the agency website.

This policy can be found in Operating Procedure 038.3, page 15. It reads as follows.

*C.2. All data collected on allegations of sexual abuse at DOC facilities must be securely retained.*

*C.2.a. Aggregated sexual abuse data, from DOC facilities and contract facilities, will be made readily available to the public at least annually through the DOC public website.*

*C.2.b. Before making aggregated sexual abuse data publicly available, all personal identifiers must be removed.*

*C.3. All sexual abuse data collected must be maintained for at least (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise.*

These reports are done on an annual basis and published to the agency's website at the following address. <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>

## AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

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

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

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

**Instructions for Overall Compliance Determination Narrative**

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

The agency has ensured, to the best of its ability during the COVID-19 pandemic, that at least one third of its facilities are audited in each of the three years of the audit cycle. This facility was originally scheduled to be audited earlier in 2020 but had to be postponed. The last PREA audit at this facility was conducted in 2017.

During this audit, this Auditor had access to the entire facility and was allowed to visit all requested space within the facility. The staff were extremely hospitable and accommodating. Interviews were conducted in a private area, a conference room located in the facility. And all documentation requested was provided very quickly. If staff had any questions in gathering data, they were quick to ask clarifying questions. It was a pleasure to work with these staff members from both work centers.

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

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

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

The agency posts all final audit reports on its agency website. These reports can be found at the following address. <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/> As noted earlier, the last PREA audit report for this facility is dated 2017.

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

Jennifer L. Feicht

December 21, 2020

**Auditor Signature**

**Date**

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

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.