

PREA Facility Audit Report: Final

Name of Facility: Green Rock Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/03/2021

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Paul Perry | Date of Signature: 05/03/2021 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | Perry, Paul |
| Email: | paul.perry@carolinedf.org |
| Start Date of On-Site Audit: | 04/21/2021 |
| End Date of On-Site Audit: | 04/22/2021 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Green Rock Correctional Center |
| Facility physical address: | 475 Green Rock Lane, Chatham, Virginia - 24531 |
| Facility Phone | |
| Facility mailing address: | P. O. Box 1000, Chatham, Virginia - 24531 |

| Primary Contact | |
|--------------------------|-------------------------------------|
| Name: | Charles Crumpler |
| Email Address: | charles.crumpler@vadoc.virginia.gov |
| Telephone Number: | 434-433-3404 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|---------------------------------|
| Name: | Barry Kanode |
| Email Address: | barry.kanode@vadoc.virginia.gov |
| Telephone Number: | 434-433-3401 |

| Facility PREA Compliance Manager | |
|---|-------------------------------------|
| Name: | Charles Crumpler |
| Email Address: | charles.crumpler@vadoc.virginia.gov |
| Telephone Number: | O: 434-433-3401 |

| Facility Health Service Administrator On-site | |
|--|---------------------------------|
| Name: | Carrie Mayes |
| Email Address: | carrie.mayes@vadoc.virginia.gov |
| Telephone Number: | 434-433-3472 |

| Facility Characteristics | |
|--|-------|
| Designed facility capacity: | 1050 |
| Current population of facility: | 852 |
| Average daily population for the past 12 months: | 938 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 19-92 |
| Facility security levels/inmate custody levels: | 3 |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 267 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 14 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Virginia Department of Corrections |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 6900 Atmore Drive, Richmond, Virginia - 23225 |
| Mailing Address: | P.O. Box 26963, Richmond, Virginia - 23261 |
| Telephone number: | 804-674-3000 |

| Agency Chief Executive Officer Information: | |
|--|----------------------------------|
| Name: | Harold Clarke |
| Email Address: | Harold.Clarke@vadoc.virginia.gov |
| Telephone Number: | 804-887-8080 |

| Agency-Wide PREA Coordinator Information | | | |
|---|----------------|-----------------------|-----------------------------------|
| Name: | Tammy Barbetto | Email Address: | tammy.barbetto@vadoc.virginia.gov |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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 with DX Consultants, LLC, 701 77th Avenue N., P.O. Box 55372, St. Petersburg, FL, 33732 for Prison Rape Elimination Act audit services of the Green Rock Correctional Center. The Auditor has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the Green Rock Correctional Center's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the third Prison Rape Elimination Act audit of the Virginia Department of Corrections' Green Rock Correctional Center. The facility was last audited in May 2018.

DX Consultants sent a notice by email to the agency's Regional PREA/ADA Analyst on February 18, 2021. The notice contained information and an address, informing offenders how to confidentially contact the Auditor prior to arriving on site. This notice was emailed in an English and Spanish version. The notice informed the offender population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. While touring the facility the Auditor observed all notices were posted on February 24, 2021 in all offender housing units by a facility staff member. The Auditor received no correspondence from offenders before arriving at the facility. No offender specifically requested to speak with the Auditor during the onsite visit.

The Auditor received the Green Rock Correctional Center's completed Pre-Audit Questionnaire through the Online Audit System (OAS). The Pre-Audit Questionnaire was completed and submitted to the OAS on February 19, 2021 by the Regional PREA/ADA Analyst. Once received, the Auditor began a pre-audit review of the material. The information sent by the regional analyst included; but was not limited to: annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, staffing plan, population reports, Memorandums of Understanding, investigative reports, copies from offender medical and central records, contracts, and handbooks.

Once a contract between DX Consultants and the VADOC was signed, the Auditor communicated with the Regional PREA/ADA Analyst through email. Prior to arriving on site, the Auditor selected offenders for interview and requested offender records of those offenders. Communications with the analyst occurred through email and telephone. The Regional PREA/ADA Analyst maintained communications with the Auditor and responded to the Auditor's questions, comments, and/or concerns in a timely manner. The Auditor maintained communications with the Regional PREA/ADA Analyst prior to arriving on site and after leaving the facility.

The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The agreement provides emotional support services for offender victims of sexual abuse. The Auditor familiarized himself with the Memorandum of Understanding and communicated through telephone with a victim advocate from the VSDVAA. Details of the telephone interview are provided in the applicable sections within this report.

The Auditor observed the facility sends offenders to the Lynchburg General Hospital (LGH) for forensic evidence collection. The Auditor contacted a Sexual Assault Nurse Examiner (SANE) with the LGH by telephone. The Auditor discussed the specifics of forensic services offered to offender victims of sexual abuse. The telephone interview provided an understanding of the level and scope of services provided to victims of sexual abuse. Details of the telephone interview are provided in the applicable sections of this report.

The Auditor conducted a review of the Virginia Department of Corrections website (<https://vadoc.virginia.gov/>). The website includes a link to access the agency's published Prison Rape Elimination Act information. The website includes the agency's zero-tolerance policy and investigative information, PREA audit reports, PREA reporting information, PREA handout, contact information and annual reports. The agency provides the public access to its Prison Rape Elimination Act policy. The Auditor arrived at the Green Rock Correctional Center the morning of April 21, 2021. A meeting with key personnel was held by the Auditor prior to beginning the onsite portion of the audit. The following personnel were in attendance:

- Warden - Barry Kanode
- Assistant Warden - Jazmond Coleman
- Western Regional PREA/ADA Analyst and PREA Coordinator - Tammy Barbetto
- Institutional Operations Manager and PREA Compliance Manager - Charles Crumpler
- Institutional Programs Manager - Donald Harris
- Medical Department Supervisor - Carrie Mayes
- Food Service Manager - Tony Epps
- Records Manager - Sarah Hall
- Records/Operations - PST - Joyce Stephens
- Building and Grounds Superintendent - Paul Williams
- Institutional Investigator - Craig Warring
- Unit Manager - Christopher Lovern
- Unit Manager - Jody Collins
- Unit Manager - Randall Bateman
- Shift Commander - Gary Bowker
- Human Resources - Jessica Aliff
- Recreational Supervisor - James Clark
- Safety Officer - Winston Davis
- Business Officer - Carlotta Deering

The Auditor introduced himself and explained the audit process with key staff. After the briefing, the Auditor was offered a tour of the facility. The Auditor was accompanied by the Warden, PREA Compliance Manager and Regional PREA/ADA Analyst on the facility tour. Prior to conducting the facility tour the Auditor informed the group he will not be conducting informal interviews with staff or offenders. The Auditor chose not to conduct such interviews to mitigate the risk of COVID-19. After completion of the tour the Auditor was provided a private area to conduct interviews and review documentation.

Facility staff allowed the Auditor full access to all areas in the Green Rock Correctional Center. The tour included visits to the administrative, intake, property, classrooms, recreation yards, commissary, library, medical, kitchen and all offender housing units. During the tour the Auditor was observing for blind spots, opposite gender announcements, the overall level of supervision of the offender population, staff interactions with the population and camera placements within the facility. Observations were made of PREA posters and other PREA related materials posted throughout the facility.

While touring the facility the Auditor observed staff performing security rounds, interacting with the offender population, commissary operations, foodservice operations, offenders working in various areas and staff making opposite gender announcements. Medical personnel were observed conducting treatments with offenders. The Auditor observed offenders inside and outside of housing units. All offender restrooms and shower areas were observed to ensure offenders could utilize the restroom, change clothing and shower without staff of the opposite gender observing the offenders fully naked.

The Auditor conducted a review of supportive documentation provided by the Regional PREA/ADA Analyst and PREA Compliance Manager. Supportive documentation included, but was not limited to, policies and procedures, staffing plan, handbooks, brochures, training records, employee records, medical records, classification records, investigative files and logbooks. Supportive documentation was reviewed to determine the facility's level of compliance in prevention, detection, and response to sexual abuse and sexual harassment, training and education, risk screening, reporting, investigations, offender discipline, medical and mental health care, and data collection, review and reporting.

In addition to the records provided prior to arrival, the Auditor requested additional supportive records from the PREA Compliance Manager and Regional PREA/ADA Analyst. The Auditor requested 15 randomly chosen and 15 targeted offender medical and classification records, all staff, contractor and volunteer training records, 10 randomly chosen HR records, 10 contractor records and 5 volunteer records. All offender records requested by the Auditor coincided with the offenders chosen for random and targeted interviews. The Auditor requested additional offender records to review offender education, risk screenings, reassessments and mental health follow ups. The Auditor visited with staff from day and night shifts during the audit.

Formal interviews were conducted with randomly and specifically chosen offenders. The facility provided a private office for the Auditor to conduct interviews. The office did not have audio monitoring capabilities and was located where staff and other offenders were unable to observe or overhear the information exchanged between the Auditor and offenders being interviewed. The auditor randomly chose 16 offenders and specifically chose 15 offenders for formal interviews. Offenders specifically chosen for interviews included 2 offenders who self-identified as transgender, 2 who identified as gay, 1 with a physical disability, 1 with a cognitive disability, 2 identified as sexual abusers, 3 who reported an allegation at the facility, and 4 who reported suffering sexual victimization in the community. There were no offenders identified as non-English speaking, blind or deaf at the time of the audit.

During random interviews the Auditor discovered additional offenders who identified as transgender, bisexual and gay. The Auditor discovered additional offenders who had reported an allegation and offenders who reported previously suffering sexual victimization. Some of those offenders informed staff during their risk screening while others did not. The Auditor randomly chose 15 offenders from the Green Rock Correctional Center's population housing roster. A relative sample of offenders was chosen from each of the facility's housing units.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 12 staff members and specialized interviews with 21 staff members. Specialized interviews were conducted with risk screening staff, intake, classification, medical and mental health, investigators, intermediate and highlevel staff, segregation supervisor, retaliation monitor, incident review team, contractors, Human Resources, security and non-security first responders, PREA Compliance Manager and Warden. Formal staff interviews were conducted in a facility conference room and by telephone. The Auditor concluded the onsite portion of the audit on April 22, 2021 in an exit meeting with the following personnel in attendance:

- Warden - Barry Kanode
- Assistant Warden - Jazmond Coleman
- Regional Operator - Jessica King
- Western Regional PREA/ADA Analyst and PREA Coordinator - Tammy Barbetto
- Institutional Operations Manager and PREA Compliance Manager - Charles Crumpler
- Institutional Programs Manager - Donald Harris
- Chief of Housing and Programs - Curlean Sellers
- Food Service Manager - Tony Epps
- Records Manager - Sarah Hall
- Records/Operations - PST - Joyce Stephens
- Institutional Investigator - Craig Warring
- Unit Manager - Christopher Lovern
- Unit Manager - Jody Collins
- Unit Manager - Randall Bateman
- Unit Manager - Brian Morton
- Shift Commander - Gary Bowker
- Shift Commander - Bobby Powell
- Sergeant - Clayton Jennings
- Sergeant - Barry Crane
- Human Resources - Jessica Aliff
- Recreational Supervisor - James Clark
- Safety Officer - Winston Davis
- Business Officer - Carlotta Deering
- Institutional Ombudsman - Sophia Massenburg
- Assistant Warden's Secretary - Jennifer Wilt
- Hearings Officer - Hollie Sims

The Auditor informed the group the on-site portion of the audit was completed. The group was informed the Auditor needed to continue reviewing provided documentation after leaving the facility. Staff were informed the Auditor may request copies of additional documents within the coming weeks. The Auditor informed key personnel staff and offenders were receptive and respectful to the Auditor while on site. The offender population appeared well educated and facility staff appeared well trained. The Auditor informed the group there were no immediate findings while on site. The group was informed facility operations appeared well managed. The group was informed the Auditor received no major complaints from the population that was interviewed.

On the first day of the audit there were 922 adult male offenders incarcerated at the Green Rock Correctional Center.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 Green Rock Correctional Center (GRCC) is located in Chatham, Virginia. The facility is an approximate 25 minute drive to the North of the Virginia/North Carolina state lines and an hour drive to the south of Lynchburg, VA. The facility is centrally located in the southern portion of Virginia. The GRCC is a campus style facility that opened in 2007. The rated capacity is 1050 level 3 male offenders. The campus style facility has towers and two security fences that are protected with razor wire. The facility maintains an armed vehicular perimeter patrol 24/7.

The facility has eight (8) buildings, four (4) of which are general population housing units. Buildings are positioned in a rectangular shape with two fenced recreation yards in the center. The facility's housing units are known as Housing Unit A, B, C and D. Each housing unit has three distinct living units inside. Living units inside each housing unit are labeled as A1, A2, A3, B1, B2, B3, etc. Each individual living unit is two tiers in height. The interior of all units is similar in design. Housing units A1, B1, C1 and D1 have showers located in the rear of the dayroom. Housing units A2, A3, B2, B3, C2, C3, D2 and D3 have showers located to the left and right of the entrance of each unit. All showers are protected with shower curtains and a stainless steel wall protects staff from viewing into the showers from the Officer's Station. The Officer's Station is located on the upper floor. The stainless steel wall was added years earlier to ensure staff could not view into the showers.

Each housing unit has televisions, microwaves, telephones, kiosks, tables, chairs, and ice machines. Cameras monitor offender activities in each dayroom. None of the cameras view into the shower areas. Each unit has double bunked cells that have toilets and sinks inside. Housing units A2, B2, C2 and D2 have 48 double bunked cells. Housing units A1, A3, B1, B3, C1, C3, D1 and D3 have 44 double bunked cells. The facility does have handicapped cells in housing unit A1 which houses most of the facility's handicap offenders. The Auditor observed each facility had readily available PREA materials and posters in each dayroom.

The Restrictive Housing Unit (RHU) has 20 single cells positioned on a single wing. The showers are located at the front of the RHU. Offenders in the RHU have access to individual outdoor recreation areas. There are no cameras that monitor the recreation areas. A staff member supervises offenders during recreation. There are cameras that monitor the wing in the RHU. Two of the single cells have a camera inside. The monitoring includes an obstructed area over the toilet so staff viewing the monitor cannot see the offender using the bathroom. Each shower in the RHU has a frosted door so staff cannot see the offender fully naked in the shower.

Medical services are provided by Virginia Department of Corrections staff. The facility's medical staff operate a comprehensive 24 hour medical section. The medical area has a large waiting area, offices, several exam/treatment rooms, telemed room, lab, two supply rooms, x-ray room, nurses locker room, medical records, pharmacy, soil utility room and a dental area with 3 dental chairs. There are 2 negative pressure cells for offenders who have a communicable disease. The negative pressure rooms do not have a camera inside the room. There is a shower and toilet inside the negative pressure cells so the offender does not have to exit for a shower or restroom. The medical area has a large sickbay room that

has 5 beds. The sickbay cell has a shower and restroom inside. There are no cameras in the sickbay cell. Cameras monitor activity in the general medical area. No cameras view into restroom or shower areas.

The Department of Education conducts classes in the facility's vocational building. The Department of Education instructs offenders in five (5) classrooms. There is an electrical, general maintenance, CAD computer lab, HVAC and surveying classroom. Offenders attend the vocational classes and receive certificates and/or licensing upon completion. The hallway and classrooms are monitored by cameras. Offenders have access to a locking restroom in the hallway. Access to the restroom is controlled by staff. The Department of Education have 6 additional classrooms in the programming area. Classrooms in this area are used for multiple instructional purposes, including General Education Diploma classes. The restroom in the programming area is located in the hallway and blocked by a wall so staff cannot observe the offender using the restroom. The Department of Education maintains a library and law library in the programming area.

The facility's kitchen is centrally located on the facility's compound. The kitchen is operated by eight (8) VADOC personnel, supervised by an Assistant Food Service Director and Food Service Director. There are up to 35 offenders employed to work each shift in the kitchen. Cameras monitor activity throughout the food service building. The Auditor observed mirrors positioned so staff can observe offenders in areas that would otherwise be identified as blind spots. The kitchen has a staff dining hall, 2 offender dining halls, tray washing and storage area, cook area, food prep area, pots and pans washing and storage area, dry storage room with mirrors and cameras, common fare room, bakery with a camera and restrooms with locking doors. Access to restrooms are controlled by staff. The kitchen has several walk-in refrigerators and freezers. There is a window on the door to each. Access to the walk-ins is controlled and supervised by staff. The Auditor observed the graduation of offenders completing the culinary arts program.

The facility's intake area has 2 small holding cells and 1 large holding cell. Each has a toilet inside that is blocked from view. There are cameras in the general intake area. The facility utilizes the Body Orifice Security Scanner (BOSS) chair to screen offenders upon arrival. There is a property room in the intake area. The property room is monitored by cameras and has mirrors so staff can view into blind spots. Clothing exchange for new arrivals occurs in the property room. Offenders attend their orientation to the facility in the intake area.

Offenders have access to the centrally located outdoor recreation areas. The recreation areas are fenced and separated. Offenders in housing units A and B have access to one area while offenders in housing units C and D can access the other. Each housing unit attends recreation at separate times. There is a running track around the recreation area, an area where offenders can utilize weight lifting equipment, basket ball courts, horseshoe pits, and seating areas. Staff supervise offenders while participating in recreation.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

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|--------------------------------------|----|
| Number of standards exceeded: | 1 |
| Number of standards met: | 44 |
| Number of standards not met: | 0 |

The Auditor found the Virginia Department of Corrections has developed appropriate policies and procedures that aid in prevention, detection and response to sexual abuse and sexual harassment. Those policies and procedures have been incorporated into the facility's training efforts. The Auditor found the facility's staff are well trained and retained information provided through the agency's training efforts. The Auditor formally interviewed staff and determined staff understood their responsibilities in the agency's policies and procedures regarding the prevention, detection and response towards acts of sexual abuse and sexual harassment. Facility staff, to include contractors, understand their roles as first responders.

The Auditor determined the facility has been successful in developing a zero-tolerance culture towards all forms of sexual abuse and sexual harassment. The offender population informed the Auditor that staff take incidents of sexual abuse serious in the facility. The Auditor discovered the facility's command staff support its staff in the prevention, detection and response efforts. The command staff involve themselves in the day-to-day operations of the facility to keep abreast of current practices, assess current practices and make needed changes. The command staff appear to have a proactive approach towards compliance with the PREA standards to ensure the offender population, staff and the facility itself is protected from acts of sexual abuse and sexual harassment. Supervisors and command staff make unannounced rounds throughout all facility areas to deter sexual abuse and sexual harassment.

The facility's population was educated regarding the agency's prevention, detection and response efforts towards sexual abuse and sexual harassment. The majority of offenders interviewed informed the Auditor they were confident in staff's abilities and felt staff would maintain confidentiality with sexual abuse related information. The Auditor determined the facility is providing written information and effective comprehensive education to each offender upon intake. Offenders informed the Auditor they had seen the comprehensive educational video multiple times. The facility provides readily available information to offenders by posting materials in housing units and other areas of the facility, through handouts and handbooks. The Auditor observed staff's interactions with the offender population while on site. All interactions observed by the Auditor were professional and appeared as if staff have developed appropriate working relationships with the population. The overall population interviewed by the Auditor felt safe in the facility.

The Auditor was provided a detailed tour of the Green Rock Correctional Center and observed staff and

contractors interacting professionally with the population. A review of files and other documents revealed facility personnel are documenting actions in accordance with the VADOC policies and procedures related to sexual abuse and sexual harassment. Formal interviews with offenders reveal they are confident in staff's abilities to respond to and protect them from acts of sexual abuse. Most offenders informed the Auditor facility staff are professional and take incidents and threats of sexual abuse or sexual harassment seriously. Formal interviews with staff revealed they are knowledgeable in the policies and procedures to prevent, detect and respond to incidents of sexual abuse and sexual harassment.

Staff at the GRCC are appropriately screening each offender upon arrival to determine their level of risk for abusiveness or victimization. The risk screening allows the facility's counselors to identify such offenders and ensure they are protected from sexual abuse when determining housing, programs, education and work opportunities. Medical and mental health practitioners screen all new female offender arrivals in the agency. The facility is conducting a reassessment of each offender within 30 days of arrival, after an incident of sexual abuse, referral and/or upon receiving additional information that bears on the offender's level of risk. Case Managers are reviewing the placement assignments of transgender offenders at least every 6 months.

The agency has trained its facility investigators and criminal investigators to conduct sexual abuse and sexual harassment investigations in confinement settings. Investigators understand how to conduct appropriate investigations following an allegation of sexual abuse and sexual harassment. The facility's investigators understand the requirement to refer criminal acts of sexual abuse to the Special Investigations Unit for criminal investigation. Policy requires investigations be objective and are conducted promptly and thoroughly. Investigators are required to inform offenders of investigative determinations at the conclusion of each investigation. The facility conducts an incident review of all allegations, unless unfounded, within 30 days of the conclusion of the investigation. The incident reviews are conducted to improve any deficiencies discovered during the response and investigative practices following an incident of sexual abuse. Investigators are documenting their actions and findings in appropriately written investigative reports.

The Auditor determined the facility meets all standards and recommended no formal corrective action period required to comply with any provision of the PREA standards. The facility was not required to make corrective actions to comply with any elements of the PREA standards. The Auditor made recommendations for the facility to strengthen compliance with several standards. Details of the recommendations are included in the applicable sections of this report. The agency has appropriate policies, procedures and practices for the prevention planning, response planning, training and education, screening for risk of victimization and abusiveness, reporting, response following a report, investigations, discipline, medical and mental care, and data collection and review of sexual abuse and sexual harassment.

The Auditor determined the facility exceeds standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator. The agency employs a PREA Coordinator and Regional PREA ADA/Analyst. Each agency facility appoints a PREA Compliance Manager. The facility has successfully created a zero-tolerance culture within the population and agency staff. The Auditor felt the command and line level staff make the prevention, detection and response to sexual abuse and sexual harassment a priority within the facility. The population informed the Auditor they have not heard of or witnessed an incident of sexual abuse in the facility. Several offender informed the Auditor the facility has a new Warden that has made positive impact in the facility.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

| | |
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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections has an established policy that the Department of Corrections has a zero tolerance for all forms of sexual abuse and sexual harassment. The policy strictly prohibits any fraternization and sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders. The VADOC policy includes its prevention, detection, reporting and response strategies. The Prison Rape Elimination Act policy includes definitions of the following:</p> <ul style="list-style-type: none"> ● Abuse ● Carnal Knowledge ● Fraternization ● Rape ● Sexual Abuse ● Sexual Assault ● Sexual Harassment ● Sexual Misconduct ● Voyeurism <p>The Auditor observed the agency has included its approach towards prevention, detection and response towards incidents of sexual abuse and sexual harassment. The following, but not limited to, prevention, detection and response techniques were observed in the agency's Prison Rape Elimination Act policy:</p> <ul style="list-style-type: none"> ● Offender Training ● Employee and Volunteer Training ● Employee, Contractor and Volunteer Screening ● Offender Screening and Use of Screening Information ● Responsibilities for Offenders ● Responsibilities for Staff ● Written Institutional Response Plan ● First Responder Duties ● Investigations ● Reporting to Offenders ● Protections against Retaliation ● Management of Sexual Aggressors <p>The agency's policy stipulates the Director has designated a PREA/ADA Supervisor as the statewide PREA Coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act standards in all DOC facilities. The policy also dictates Regional PREA Analysts have been designated to oversee facility efforts and to direct facility PREA activities within their assigned region. Each Facility Unit Head has designated a PREA</p> |

Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

The Green Rock Correctional Center has designated the Institutional Operations Manager responsible for duties of the PREA Compliance Manager. The Compliance Manager reports all PREA related information and compliance issues to the Regional PREA Analyst. The Regional PREA Analyst reports directly to the PREA/ADA supervisor. The Green Rock Correctional Center is located in the Western Region.

Evidence Relied Upon:

Policy - 038.3 Prison Rape Elimination Act, pg. 3, 15

Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 5

Inter Office Memorandum

VADOC Organizational Chart

GRCC Organizational Chart

VADOC Work Description and Performance Plan - PREA/ADA Analyst

VADOC Work Description and Performance Plan - PREA/ADA Supervisor

VADOC Work Description and Performance Plan - Institutional Operations Manager

Staff Interviews

Offender Interviews

Analysis/Reasoning:

The Auditor conducted a review of the Virginia Department of Corrections' policies. The Auditor observed the agency policy includes the agency's prevention, detection and response approaches towards sexual abuse and sexual harassment of offenders. The policy includes definitions of abuse, carnal knowledge, fraternization, rape, sexual abuse, sexual assault, sexual harassment, sexual misconduct, and voyeurism. The agency's policy includes sanctions for those found to have violated the agency's sexual abuse and sexual harassment policies and procedures. The VADOC has a clear policy that states, "The DOC has a Zero Tolerance Policy that strictly prohibits any fraternization, sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders [and] DOC has zero tolerance for offender-on-offender sexual harassment, assault, or abuse."

The Auditor reviewed the agency's organizational chart. The VADOC has an Organizational Chart that outlines the position of the PREA coordinator and regional PREA/ADA Analyst. Each facility appoints a PREA Compliance Manager while the PREA/ADA Analyst works with PREA Compliance Managers and oversees PREA efforts in their assigned region. The Green Rock Correctional Center appointed the Institutional Operations Manager as the PREA Compliance Manager. The PREA Compliance Manager reports directly to the Warden and PREA/ADA Analyst for PREA related issues or concerns. The Auditor discussed the ability to develop, implement and oversee agency PREA efforts with the PREA Compliance Manager. The Auditor determined the PREA Compliance Manager has sufficient time and authority to

oversee facility efforts to ensure compliance at the facility. The PREA/ADA Analyst and PREA Compliance Manager responded quickly to the Auditor's questions and requests during and after the Auditor conducted the site visit. The PREA Compliance Manager and PREA/ADA Analyst are knowledgeable about the facility and requirements of the Prison Rape Elimination Act.

The PREA Coordinator is employed at a level to enact change regarding PREA related compliance. The PREA Coordinator issued an Interoffice Memorandum in August 2012 to all Wardens and Superintendents. The memorandum stipulates each designate an institutional employee as the PREA Compliance Manager. The memorandum further explains the person named as the PREA Compliance Manager should have sufficient time to act as the contact person for the Regional PREA/ADA Analyst gathering information, prepping compliance documents or coordinating changes. The PREA Coordinator informed Wardens and Superintendents the core responsibilities of the PREA Compliance Manager is to coordinate the facility's PREA efforts in conjunction with the requirements of the PREA standards as directed by the Unit Head or designee. The Auditor observed the PREA Compliance Manager is responsible for:

- Maintaining necessary documentation of all PREA standard compliance efforts;
- Act as the primary facility contact for the PREA Analyst in coordinating compliance;
- Ensure compliance with all PREA relative departmental, ACA and/or governing authorities policies and procedures; and
- Provide regular feedback to the Unit Head and Regional PREA Analyst concerning policies, procedures, or practices that are not in compliance with the PREA standards.

A review of Work Description and Performance Plans reveal the agency has outlined PREA compliance related duties and responsibilities for the PREA Coordinator, Regional PREA/ADA Analysts, and PREA Compliance Managers. The plans specify the duties at each specific level and include the employee's immediate supervisor. The Auditor clearly established the chain of command allows each staff member in a PREA related role to take steps to improve and/or address PREA related compliance efforts and/or responses.

The Auditor conducted formal interviews with offenders. Interviews with offenders reveal the population feels confident in staff's ability to respond to allegations of sexual abuse and sexual harassment. The offender population was able to articulate information to the Auditor based on the agency's education efforts. The population interviewed stated they have seen the PREA video and was provided written information upon their arrival. Multiple offenders stated they have watched the video at several VADOC facilities. The Auditor was informed they receive written information at each facility they have been housed. Most offenders informed the Auditor staff are respectful, respond to their concerns professionally and are helpful with their issues and problems. Each offender was asked if they felt safe in the facility. Each offender interviewed by the Auditor stated they do feel safe in the facility, with the exception of one. Most offenders feel confident reporting an allegation verbally to staff.

The Auditor conducted formal interviews with randomly selected staff. The Auditor determined the facility's staff were well educated and had retained the knowledge provided through agency training. Each staff member understands the agency's policies and procedures for preventing, detecting and responding to sexual abuse and sexual harassment. Each staff member has been trained within the previous 12 months. The agency trains its staff and

contractors on an annual basis. Staff informed the Auditor the Shift Commanders routinely discusses the agency's PREA policies during shift briefings.

The agency's command staff supports subordinate staff efforts and ideas towards compliance with the Prison Rape Elimination Act. The command staff maintains an "open-door" policy. Staff interviewed by the Auditor felt confident they could discuss any issue with the command staff. The facility's command staff are required to conduct regular tours throughout the facility. Offenders informed the Auditor they have seen positive change in the facility with the newly assigned Warden.

Conclusion:

The Auditor conducted a thorough review of the agency's policies, procedures, organizational charts, inter office memorandum, Employee Work Profiles and conducted interviews with staff and offenders. The Auditor determined the Virginia Department of Corrections has developed an appropriate zero-tolerance policy that includes its prevention, detection and response approaches towards allegations of sexual abuse and sexual harassment. The agency has designated appropriate staff members that have sufficient authority and effort to develop, implement and oversee agency efforts. Though not required, the agency employs several Regional PREA/ADA Analysts to supervise PREA compliance in an assigned region. The Auditor determined the VADOC exceeds the requirements of this standard. The Auditor feels the facility has fostered an effective zero-tolerance culture in the facility.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The agency has a policy that requires all contracts for the confinement of DOC offenders include in any new contract, or contract renewal the entity's obligation to adopt and comply with Prison Rape Elimination Act standards. The policy requires contracts include a provision for contract monitoring to ensure the contractor is complying with the Prison Rape Elimination Act standards. There is a provision in the agency's policy that allows the DOC to enter into a contract with an entity that fails to comply with PREA standards only in emergency circumstances. In the event, the agency is required to document all reasonable failed attempts to find a private agency or other entity in compliance with the PREA standards.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 4</p> <p>Policy - 260.1 Procurement of Goods and Services, pg. 10</p> <p>Policy - 940.1 Community Residential Programs, pg. 4</p> <p>Contracts</p> <p>Contract Renewals</p> <p>Quarterly Facility Site Visits Reports</p> <p>Lawrenceville Correctional Center Audit Report</p> <p>Analysis/Reasoning:</p> <p>The Virginia Department of Corrections contracts for confinement of its inmates with GEO Corrections & Detention, LLC. The GEO Group operates a private prison in Lawrenceville, Virginia. The prison is designed to hold up to 1,536 offenders for the Virginia Department of Corrections. The auditor reviewed the PREA Audit report of the Lawrenceville Correctional Center. The facility was last audited in November 2019. The Lawrenceville Correctional Center was found to have exceeded 9 standards and met the requirements of all additional standards.</p> <p>The Auditor reviewed the contract between the Virginia Department of Corrections and GEO Corrections & Detention, LLC. The Auditor reviewed the contract entered in March 2013 and all contract extensions and renewals since 2013. Each included provisions for the GEO Group to adopt and comply with the Prison Rape Elimination Act standards. The Auditor observed a provision in contracts that allows the VADOC to monitor GEO's compliance with PREA standards.</p> <p>The Eastern Regional PREA/ADA Analyst conducts quarterly site visits at the Lawrenceville Correctional Center to monitor for compliance with the Prison Rape Elimination Act standards.</p> |

The analyst completes a report following the site visit. The Quarterly Facility Site Visit Report requires the analyst document findings related to each PREA standard. The Virginia Department of Corrections staffs a VADOC person onsite at the Lawrenceville Correctional Center. The VADOC staff member monitors the agency's contract with GEO. The Contract Monitor is empowered to address concerns with the GEO Group's compliance with the Prison Rape Elimination Act.

The Virginia Department of Corrections houses inmates in local and regional jails across the state. There is no written agreement between the facilities and the Virginia Department of Corrections. Virginia Code allows for the confinement of VADOC inmates in those facilities. Each facility confining VADOC inmates is required to adopt and comply with the Prison Rape Elimination Act of 2003.

Conclusion:

The Auditor reviewed agency policies, contracts, contract renewals with the GEO Group, Quarterly Facility Site Visits Report, and the Lawrenceville Correctional Center's Audit Report. Agency contracts and renewals for the confinement of VADOC offenders include the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Virginia Department of Corrections meets the requirements of this standard.

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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections has a policy that requires each facility in the agency make its best efforts to comply with a staffing plan that provides for adequate levels of staffing and video monitoring in an effort to protect offenders from sexual abuse. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:</p> <ul style="list-style-type: none"> • Generally accepted detention and correctional practices; • Any judicial findings of inadequacy; • Any findings of inadequacy from Federal investigative agencies; • Any findings of inadequacy from internal or external oversight bodies; • All components of the facility’s physical plant (including “blind-spots” or areas where staff or offenders may be isolated); • The composition of the offender population; • The number and placement of supervisory staff; • Institutional programs occurring on a particular shift; • Any applicable State or local laws, regulations, or standards; • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and • Any other relevant factors. <p>Policy requires the Facility Head or designee review their existing staffing plan for the facility by January 31 of each year. When circumstances arise where the staffing plan is not complied with, the Facility Unit Head or designee must document and justify all deviations from the facility's staffing plan. If the annual review finds the facility is not staffed in accordance with the staffing plan, the facility is required to provide a comprehensive written explanation to the Regional Operations Chief and provide possible solutions to increase facility staffing levels. The comprehensive explanation must also be forwarded to the Regional PREA Analyst. The annual staffing plan review is conducted to assess, determine, and document whether adjustments are needed to:</p> <ul style="list-style-type: none"> • The facility's established staffing plan; • The facility's deployment of video monitoring systems and other monitoring technologies; and • The resources the facility has available to commit to ensure adherence to the staffing plan. <p>Agency policy requires facility Administrative Duty Officers (ADO) visit the facility at least once during the week of duty at a time other than the staff member's normal working hours and days. Policy requires the visits occur at different times and days so that over several weeks of duty, each ADO will have visited the facility during all shifts and on all days. The ADO is required to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds are required to be made</p> |

intermittently during the month and scheduled in a 24 hour period. ADOs are required to document the unannounced rounds in the ADO Logbook or the Facility Unit Head/ADO Rounds Report.

Agency policy prohibits any staff member from alerting other staff that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

Evidence Relied Upon:

Policy - 401.2 Security Staffing, pg. 8

Policy - 401.3, pg. 4-5

Policy - 401.1 Development and Maintenance of Post Orders, pg. 4-5

GRCC Staffing Plan

GRCC Staffing Plan Review

GRCC Post Audit

Daily Duty Rosters

ADO Logbooks

Post Logbooks

Interviews with Staff

Observations

Analysis/Reasoning:

The Auditor reviewed the GRCC Post Audit. The post audit is developed to ensure appropriate staffing levels are determined. The most recent post audit includes 213 full time staff. The post audit ensures there is sufficient security staffing to safely manage the offender population. The facility's staffing plan allows for 306 staff. There are 172 security and 90 non-security positions for the Green Rock Correctional Center. At the time of the audit the facility had 39 vacant security and 5 vacant non-security positions. The January 2021 staffing plan review notates corrective actions for addressing vacant positions in the facility. The plan includes justifications for vacant positions in the facility. The most common reasons for deviations from the staffing plan documented in the review are:

- Staff call-ins
- Staff attending additional mandated training
- Time adjustments for staff that attended mandatory training on days off
- Staff scheduled off for accumulated leave time
- Staff on Short Term Disability/FMLA
- Emergency medical transportation runs and overnight hospital stays
- Existing vacancies
- Public Health Emergency Leave due to COVID-19 Pandemic

The Warden documented the GRCC does not require additional positions to comply with the

current staffing plan. The facility continues efforts to fill vacant positions. The staffing plan review includes the facility's efforts to comply with the facility's staffing plan. The facility utilizes overtime and/or a draft procedure to fill vacant posts.

The Auditor determined the following staff to offender ratio based on the designed capacity (1050) and total authorized positions (306):

- 1 staff member for every 3.4 offenders

The Auditor determined the following staff to offender ratio based on the designed capacity of the facility (1050) and the authorized positions in the post audit (213):

- 1 staff member for every 4.9 offenders

The following denotes the staff to offender ratio utilizing the current number of offenders (922) and current number of staff (262):

- 1 staff member for every 3.5 offenders

The following denotes the security staff to offender ratio utilizing the current number of security staff (172) and the current number of offenders (922):

- 1 security staff member for every 5.4 offenders

The staffing plan reviewed by the Auditor includes provisions for administrative, support and security positions on all shifts in each facility area. The facility utilizes overtime through a draft procedure to ensure vacant positions are filled for each shift when needed. The facility's staffing level was maintained at 14% below capacity at the time of the audit. The security staffing level was 23% below capacity at the time of the audit.

The Green Rock Correctional Center operates with two day and two night shifts. The duration of each shift is 12 hours. The Shift Commander has the authority to utilize overtime and/or draft staff to fill vacant positions. Each shift is staffed with male and female staff to ensure appropriate officers are available to assist with gender dysphoria offenders. Female staff must be available to search transgender and intersex offenders who have a preference form designating a female conduct their searches.

The Auditor reviewed a sampling of Daily Duty Rosters from the previous 12 months. Daily Duty Rosters are completed by each Shift Commander. The Auditor observed Shift Commanders are documenting daily staff vacancies on each shift and account for the vacancies. The Shift Commander documents staff working overtime to fill vacant positions. The Shift Commander notates the reason for staff vacancies in the leave code section of the Daily Duty Roster. The Auditor observed the Daily Duty Roster includes codes for the following vacancy reasons:

- Annual Leave
- Compensation Time
- Civil Work Related
- Education Leave

- Family/Personal Leave
- Military Leave
- Other
- Public Health Emergency Leave
- Recognition Leave
- School Assistance & Volunteer Services
- Sick Family Leave
- Sick Personal Leave
- Short Term Disability
- Training
- Workers Compensation
- Leave Without Pay

The Auditor reviewed the Green Rock Correctional Center's annual staffing plan review. The staffing plan review was conducted in January 2021. The most current review was signed by the Warden and copies sent to the Western Regional Administrator, Western Regional Operational Chief, Western and the Regional PREA/ADA Analyst. The agency PREA Coordinator signed the Staffing Plan Review and Acknowledgment. The GRCC's review includes considerations of the bulleted topics in the "Auditor Discussion" portion of this standard. The agency requires each facility conduct a review of its staffing each year by the end of January.

The Auditor conducted a formal interview with the Warden. The Auditor asked the Warden to explain the considerations when determining appropriate levels of staffing for the facility. The Warden explained the annual staffing plan review in detail. The Warden's responses included the bulleted items listed above in the "Auditor Discussion" section of this standard. When asked how the facility documents the reason for non-compliance with the post audit, the Auditor was informed the Shift Commander documents daily deviations on the Daily Duty Rosters and the staffing plan review includes any deviations from the facility's staffing plan. The Auditor asked the Warden who participates in the post audit review. The Warden informed department heads and the Regional PREA/ADA Analyst participates and a copy is sent to the Regional Operations Chief and PREA Coordinator for consideration. The Warden stated the facility is required to conduct the annual review by the end of each January.

The Auditor reviewed a sampling of GRCC unannounced rounds documented in PREA Logbooks. The sampling covered each shift from the 12 months prior to the audit. Facility Lieutenants, Captains, Major, Administrative Duty Officer, Assistant Warden and Warden each conduct unannounced rounds through all facility areas. Unannounced rounds are documented in the PREA Logbook by date and time. Each supervisor initials the logbook after including their name. The Auditor observed unannounced rounds are occurring on each shift at various times throughout the shift in all housing areas and documented in the housing unit logbook.

While touring the facility the Auditor observed staff making security rounds in housing units and support areas of the facility. Staff were present in all areas toured by the Auditor. Security, medical and contract personnel were observed interacting with the inmate population. The Auditor observed camera placements throughout the facility. Cameras and mirrors were strategically placed to assist in the prevention, detection and response to incidents of sexual abuse. Facility areas that are not monitored by cameras are toured by security personnel. The Auditor observed supervisors making unannounced rounds throughout various facility areas,

to include housing units.

The Auditor conducted formal interviews with staff and supervisors from various shifts. Staff were asked if supervisors conduct unannounced rounds throughout the facility. Each staff member stated supervisors do make unannounced rounds throughout the facility. Supervisors were asked if they were required to make unannounced rounds. The Auditor was informed they are required to make at least one unannounced round in all facility areas and on each shift. Higher level supervisors are required to conduct one unannounced round covering each facility area during a one week period. Each supervisor was asked how they prevent staff from alerting other staff when they are making unannounced rounds. The Auditor was informed staff are prohibited in their post orders from announcing the rounds. Supervisors do not conduct their rounds at the same time and do not take the same route each time. Supervisors stated they do not tell any staff member when they being their unannounced round. Supervisors stated they do not have a discernable pattern when making rounds throughout the facility. The Auditor was informed the agency's policy prevents staff from alerting other staff when supervisors are making unannounced rounds.

Each supervisor was asked what actions they take if discovering a staff member was caught alerting other staff when supervisors are conducting unannounced rounds. Supervisors informed the Auditor they would verbally counsel the staff member about the importance of the unannounced round. Each was asked what they would do if they caught the person a second time. Supervisors stated they would recommend formal discipline for the staff member. Each staff member interviewed was aware the VADOC has a policy prohibiting staff from alerting other staff members of supervisory rounds. No supervisor had discovered an employee alerting other employees of unannounced supervisory rounds.

The Auditor conducted formal interviews with offenders. Offenders were asked if supervisors announce their presence when entering housing units. Offenders informed the Auditor female supervisors do announce their presence as a female when entering housing units. Male supervisors do not announce their presence when entering units. The Auditor observed PREA Logbooks include a notation of opposite gender announcements for female supervisors.

Conclusion:

The Auditor concluded the facility has an adequate staffing plan to ensure the protection of offenders from sexual abuse. The staffing plan is reviewed in accordance with this standard. The Auditor reviewed policies, procedures, post audit, staffing plan, staffing plan review, Daily Duty Rosters, ADO Logbooks, Housing Unit Logbooks, interviewed staff and offenders and made observations to determine the facility meets the requirements of this standard.

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| 115.14 | Youthful inmates |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 534 358">Auditor Discussion:</p> <p data-bbox="252 392 1484 728">The agency has a policy which requires youthful offenders will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Policy requires direct supervision by institutional staff at all times when a youthful offender and an adult offender have sight, sound, or physical contact with one another. The agency assigns youthful offenders to a specialized unit to meet these requirements, unless the assignment would create a risk to the safe, secure, and orderly operation of the institution. Youthful inmates may be placed in a restrictive housing unit if exigent circumstances require such.</p> <p data-bbox="252 772 574 806">Evidence Relied Upon:</p> <p data-bbox="252 840 518 873">Policy - 425.4, pg. 4</p> <p data-bbox="252 918 534 952">GRCC Memorandum</p> <p data-bbox="252 996 518 1030">Interviews with Staff</p> <p data-bbox="252 1064 550 1097">Analysis/Reasoning:</p> <p data-bbox="252 1131 1476 1377">The Auditor conducted formal interviews with staff. Staff informed the Auditor the Green Rock Correctional Center does not house youthful offenders. The Auditor interviewed random and specialized staff and discovered no staff had knowledge a youthful offender had been housed at the facility during this audit cycle. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified as an adult. Staff were not aware of any offender housed as such.</p> <p data-bbox="252 1422 1492 1668">The Auditor conducted formal interviews with intake and classification personnel. Staff were asked what steps they would take if they discovered a youthful offender was transported to the facility. The Auditor was informed management would immediately be notified so appropriate arrangements could be made to have the youthful offender transported from the facility. The Auditor was informed the youthful offender would not be placed in an area with an adult offender while awaiting transportation from the facility.</p> <p data-bbox="252 1713 1492 2004">The Auditor conducted a formal interview with a staff member who supervises offenders in the segregated housing unit. The staff member was asked if youthful offenders in the RHU receive access to programming, education, work and recreation opportunities while housed in segregation. The Auditor was informed the facility does not house youthful offenders. While touring the facility the Auditor observed areas in which a youthful offender could be maintained out of sight and sound from adult offenders while awaiting transportation to a designated facility.</p> <p data-bbox="252 2049 1412 2116">The Auditor reviewed a sampling of population reports from the previous 12 months. Population reports reveal the GRCC has not housed a youthful offender during this audit</p> |

period.

Conclusion:

The Auditor reviewed VADOC policies and procedures, population reports, interviewed staff and made observations and determined the facility meets the requirements of this standard.

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The VADOC has a policy which prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical professional. When body cavity searches are performed by medical professionals at least one security staff member of the same sex as the offender is required to be present. Policy prohibits cross-gender pat-down searches of female offenders by male security staff except in exigent circumstances. Staff may not deny female offenders access to regularly available programming or other out of cell opportunities for female offenders in order to comply with this standard. Before conducting any cross-gender search, approval must be obtained from the Shift Commander with notification to the Administrative Duty Officer and the Regional PREA Analyst. Policy requires searching staff to complete and submit an Internal Incident Report after conducting a cross-gender search of an offender. The VADOC permits female security staff to conduct cross-gender pat-down searches of male offenders. Policy requires all cross-gender searches be documented. Staff are required to conduct cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.</p> <p>The VADOC policy requires facilities to allow offenders the opportunity to shower, perform bodily functions, and change clothing without nonmedical personnel of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy prohibits staff from conducting a cross-gender strip search of a transgender or intersex offender for the sole purpose of determining the offender's genital status. If staff cannot determine an offender's genital status, they are to determine by interviewing the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>Agency policy requires staff of the opposite gender announce their presence when entering an offender housing unit.</p> <p>Evidence Relied Upon:</p> <p>Policy - 445.1, pg. 16-18</p> <p>Policy - 801.1, pg. 3</p> <p>Policy - 401.2 Security Staffing, pg. 7</p> <p>Policy - 401.1 Development and Maintenance of Post Orders, pg. 4</p> <p>Policy - 350.2, pg. 9</p> <p>Policy - 720.2, pg. 8</p> <p>Post Logbooks</p> |

GRCC Memorandum

Training Curriculum

Training Records

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Green Rock Correctional Center houses male offenders. The Auditor conducted a review of facility shift rosters. The facility maintains male and female staff on each shift to ensure offenders identified as transgender or intersex can be searched by a staff member of the same sex of the offender. The Auditor conducted formal interviews with offenders. Offenders were asked if they had been pat-searched or strip searched by a staff member of the opposite gender of the offender. Offenders informed the Auditor they had not been pat searched or strip searched by a male staff member. The Auditor interviewed transgender offenders. Each was asked how their searches are performed. The Auditor was informed female staff conduct their pat and strip searches if they have such documented in their record. Each transgender interviewed by the Auditor had a preference form requiring female staff search them. Each non-transgender offender interviewed was asked if female staff had been present during a strip search of a male offender. No male offender had seen a female staff member present during a strip search.

During interviews with offenders the Auditor asked each, including transgender offenders if they had the ability to take a shower, change clothes and use the restroom without security staff of the opposite gender seeing their breast, buttocks or genitalia, unless incidental to a routine security round. Offenders informed the Auditor staff of the opposite gender announce their presence when entering housing units. The announcement allows them the opportunity to ensure they are properly dressed. The Auditor conducted formal interviews with male and female staff members. Each staff member was asked if opposite gender announcements were being made in the housing units. Each staff member informed the Auditor opposite gender announcements are being made when entering any opposite gender housing unit. Staff stated the opposite gender announcement is included in the unit's logbook. The Auditor observed opposite gender announcements documented in post logbooks. The Auditor observed each PREA Logbook includes documentation that opposite gender supervisors are announcing their presence when entering offender housing units.

The Auditor conducted formal interviews with intake personnel. The intake staff member was asked how a transgender offender is strip searched or pat searched when arriving. The staff member stated if the transgender offender has a preference form that requires a female conduct the strip search, a female staff member is called to the area to conduct the strip search and/or pat search. Intake and randomly selected personnel were asked what they would do if they could not determine the genital status of an offender. The Auditor was informed they would ask the offender, review supporting documents, call a supervisor and if need be, call medical personnel to make the determination. Two transgender offenders interviewed by the Auditor stated that female staff at the facility conduct pat searches and strip searches of them.

The Auditor asked random staff how facility personnel conduct searches of transgender and intersex offenders. Transgender and intersex offenders are asked what sex staff member they prefer to conduct pat down and strip searches. The decision, if approved, is documented in the offenders file and preference form. Staff were asked if they had been trained to conduct pat-searches of transgender and intersex offenders. Staff had been provided such training. Staff were asked if they would conduct a strip search of an offender if they could not determine the offender's sex. Each staff member stated they would not conduct a strip-search of any offender for the sole purpose of determining the offender's sex.

The Auditor reviewed the agency's In-service Trainer Outline and training attendance rosters. The outline includes procedures on how to conduct searches of transgender and intersex offenders and how to communicate with those offenders professionally. Training attendance rosters reveal staff had attended an initial training to conduct searches, including cross-gender searches, and attended training annually thereafter. New employees receive the training during their initial orientation and in the agency's training academy. The Auditor reviewed the training records of all GRCC staff members. Each had been provided the training.

The Auditor conducted a detailed tour of the facility and was granted access to all offender housing units and other support areas. The Auditor observed all shower and restroom areas in the facility. Showers in the facility are individual stalls and are protected from view with a shower curtain and wall in front of the area. Each toilet is located in offender cells. Offenders have the ability to shower and use the restroom without security staff of the opposite gender seeing them fully naked, unless incidental to a routine security check. While touring the facility, the Auditor observed opposite gender announcements being made by female staff.

Each shift maintains female staff to ensure a female is available to conduct pat and strip searches of offenders identified as transgender, intersex, or gender dysphoria who have been authorized to be searched by female staff. During interviews with transgender offenders, the Auditor discovered no transgender offender had been denied access to any regular activity outside of their housing unit due to a lack of staff. The Auditor reviewed shift assignments and discovered each shift was assigned both male and female staff. The Auditor was informed by supervisors the facility maintains a balance of male and females on each shift to ensure offenders can be searched by a staff member of the same sex as the offender.

The Auditor conducted interviews with offenders who identified as transgender. Each were asked if they felt staff conducted a search of them for the sole purpose of determining their gender. None stated staff had searched them for that reason. Each informed the Auditor staff were respectful of their preference forms and allow the offender to determine if a male or female staff member is utilized to perform the search. Each transgender was asked if they could take a shower, change clothes and use the restroom without staff of the opposite gender seeing them fully naked. The Auditor was informed they can do so. One transgender offender is allowed to take a shower during the facility's count times. Each transgender was asked if staff has treated them differently from other offenders. The Auditor was informed they are not treated any differently than other offenders.

The facility reported no incident in which a staff member conducted a cross-gender strip search in the previous 12 months.

Conclusion:

The Auditor conducted a review of VADOC policies and procedures, training curriculum, training attendance rosters, shift assignment rosters, post logbooks, interviewed staff, offenders and made observations. The Auditor concluded the GRCC staff had been appropriately trained to conduct cross-gender searches and how to make opposite gender announcements when entering housing units. Offenders have the ability to shower, change clothes and use the restroom with a level of privacy. Staff have been trained to treat transgender and intersex offenders respectfully and professionally in the facility. The Auditor determined the GRCC meets the requirements of this standard.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The agency has a policy that requires staff take appropriate steps to ensure offenders with disabilities or limited English proficient have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:</p> <ul style="list-style-type: none"> • Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and • Providing written materials in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. <p>The agency’s policy states the VADOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. Agency policy prohibits utilizing 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 the first-responder duties or the investigation of the offender’s allegations.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 7</p> <p>Offender Handbook</p> <p>Zero Tolerance Brochure</p> <p>Vernacular Language Services Contract</p> <p>Purple Communications, Inc. Contract</p> <p>Propio-LS, LLC. Contract</p> <p>Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training</p> <p>Training Records</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> |

Observations

Analysis/Reasoning:

The Auditor reviewed the agency's Zero Tolerance for Sexual Abuse and Sexual Harassment handout for offenders. Each offender receives a copy upon arrival at the GRCC. The handout is written in English, Spanish and maintained for the hearing impaired. The hearing impaired copy includes different avenues for reporting through the telephone. The facility maintains PREA posters written in English and Spanish. Facility staff will read the PREA information provided during intake to offenders who are blind or have low vision or who cannot otherwise obtain the information. The facility maintains its Offender Handbook in Braille for offenders who can read in Braille. Offenders who are deaf or hard of hearing can read the written information. The facility's PREA video is both verbal and closed captioned for those who are either deaf or blind. The facility maintains the PREA video in English and Spanish. In the event the facility receives an offender with an intellectual or cognitive disability, a staff member conducts an individual session with the offender to ensure the offender receives an understanding of the agency's PREA information and comprehensive education.

The GRCC Offender Handbook includes the following information:

- Reporting
- Emotional Support Services
- Zero Tolerance

Offenders who cannot read English or Spanish can benefit from the facility's PREA information through the use of the language line service. The agency maintains a contract with a provider for telephonic translation services. When the agency cannot provide a staff interpreter, staff read the information to the interpreter who translates the information to the offender. Each staff member interviewed was asked if the facility relies on offender interpreters or readers. Staff informed the Auditor they do not rely on offender interpreters or readers.

The facility's comprehensive educational video is maintained on a CD and titled, "PREA: What You Need to Know." The Auditor reviewed the comprehensive educational video. The video is closed captioned for the deaf or hard of hearing. Offenders who are blind or have low vision can hear the information being played through the video. Comprehensive education is provided through televisions in the intake area. The agency ensures offenders view the video during the booking process. Offenders who cannot otherwise benefit from the comprehensive education attend a one-on-one session with a facility staff member.

Each offender entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided the comprehensive education within 10 days of arriving at the facility. Offenders are required to sign receipt of the written information and comprehensive educational session. The information and education is provided during booking. Each offender is provided a written copy of the Offender Handbook during the booking process. Offenders sign a Preventing Sexual Abuse and Assault Training Acknowledgement form for the information and education. Each offender entering the facility is provided an orientation packet that includes the agency's zero-tolerance information. The offender then attends an orientation on the following Thursday. The orientation includes the facility's comprehensive educational video and an in-person lesson conducted by facility staff.

The Auditor conducted a formal interview with an offender identified as hard of hearing. The offender was able to communicate with the Auditor. The offender acknowledged receipt of the information and comprehensive education. The offender understands how to report allegations of sexual abuse and is knowledgeable regarding the information and education materials provided by the facility. The offender explained he was provided an opportunity to ask questions related to the materials. The offender was provided and watched the agency's comprehensive educational video. The video included closed captioning. The Auditor reviewed the records of 6 agency staff who had received training titled, "DOC - Understanding and Interacting with Deaf and Hard of Hearing Offenders, 2020." These staff work with deaf offenders to ensure they benefit from the agency's PREA information and education.

There were no offenders identified as Limited English Proficient or blind at the time of the audit. The Auditor verified the facility has a contract for interpretive services to communicate with offenders identified as Limited English Proficient. The facility provides information and education in a manner LEP and blind offenders understand and benefit. Each offender is provided an opportunity to ask questions regarding the written material and comprehensive education.

The Auditor conducted formal interviews with two offenders identified with a cognitive disability. Each offender acknowledge receipt of the written information and were provided an opportunity to watch the comprehensive educational video. Each offender stated they met individually with a Case Manager. The Case Manager discussed PREA information and provided them an opportunity to ask questions. The staff member responsible for conducting the orientation informed the auditor he conducts one-on-one sessions with offenders who have a cognitive disability and have a difficult time understanding the information and education. Each offender interviewed understands the facility's policies related to sexual abuse and sexual harassment.

The Auditor reviewed the educational records of 30 offenders. All 30 offenders had signed an Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training denoting their attendance and receipt of the information. During interviews with offenders the Auditor determined offenders have seen the comprehensive educational video after processing into the agency. Each offender signs the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training two times. Offenders sign after receiving the written information during booking and after receiving the comprehensive educational video.

The Auditor conducted an interview with staff responsible for conducting orientations with offenders. The Auditor asked the staff member to explain how blind and deaf offenders benefit from the agency's information and education. The staff member reads the written PREA information to blind offenders. Blind offenders can benefit from the educational video as it is maintained in audio. Deaf offenders can read the closed captioning on the video and information is provided in written format. Staff informed the Auditor illiterate offenders can hear the video and staff read the written information to them. The Auditor was informed staff use the language line when dealing with non-English speaking offenders and a staff interpreter is unavailable. The Auditor asked how staff communicate with offenders who only understand sign language. The agency maintains a contract for Sign Language services. Each staff member was asked if offender interpreters or readers are utilized by facility staff. Each stated the facility does not rely on offender interpreters or readers. The staff member responsible for orientation informed the Auditor he has conducted one-on-one sessions with offenders in the

past for offenders with language barriers and cognitively challenged offenders.

The Auditor conducted a detailed tour of the Green Rock Correctional Center. Observations were made of readily available sexual abuse and sexual harassment materials and PREA posters throughout the facility, including each housing unit and service areas. All posters and posted materials were written in English and Spanish. During interviews with offenders the Auditor discovered all offenders were aware of the posted materials. All offenders informed the Auditor they received the PREA material during booking, watched a video, received an Offender Handbook and participated in an in-person orientation conducted by a facility staff member. Each was provided an opportunity to ask questions related to the facility's comprehensive educational session.

Conclusion:

The Auditor concluded the agency provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are Limited English proficient and those who are disabled. The Auditor conducted a thorough review of the agency's policies, procedures, Offender Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, comprehensive educational video, interpretive services contracts, offender records, training records, conducted interviews with staff, offenders and made observations to determine the agency meets the requirements of this standard.

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| 115.17 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections policy prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with offenders who:</p> <ul style="list-style-type: none"> • 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); • 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; and • Has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. <p>Agency policy requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The policy requires a criminal background records check be conducted before hiring any new staff member who may have contact with offenders. Policy also requires the agency to make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. Criminal background records checks are required every 5 years on employees and contract staff, who may have contact with offenders and annually for those in sensitive specialist assignments.</p> <p>The Agency asks all applicants who may have contact with offenders directly about previous misconduct as listed above, in the agency's written employment application. Employees attempting to be promoted complete an application and answer questions regarding previous acts of misconduct as listed above.</p> <p>Employee Performance Evaluations include a continuing affirmative duty to disclose any acts of sexual misconduct. The agency's policy stipulates material omissions regarding such misconduct are grounds for termination. The policy also allows for termination for providing false information related to such conduct.</p> <p>Evidence Relied Upon:</p> <p>Policy - 102.2 Recruitment, Selection and Appointment, pg. 7</p> <p>Policy - 102.3 Background Investigation Program, pg. 6</p> <p>Policy - 260.1 Procurement of Goods and Services, pg. 10</p> <p>Policy - 135.1, pg. 15</p> <p>Employee Records</p> |

Contractor Records

Background Investigation Questionnaire

Employment Application

Employee Self Assessment Form

Criminal History Background Tracking Mechanism

Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed the facility's Background Investigation Questionnaire form. The form is completed by all staff and contractors prior to employment or enlisting services and prior to promotions. The form asks the staff member or contractor the following questions:

- "Have you ever engaged or attempted to engage in sexual abuse/sexual harassment in an institutional setting, for example, prison, jail, juvenile facility;
- Have you been convicted of engaging or attempting to engage in sexual activity/sexual abuse/sexual harassment in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and
- Have you been civilly or administratively adjudicated for engaging in sexual activity/sexual abuse/sexual harassment in the community where there was use of force (as described above)?"

The Background Investigation Questionnaire asks candidates, "Did you resign in lieu of termination or were you terminated from this agency?" This question is asked of candidates who have worked or volunteered for the Department of Corrections or any other government agency.

The Auditor reviewed the agency's employment application. Each candidate is required to complete an application. Each current employee seeking promotion is required to complete the application. The application asks candidates the following questions:

- "Have you engaged in sexual abuse in an institutional setting where the term "institutional" refers to any facility or institution: (A) which is owned, operated, managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is : (i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; (ii) a jail, prison, or other correctional facility; (iii) a pretrial detention facility; (iv) for juveniles; (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care;
- Have you been convicted or 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;
- Have you been civilly or administratively adjudicated for having engaged in the sexual activity described in questions #1 and/or #2 , above?"

The Auditor conducted an interview with the facility's Human Resource staff member. The Auditor was informed each candidate is asked to complete the Background Investigation Questionnaire prior to their interview. The Auditor asked how the facility considers acts of sexual abuse and sexual harassment of those being promoted. The Human Resource staff member stated each is required to complete an application and Background Investigation Questionnaire when applying for a promotional opportunity or a new position. The Auditor asked if such is captured for contractors and if so, when. The Auditor was informed contractors are required to complete the Background Investigation Questionnaire and undergo the background records check as all employees do. The Auditor was asked if the facility provides information related to sexual abuse investigations and resignations to institutional employers upon request. The Auditor was informed that information is provided upon request with a release form. The Human Resource staff member informed the Auditor the agency uses an optional Employee Self-Assessment that considers sexual abuse acts.

The Auditor reviewed the Employee Self-Assessment form. The following questions are asked on the assessment:

- "Have you ever engaged or attempted to engage in sexual abuse in an institutional setting;
- Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and
- Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described in 2)?"

The Auditor conducted a review of all employee/contractor background records. The facility tracks background record checks on a spreadsheet. The Auditor conducted a review of the tracking spreadsheet. The spreadsheet includes the person's name, VCIN date and position. The agency performs a background records check through the Virginia Criminal Information Network and National Crime Information Center. The spreadsheet reveals the facility is conducting a VCIN of all persons at least every five years, prior to promotions and prior to hiring or enlisting the services of a contractor.

The Auditor reviewed the employee personnel files of 22 staff and 10 contract personnel. The file review included 6 staff who were promoted and 3 who had previous experience in a confinement setting. Each employee/contractor had completed an employment application and Background Investigation Questionnaire where the employee answered the questions related to sexual abuse. Each who had been employed for more than one year had completed additional Sexual Misconduct Information Release forms for each year of employment. The Auditor observed the 3 staff with previous institutional experience worked with the VADOC in the past. The agency maintained all personnel records of the employees and was not required to contact the previous institutional employer as the VADOC was the previous employer. The Auditor verified the 6 staff who were promoted completed an application prior to the promotion. All 22 personnel and 10 contract persons reviewed had been screened for prior acts of sexual abuse and sexual harassment prior to hiring or enlisting their services.

The Auditor conducted formal interviews with staff. Staff were asked if they were aware of the criminal background records check process. Each staff was aware the facility conducts a criminal background records check at least every five years. Staff were asked when they are

asked specific questions related to sexual abuse and sexual harassment. Each staff asked informed the Auditor they answer those questions before being hired, annually and prior to promotion. Staff were asked if they were aware the agency has a continuing requirement to disclose acts of sexual abuse and sexual harassment. Each was aware of the agency requirement.

The Auditor conducted formal interviews with contractors. Contractors were asked if they were aware the agency conducts a criminal record background check. Each contractor was aware the facility conducts such checks prior to services and every five years. The Auditor asked each if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they are asked those questions on the Background Investigation Questionnaire. Each stated they are required to sign the form prior to performing services. Each contractor was aware they have a continuing affirmative duty to disclose acts of sexual harassment and sexual abuse.

Conclusion:

The Auditor concluded the Green Rock Correctional Center is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies, procedures, employee records, contractor records, Background Investigation Questionnaire, Employment Application, Employee Self-Assessment, Criminal History Background Check Tracking Log, and interviewed staff and contractors to determine the agency meets the requirements of this standard.

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections policy is to consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. The policy stipulates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance their ability to protect offenders from sexual abuse.</p> <p>Facility staff reported the Virginia Department of Corrections has not acquired any new facility or planned any substantial expansion or modification of the Green Rock Correctional Center during this audit period.</p> <p>Evidence Relied Upon:</p> <p>Policy - 801.1, pg. 2</p> <p>GRCC Memorandum</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Virginia Department of Corrections has not designed or acquired any new facility or planned any substantial expansion or modification of the Green Rock Correctional Center since its last PREA audit. The Green Rock Correctional Center has not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technologies during this audit period.</p> <p>The Auditor conducted an interview with the Warden and PREA Compliance Manager. Both are clear on the responsibility to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facility. The Warden informed the Auditor the VADOC PREA Coordinator is involved in the design, acquisition and expansion of facilities. The PREA Coordinator and PREA Compliance Manager are also involved in the process for adding cameras and updating video monitoring systems in the VADOC facilities. The Regional PREA/ADA Analyst informed the Auditor she is involved in those processes for facilities within her assigned region.</p> <p>The Auditor observed camera placements throughout the facility while touring. The facility conducts a weekly review of all cameras within the facility. The review documents a check that each camera in the facility is functioning. Since the last PREA audit, the Green Rock Correctional Center has not added or updated cameras within the facility. The facility added mirrors in identified blind spots to aid in the prevention, detection and response to sexual</p> |

abuse. The Warden informed the Auditor the facility has future plans to increase the number of cameras in the facility.

Conclusion:

The Auditor conducted a review of the agency's policies, procedures, interviewed staff and made observations to determine the facility meets the requirements of this standard.

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections has a policy that requires all victims of sexual abuse have access to a forensic medical examination provided by a certified Sexual Abuse Nurse Examiner. The examination is provided to the victim at no cost to the victim. The agency's policy is to attempt to make available to the victim a victim advocate from a rape crisis center. Policy states, "If a rape crisis center is not available to provide victim advocate services, the DOC must make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member." The victim advocate, qualified staff member, or qualified community-based organization member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information and referrals. Policy requires the qualified staff member or community-based member is an individual who has been screened for appropriateness to serve in the role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>The agency is responsible for conducting criminal and administrative investigations. Policy stipulates the Special Investigations Unit has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is required to be developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. The agency's 030.1 - Evidence Collection and Preservation policy includes its uniform evidence protocols.</p> <p>Evidence Relied Upon:</p> <p>Policy - 030.4 Special Investigations Unit, pg. 10-11</p> <p>Policy - 720.7 Emergency Medical Equipment and Care, pg. 9</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 13</p> <p>Policy - 730.2, pg. 8</p> <p>Policy - 030.1, Evidence Collection and Preservation, pg. 1-7</p> <p>Virginia Forensic Nurse Examiner Programs</p> <p>Forensic Nurse Examiner Contact List</p> <p>Virginia Sexual and Domestic Action Alliance Contract</p> <p>Interviews with Staff</p> <p>Interview with SANE</p> <p>Interview with Victim Advocate</p> |

Analysis/Reasoning:

The Auditor reviewed the agency's policies and procedures. The agency has included the elements of this standard in its policies and procedures. The Virginia Department of Corrections conducts administrative and criminal investigations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Special Investigations Unit (SIU) for investigation. GRCC personnel are required to preserve any crime scene until the SIU Investigator arrives to collect or process physical evidence from the scene.

The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). In addition to other stipulations, the memorandum stipulates the VSDVAA agrees to the following:

- Provide a toll-free Hotline (statewide) for reporting sexual abuse or assault to victims who desire an external method of reporting;
- Ensure confidentiality for all callers to the statewide hotline, keeping with the Action Alliance confidentiality and release of information policies. If the victim agrees to the release of information, the Action Alliance will immediately forward any report of sexual abuse or assault to the Regional PREA Analyst;
- Maintain a record of calls from DOC victims that include non-identifying demographic information, information about the violence experienced, demographic and relationship information about perpetrator, and the location of the sexual abuse or assault. The Action Alliance will provide the information quarterly by email to the DOC to support action that addresses the safety, security and medical needs of victims. DOC will be provided with information about specific victims and allegations of assault with the express permission of the victim;
- Provide confidential crisis intervention and emotional support services related to all sexual abuse or assault victims;
- Seek to link DOC victims to accompaniment services through a trained victim advocate when victims request this service. This may include participation of advocates at forensic exams, during investigations and may also include follow-up visits or communication (at facility, telephone or written) by the victim advocate;
- Ensure statewide hotline staff and Action Alliance victim advocates who provide accompaniment services to DOC victims complete the full PREA training on responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders or probationers;
- Ensure statewide hotline staff and Action Alliance victim advocates who provide accompaniment services to DOC victims complete the full PREA training on responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders or probationers; and
- Ensure all statewide hotline staff and Action Alliance victim advocates providing accompaniment services to DOC victims have been screened to ensure they do not have a history of perpetrating sexual violence. These staff and volunteers shall agree to have a criminal history record check completed through the Virginia Criminal Information Network prior to entrance into a DOC facility and will be asked to disclose relationships to individuals who are employed by or in the custody of the DOC.

The Auditor conducted a telephone interview with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance. The representative confirmed the VSDVAA provides victim advocacy for offender victims of sexual abuse. The Auditor asked if a representative has attended a forensic examination for an offender at the Green Rock Correctional Center. The advocate stated the VSDVAA has not been asked to accompany a victim from the GRCC in the previous 12 months. The advocate stated if requested the advocate would also accompany the victim during investigatory interviews. The Auditor asked who contacts the VSDVAA following a sexual abuse incident. The representative stated either the hospital or facility would normally make the notification to the VSDAA. Emotional support services are provided on site or by telephone with offenders when requested. The GRCC has not used a staff member to perform the services of victim advocacy.

The Auditor reviewed the Virginia Forensic Nurse Examiner Programs list by region. The Green Rock Correctional Center is located in the Western Region. The Western Region includes forensic services performed at the Lynchburg General Hospital. The Auditor observed the contact information of the SANE at the Lynchburg General Hospital.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner from the Lynchburg General Hospital. The SANE explained the forensic examination is conducted at the hospital. The SANE explained the process of the forensic examination and the services and tests offered at the time of the examination. The Auditor asked the SANE if a victim advocate is allowed to accompany the victim during the forensic examination. The SANE informed an advocate is allowed to accompany the victim if the victim requests the accompaniment. The SANE informed the Auditor one forensic examination has been performed on a victim from the Green Rock Correctional Center in the past 12 months. The facility reported one offender was sent to the hospital for a forensic examination. A review of the documentation from the incident determined the incident occurred just beyond 12 months of the audit.

The Auditor conducted formal interviews with medical practitioners. The Auditor asked if medical practitioners conduct forensic examinations at the facility. Medical practitioners stated they do not conduct forensic examinations at the GRCC. The Auditor was informed forensic examinations are conducted at Lynchburg General Hospital by a certified SANE. The Auditor asked when the last offender was sent for a forensic examination following an allegation of sexual abuse. Medical practitioners stated they sent an offender to the hospital over 12 months ago.

The Auditor conducted a formal interview with two agency investigators. Investigators were asked to explain the process when investigating allegations of sexual abuse. Investigators stated as soon as it is determined an act of sexual abuse requires a forensic examination, arrangements are made to immediately transport the offender to the Lynchburg General Hospital. The Auditor was informed criminal investigations of sexual abuse are conducted by the VADOC Special Investigations Unit. The Auditor asked how evidence collection occurs at the facility. Investigators explained the SIU Investigator responds to the facility and collects evidence from the crime scene. The GRCC staff preserve the crime scene until the SIU Investigator arrives to process and collect the evidence.

The Auditor conducted a telephone interview with a VADOC SIU Investigator. The Investigator explained he reports to the facility and collects evidence from the crime scene. The SIU investigator reports to the hospital and interviews the alleged victim and receives the evidence

collected by the SANE. The Auditor asked if a victim advocate is allowed to be present when the alleged victim is questioned. The Auditor was informed if the alleged victim requests the presence of the victim advocate the Investigator allows his/her presence during the questioning. The Auditor asked the Investigator when the last time he reported to the Lynchburg General Hospital following an alleged sexual abuse incident. The Auditor was informed the Investigator responded a year ago following an alleged sexual abuse. Each VADOC Special Investigations Unit Investigator is a sworn law enforcement officer in the Commonwealth of Virginia. Each has the authority to conduct criminal investigations and follow a uniformed evidence protocol for evidence collection.

The facility reported no instance that required an offender be transported to the Lynchburg General Hospital for a forensic examination in the previous 12 months.

Conclusion:

The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed the VADOC policies, procedures, Memorandums of Understanding, and conducted interviews with staff, SANE, and Victim Advocate. The Auditor determined the agency meets the requirements of this standard.

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 536 365">Auditor Discussion:</p> <p data-bbox="248 405 1461 651">The Virginia Department of Corrections policy is to ensure an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The VA DOC conducts both administrative and criminal investigations. The Virginia Department of Corrections' Special Investigative Unit (SIU) Investigators have the legal authority to conduct such investigations. Agency policy requires SIU Special Agents to be sworn police officers in the State of Virginia.</p> <p data-bbox="248 692 1485 938">Policy requires the initial investigation be conducted by a Facility Investigator or other staff member who has received the required specialized training. When the Investigator determines the sexual abuse allegation requires the SIU to investigate, the Investigator notifies the Regional PREA Analyst. All allegations of sexual abuse or sexual harassment must be referred for investigation by SIU, unless the Facility Investigator quickly and definitively determines the allegation is unfounded.</p> <p data-bbox="248 978 1485 1180">The Chief of SIU or designee reviews the nature of allegations received and determines if an investigation by SIU is warranted. Facility staff are required to cooperate with SIU. VADOC Special Agents are authorized to conduct investigations into criminal activity, procedural and administrative violations, and employee misconduct affecting the operations of the DOC. The conduct of investigations is stipulated in the agency's Special Investigations Unit policy - 030.4.</p> <p data-bbox="248 1220 576 1256">Evidence Relied Upon:</p> <p data-bbox="248 1296 943 1332">Policy - 038.3 Prison Rape Elimination Act, pg. 11-12</p> <p data-bbox="248 1373 557 1408">Policy - 030.4, pg. 1-18</p> <p data-bbox="248 1449 571 1485">Code of Virginia 53.1-10</p> <p data-bbox="248 1525 533 1561">Investigative Records</p> <p data-bbox="248 1601 464 1637">Agency Website</p> <p data-bbox="248 1677 512 1713">Interviews with Staff</p> <p data-bbox="248 1753 584 1789">Interviews with Offenders</p> <p data-bbox="248 1830 544 1865">Analysis/Reasoning:</p> <p data-bbox="248 1906 1461 2130">The Auditor reviewed the Virginia Department of Corrections' website. The VADOC website includes a link to access the agency's PREA policy. The policy includes the agency's conduct of investigating allegations of sexual abuse and sexual harassment. The public is informed of the agency's zero-tolerance towards sexual abuse and sexual harassment and either the Institutional Investigator or Special Investigations Unit Investigator conduct an investigation once receiving a claim of sexual misconduct or sexual harassment against a staff member or</p> |

offender.

The Code of Virginia, §53.1-10 Powers and duties of Director allows the Director of the Virginia Department of Corrections, "To designate employees of the Department with internal investigations authority to have the same power as a sheriff or a law-enforcement officer in the investigation of allegations of criminal behavior affecting the operations of the Department. Such employees shall be subject to any minimum training standards established by the Department of Criminal Justice Services under § 9.1-102 for law-enforcement officers prior to exercising any law-enforcement power granted under this subdivision..."

The Auditor conducted a formal interview with two facility Sexual Abuse Investigators. The Auditor asked Investigators to explain the process once an allegation appears to be criminal in nature. Each Investigator stated the SIU Investigator is notified immediately to conduct a criminal investigation. The referral to the SIU is documented by each Investigator. The GRCC has three (3) staff members who have received training to conduct administrative investigations in the facility. The agency has trained nineteen (19) SIU Investigators. The SIU investigates criminal acts of sexual abuse that occur in agency facilities. GRCC Investigators have referred one allegation to the SIU for a criminal investigation in the previous 12 months.

The Auditor conducted a telephone interview with an agency SIU Investigator. The Auditor asked the investigator to explain his authority in conducting criminal investigations. The Investigator explained he is a certified law enforcement officer in the Commonwealth of Virginia. The investigator has the legal authority to arrest and place criminal charges on persons inside and outside the Green Rock Correctional Center. The Investigator explained he reports to the facility when notified by the facility Investigator to conduct an investigation. If the SIU Investigator determines the act may not be prosecutable it is referred back to the facility Investigator for an administrative investigation. The Investigator explained he consults with the Commonwealth's Attorney for prosecutorial efforts.

The facility reported 17 allegations of sexual abuse and sexual harassment were received within the previous 12 months. One allegation was referred for criminal investigation. The facility conducted sixteen (16) administrative investigations. The Auditor reviewed all sixteen facility investigative reports and the SIU investigative report from the previous 12 months. Five (5) were allegations of sexual abuse and twelve (12) were allegations of sexual harassment.

The SIU Investigator informed the Auditor he referred a case to the Commonwealth's Attorney that was prosecuted. The allegation was made within the previous 12 months prior to the audit. The Auditor was informed the SIU Investigator does not have an open investigation from the GRCC at the time of the audit.

The Auditor conducted formal interviews with offenders who made an allegation of sexual abuse. The Auditor asked each if they spoke to an investigator after making the allegation. Each informed the Auditor they did speak to an investigator. The Auditor asked each how long it took before the investigator met with them. Each offender stated they met with the investigator promptly.

No department of justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the Green Rock Correctional Center.

Conclusion:

The Auditor concluded the Green Rock Correctional Center appropriately refers criminal allegations of sexual abuse and sexual harassment to the SIU office who maintains the legal authority to conduct criminal investigations in the facility. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, website, investigative records, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections policy stipulates employees receive the following training during Orientation and In-Service:</p> <ul style="list-style-type: none"> • The agency's zero-tolerance policy for sexual abuse and sexual harassment; • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; • Offenders' right to be free from sexual abuse and sexual harassment; • The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in confinement; • The common reactions of sexual abuse and sexual harassment victims; • How to detect and respond to signs of threatened and actual sexual abuse; • How to avoid inappropriate relationships with offenders; • How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>Agency policy requires training be tailored to the gender of the offenders at the employee's facility. Employees are provided additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Policy requires the agency to document through employee signature or electronic verification that employees understand the training they have received.</p> <p>All security staff In-Service training includes supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.</p> <p>Evidence Relied Upon:</p> <p>Policy - 102.6 Staff Orientation, pg. 8</p> <p>Policy - 350.2, pg. 11-12</p> <p>Training Curriculum</p> <p>Training Test</p> <p>Trainer Outline</p> <p>Training Checklist</p> <p>Training Records</p> <p>PREA/ADA News Letters</p> |

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the agency's training curriculum utilized to train staff. The VADOC curriculum includes all training topics as bulleted above. The VADOC instructor teaches from the Trainer Outline to train all staff. Each new staff member is provided the training during their orientation when they are initially hired and at the Correctional Officer Basic class in the Training Academy. The facility provides PREA training to all staff annually. The training provided during the basic academy is not tailored to any gender as the agency houses male and female offenders. The Green Rock Correctional Center houses male offenders. Each employee is provided a participant outline during training. All VADOC PREA classes require the participant to pass a test upon completion of the class.

The facility reported there are 267 staff currently employed on the pre-audit questionnaire. The Auditor reviewed the GRCC staff training records. Training records reveal all staff are provided the PREA training. The Auditor reviewed training records for the previous 12 month period. All staff had been provided annual in-service training and signed a Prison Rape Elimination Act (PREA) Training Acknowledgement Form. The agency's acknowledgement form requires staff sign receipt and understanding of the following:

- The Department's Zero Tolerance Policy for sexual abuse and sexual harassment;
- How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- An offender's right to be free from sexual abuse and sexual harassment;
- The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with offenders;
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The acknowledgement form states, "By my signature, I am acknowledging that I understand the training provided and that the Virginia Department of Corrections has zero-tolerance for sexual abuse or sexual harassment between offenders and between staff/contractors/volunteers and offenders. I agree to abide by that policy. I likewise have been made aware of my requirement to report any known instances or suspicions of sexual abuse or harassment of offenders." Employees are required to print and sign their name, date and the trainer signs the form as a witness. The Auditor reviewed the test each participant is required to pass at the completion of training. The test is a twenty question test that includes true or false, multiple choice and fill in the blank questions from various sections of the agency's training.

The PREA Coordinator and Regional PREA/ADA Analysts create a monthly PREA Newsletter. The newsletter is issued to all VADOC personnel on a monthly basis. Each newsletter includes a selection of VADOC information and PREA standards. The newsletter is used to remind staff of standards and VADOC policies regarding compliance with those standards.

The Auditor conducted formal interviews with specialized and randomly selected staff. Each was asked about the training provided by the agency. All staff interviewed had been provided the training and informed the Auditor they receive training annually. The Auditor asked each to explain the topics provided by the agency during their annual training. Staff were able to articulate the above listed topics were provided during their trainings. The Auditor determined staff were knowledgeable and retained the information provided during the training.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. The offenders interviewed articulated staff respond to incidents, take sexual abuse and sexual harassment seriously and most had confidence in staff's abilities. The offenders collective responses allowed the Auditor to determine staff respond to the population as they have been appropriately trained to do. The majority of the offenders interviewed stated staff can be trusted to maintain their information confidentially.

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.31. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, tests, newsletters, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections policy requires the Statewide and Organizational Unit Volunteer Coordinator, as applicable will ensure all volunteers who have contact with offenders receive training regarding their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers is based on the services they provide and the level of contact they have with offenders. The policy requires all volunteers who have contact with inmates be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Each volunteer is required to sign a Volunteer Agreement that documents the volunteer's receipt and understanding of the materials.</p> <p>Program visitors are provided A guide to Maintaining Appropriate Boundaries with Offenders as notification of the DOCs zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. Receipt of such are documented in the facility "sign-in" log. All Volunteers receive a documented orientation and training appropriate to their volunteer duties. Volunteers are required to sign the Volunteer Agreement upon completion of orientation and training. Volunteers under the general supervision of other volunteers are provided orientation and training to the following, but not limited to, policies:</p> <ul style="list-style-type: none"> ● 038.3 - Prison Rape Elimination Act (PREA) ● 135.1 - Standards of Conduct ● 135.2 - Rules of Conduct Governing Employees Relationships with Offenders <p>The agency requires these volunteers sign the Volunteer Orientation Checklist upon receipt. The agency has a policy which requires contractors who have or could have contact with offenders receive training regarding their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. Policy requires the level and type of training contractors receive is based upon the services they provide and the level of contact they may have with offenders. Contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Each is required to sign the Prison Rape Elimination Act Training Acknowledgement.</p> <p>Evidence Relied Upon:</p> <p>Policy - 027.1 Volunteer and Internship Programs, pg. 11</p> <p>Policy - 350.2, pg. 8</p> <p>Policy - 038.3, Prison Rape Elimination Act pg. 5</p> <p>Policy - 102.6 Staff Orientation, pg. 8</p> |

Volunteer/Contractor PowerPoint Presentation

Volunteer/Contractor Trainer Outline

A Guide to Maintaining Appropriate Boundaries with Offenders Brochure

PREA Training Acknowledgement

Interview with Contractors

Analysis/Reasoning:

The Auditor reviewed the agency's Volunteer and Contractor Trainer Outline. A PowerPoint Presentation is utilized to provide in-person training to each contractor and volunteer. The PowerPoint Presentation coincides with the trainer outline. The PowerPoint Presentation and trainer outline includes the following sections:

- What is PREA;
- The Nine Purposes of PREA;
- OP 038.3 Sexually Abusive Behavior Prevention and Intervention;
- Zero Tolerance Policy;
- OP 130.1 Rules of Conduct Governing Employees Relationships with Offenders;
- Myths;
- The Dynamics of Sexual Abuse and Sexual Harassment in Confinement;
- Common Reactions of Sexual Abuse and Sexual Harassment Victims;
- Detection Strategies;
- Avoiding Inappropriate Relationships with Offenders; and
- Summary.

The Auditor reviewed the agency's PowerPoint Presentation utilized to train contractors and volunteers. The following information was observed in the presentation:

- What is PREA;
- Purpose of PREA;
- How Does PREA Affect You;
- OP 135.2 Rules of Conduct Governing Employees Relationships with Offenders;
- PREA and Fraternalization;
- Consequences for a PREA Violation and/or Fraternalization;
- Reporting;
- Myths;
- Detection Strategies;
- Avoiding Inappropriate Relationships with Offenders; and
- Questions/Concerns.

The agency has created, "A Guide to Maintaining Appropriate Boundaries with Offenders." Each contractor and volunteer is provided the brochure during their orientation training. The brochure includes the following sections:

- A Duty to Report;
- Red Flags;

- Prevention;
- Resources;
- Prison Rape Elimination Act: Detecting, Reporting, Prevention; and
- Policy.

The agency's training includes notification of the agency's zero-tolerance policy and informs volunteers and contractors how to report such incidents. Volunteers and contractors are trained on their responsibilities under the DOC's prevention, detection, and response policies and procedures.

The Auditor reviewed the agency's Prison Rape Elimination Act (PREA) Training Acknowledgement form. Each contractor and volunteer is required to sign the acknowledgement form after attending the training. The contractor and volunteer signs the form that states, "By my signature, I certify that I have been notified of the requirement that I must report to my supervisor or to the district/facility administration any known instances or suspicions of sexual abuse or harassment of offenders, whether in custody or on community supervision. I certify that I understand that the Virginia Department of Corrections has a zero tolerance policy for sexual abuse or sexual harassment between offenders and between staff/contractors/interns/volunteers and offenders and that I agree to abide by that policy and report any known instances or suspicions of sexual abuse or harassment of offenders."

The facility has three (3) classifications of contractors and volunteers, level 1, level 2 and level 3. Each level is defined as:

- Level 1 - Have no contact with offenders;
- Level 2 - Have the possibility of contact with offenders but assigned duties do not require contact; and
- Level 3 - Have contact with offenders.

Level 1 contractors and volunteers receive a copy of the brochure, "A Guide to Maintaining Appropriate Boundaries with Offenders" and are required to review Operating Procedure 038.3 Prison Rape Elimination Act. Level 2 contractors and volunteers receive a copy of the brochure, the brochure is discussed with the contractor or volunteer, and are required to read Operating Procedures 038.3 Prison Rape Elimination Act and 135.2 Rules of Conduct Governing Employees Relationships with Offenders. They are also given the opportunity to ask questions on the material provided. Level 3 contractors and volunteers receive training provided by the PowerPoint Presentation, receive a copy of the brochure, review Operating Procedures 038.3 Prison Rape Elimination Act, 135.2 Rules of Conduct Governing Employees Relationships with Offenders. All materials are discussed with the contractor and volunteer and they are provided an opportunity to ask questions related to the materials.

The facility reported 14 contractors and no volunteers currently authorized to perform services in the facility. The Auditor reviewed the training records of all contractors. The review of records reveal the facility is training contractors prior to enlisting their services. Each contractor had signed the PREA Training acknowledgement form after completing the training. Volunteer services have been suspended due to COVID-19 restrictions in the facility. There have been no contractors trained or authorized to enter the facility in the previous 12 months.

The Auditor conducted formal interviews with contract personnel. Each contractor interviewed

verified they had been provided training related to the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. The Auditor asked each specific questions related to the agency's policies and procedures for reporting allegations of sexual abuse and sexual harassment. Each contractor understood their requirements for reporting allegations, information and knowledge related to such. Each was asked to explain their responsibilities under the VADOC polices related to sexual abuse. Each contractor provided responses that reveal they understand their rights and responsibilities according to the agency's policies and procedures. All contractors were aware the VADOC maintains a zero tolerance policy towards acts of sexual abuse and sexual harassment. The Auditor was informed contractors receive PREA training every year by the facility.

Conclusion:

The Auditor concluded the facility is appropriately training contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, brochure, acknowledgment forms and interviewing contractors and volunteer personnel the facility meets the requirements of this standard.

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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections policy requires newly received offenders from a jail or other non-DOC facility will receive information explaining the DOC's Zero Tolerance Policy for sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse or sexual harassment. Staff are required to provide the information verbally and in writing, in a language clearly understood by the offender and must include the following topics:</p> <ul style="list-style-type: none"> ● Definition of sexual misconduct; assault, and behaviors prohibited by staff, contractors, volunteers and offenders; ● Zero Tolerance Policy; ● Prevention/Intervention; ● Self-Protection; ● Reporting Sexual Abuse/Assault/Harassment; ● Treatment and Counseling; ● Offender Telephone Sexual Abuse Hotline Number; and ● Free Emotional Support Through Hotline Number. <p>Each facility is required to make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. The policy requires each offender will receive a comprehensive PREA training within 10 days of arrival. The agency utilizes the Preventing Sexual Abuse & Sexual Assault - Trainer Outline and the PREA: What You Need to Know video. Offenders are required to acknowledge receipt of the training on the Preventing Sexual Abuse and Assault Training Acknowledgment form.</p> <p>Any facility that receives an offender from another VADOC facility is provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number. If documentation of Preventing Sexual Abuse and Sexual Assault Training is not found in the offender's record, the facility must provide the training to the offender.</p> <p>The agency requires each facility ensure key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 4-5</p> <p>Policy - 810.2 Transferred Offender Receiving and Orientation, pg. 7</p> <p>Zero Tolerance Brochure</p> |

Preventing Sexual Abuse and Assault Training Acknowledgement

Preventing Sexual Abuse and Sexual Assault Trainer Comprehensive Outline

Preventing Sexual Abuse and Sexual Assault Trainer Intake Outline

Green Rock Correctional Center Offender Orientation Manual

Interviews with Staff

Interviews with Offenders

Observations

Analysis/Reasoning:

The agency has created a brochure that includes information for offenders. Each offender is provided the Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure upon intake and arrival at the facility. Staff ensure each offender watches the video titled, "PREA: What You Need to Know" and provide the initial training in person utilizing the intake training outline during the intake process. Each offender signs the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training form after receiving the information. The Auditor conducted a review of the agency's Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure. The brochure includes the following sections:

- Zero-tolerance;
- Reporting;
- Know Your Rights;
- Staff and Offenders Cannot...; and
- How Do I Get Help.

The agency maintains the brochure in three (3) different formats. There is an English, Spanish and Hearing Impaired version of the brochure. The Hearing Impaired brochure includes different reporting avenues for the hearing impaired. The hearing impaired brochure includes how to report an allegation of sexual abuse or sexual harassment through the TTY or relay service.

The agency personnel who educates offenders utilize a Trainer Outline. Each offender is provided an orientation upon arrival. The Auditor reviewed the agency's Trainer Outline. The outline is used during intake and includes the following sections:

- Introduction;
- Play the Video - PREA: What You Need to Know;
- Reporting;
- Getting Help;
- Sexual Assault Awareness and Prevention brochure;
- Questions; and
- Summary.

Each offender is provided a comprehensive education within 10 days of arrival in the VADOC. The comprehensive education is conducted by an agency staff member when offenders arrive

in the intake area. The trainer utilizes an outline to conduct the comprehensive education. The Auditor reviewed the agency's comprehensive education trainer outline and observed the following information:

- Purpose;
- Key Points;
- Zero-Tolerance Policy;
- Definitions;
- How to Get Help;
- Reporting;
- Video;
- Emotional Support Services;
- Discussion and Questions; and
- Closing.

The comprehensive education is conducted in person, in conjunction with a video. Each offender is provided time to ask questions at the conclusion of the education session. The agency maintains all intake and comprehensive information in English and Spanish. The agency's comprehensive education materials include, the offender's rights to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents and information regarding the agency's policies and procedures for responding to such incidents. The facility's educational video is closed captioned in English and Spanish.

Each offender is provided the Zero Tolerance Brochure and comprehensive education during the booking process. Upon arrival the Green Rock Correctional Center facility staff provides the offender the written information and has the offender watch the comprehensive educational video within 10 days of arrival. All offenders are required to participate in the education process. Offenders are also provided an orientation to the facility. The orientation includes the facility's PREA information.

Each offender is provided an Offender Handbook upon arrival at the Green Rock Correctional Center. The Auditor reviewed the facility's Offender Handbook. The handbook is maintained in English and Spanish. The agency has an Offender Handbook for blind offenders who read Braille. The facility's handbook includes the following information related to the agency's policies and procedures towards sexual abuse and sexual harassment:

- Reporting
- Emotional Support Services Access
- Zero-tolerance

Each offender is required to sign the agency's "Preventing Sexual Abuse and Assault Training Acknowledgement" form. The form is signed at two different times, after receipt of the intake information and after receipt of the comprehensive education. The intake portion of the form requires the offender sign receipt of information on the sexual abuse Hotline Number and appropriate use of hotline reporting and the intake training and information. The comprehensive education portion of the form requires offenders sign for receipt of the comprehensive education. The form requires the offender sign acknowledging, "By signing below, I acknowledge that this information was communicated to me visually, verbally, and in

writing based on the Intake and Comprehensive training curriculum titled 'Preventing Sexual Abuse and Sexual Assault'. I also acknowledge receiving information for free, emotional support services through an outside agency."

The Auditor reviewed the classification records of the offenders chosen for interviews. A review of classification records revealed each offender signed for receipt of the information and comprehensive education on the Preventing Sexual Abuse and Assault Training Acknowledgement form. The comprehensive education was provided within 10-days of each offender's arrival. The Auditor was able to determine by a review of a relevant sample of offender classification records the offender population receives a comprehensive education. While interviewing offenders the Auditor was informed they received an Offender Handbook and brochure during the booking process. Each offender attended an orientation. The Offender Handbook includes facility sexual abuse and sexual harassment information. Each offender informed the Auditor they have seen information posted throughout the facility regarding sexual abuse and sexual harassment.

The Auditor conducted a formal interview with an offender who was identified as hard of hearing. The offender was able to read the informational brochure and handbook provided during the intake process. The offender informed the Auditor he watched the video and could read the closed captioning on the video. The offender understood how to report allegations of sexual abuse. He was familiar with the agency's policies and procedures for prevention, detection and response to sexual abuse and sexual harassment.

The Auditor conducted an interview with two offenders who were identified with a cognitive disability. Each offender was asked questions to determine if they were able to benefit from the written information provided during booking and through the comprehensive educational video. Both offenders understand how to report allegations of sexual abuse and sexual harassment and understand the agency's rules against sexual abuse and sexual harassment. Each offender had met with a Case Manager upon arrival. The Case Manager discussed the facility's PREA information with them and allowed each to ask questions related to the information. The Case Manager explained the written information and educational information to each offender upon their arrival.

The Auditor conducted a formal interview with an intake staff member. The staff member was asked to explain how offenders are educated on the agency's sexual abuse and sexual harassment policies. The staff member stated each offender is provided the brochure and comprehensive education upon arrival. The comprehensive educational video is played to the group of arrivals in the intake area. The Auditor asked how long after arrival are offenders provided the information and education. The staff member informed the Auditor the information and video are both provided to the offender as soon as they are searched and seating in the waiting area. The information and education is provided within an hour of arrival. The Auditor asked if offenders are provided an opportunity to ask questions. The staff member stated he allows each offender the opportunity to ask questions after the educational session. The intake staff member stated the Case Manager meets with each offender individually and provides the offender an opportunity to ask questions.

The Auditor conducted a formal interview with a staff member who conducts the facility's risk screening. The Case Manager stated she provides each offender an opportunity to ask questions related to the agency's sexual abuse and sexual harassment policies and procedures. The Case Manager informed the Auditor offenders are provided an opportunity to

ask questions related to the information and educational video after the education session. The Auditor asked how the facility ensures offenders who may be cognitively challenged benefit from the facility's sexual abuse information and education. The Auditor was informed individual arrangements are made to ensure every offender, regardless of their disability understands the agency's policies and procedures related to sexual abuse and sexual harassment. The Auditor was informed translators are used for offenders who do not speak English or Spanish.

At the time of the audit there were no offenders who were blind. The Auditor was informed PREA information is read to offenders who are visually impaired or blind. Blind offenders who can read Braille are provided the facility's information in Braille. Blind and visually impaired offenders benefit from the educational video through the audio. The Auditor was informed the agency contracts for telephonic language line services to interpret for offenders who do not speak English. The facility also utilizes facility interpreters or interpreters from another agency facility when needed. At the time of the audit there were no offenders identified as Limited English Proficient.

While touring the facility the Auditor observed key information readily available in the form of PREA posters and postings throughout the facility. Each offender is provided written information that is always accessible to the offender. The facility maintains PREA materials written in English and Spanish. During interviews with offenders the Auditor was informed they have seen the posted materials in their housing units and throughout various service areas in the facility.

Conclusion:

The Auditor concluded the offender population at the Green Rock Correctional Center has been appropriately educated in the agency's zero-tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's record. The Auditor reviewed the agency's policies, procedures, offender records, Offender Handbook, Zero Tolerance Brochure, training outlines, interviewed staff and offenders to determine the facility meets the requirements of this standard.

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| 115.34 | Specialized training: Investigations |
| | <p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 536 365">Auditor Discussion:</p> <p data-bbox="248 405 1477 562">The agency requires all staff who conduct sexual abuse and sexual harassment investigations receive specialized training to conduct such investigations in confinement facility. Investigators are required to receive the general PREA training provided to all employees. The training required for those who conduct sexual abuse and sexual harassment investigations includes:</p> <ul data-bbox="300 629 1377 835" style="list-style-type: none"> • Techniques for interviewing sexual abuse victims; • Proper use of Miranda and Garrity warnings; • Sexual abuse evidence collection in confinement settings; and • Criteria and evidence required to substantiate a case for administrative action of prosecution referral. <p data-bbox="248 875 576 911">Evidence Relied Upon:</p> <p data-bbox="248 952 528 987">Policy - 030.4, pg. 10</p> <p data-bbox="248 1028 528 1064">Policy - 350.2, pg. 15</p> <p data-bbox="248 1104 509 1140">Training Curriculum</p> <p data-bbox="248 1180 520 1216">Investigations Matrix</p> <p data-bbox="248 1256 743 1292">Investigator Power Point Presentation</p> <p data-bbox="248 1332 477 1368">Training Records</p> <p data-bbox="248 1408 620 1444">Interviews with Investigators</p> <p data-bbox="248 1485 544 1520">Analysis/Reasoning:</p> <p data-bbox="248 1561 1477 1870">The VADOC trains all Special Investigations Unit Investigators and select staff at facilities. The Green Rock Correctional Center has 3 staff members who have received the specialized training. There are 19 SIU staff who have been trained to conduct sexual abuse investigations in a confinement setting. The Auditor reviewed the training curriculum utilized to train agency investigators. The training developed for Institutional Investigators is titled, "PREA Specialized Training: Investigating Sexual Abuse in Confinement Settings." The PowerPoint Presentation is 174 slides and includes all the bulleted topics as previously listed in the Auditor Discussion portion of this standard.</p> <p data-bbox="248 1910 1422 2067">The Auditor reviewed the agency's training curriculum utilized to train the Special Investigations unit Investigators. The first two modules of the training PowerPoint was developed by the Moss Group, Inc. There are a total of 10 training modules in the 2.5 day class. The training course includes the following modules:</p> |

- PREA Refresher and Overview of the PREA Investigative Standards
- Legal Issues and Agency Liability
- Overview of VADOC Policies and Procedures
- Agency Culture and Boundary Issues
- First Response and Evidence Collection
- Forensic Medical Exam
- Trauma and Victim Response
- Prosecutorial Collaboration
- Interviewing Techniques
- Report Writing

In addition to the in-person training, the agency requires its investigators complete the National Institute of Corrections, "PREA: Investigating Sexual Abuse in a Confinement Setting" online course. The Auditor verified each investigator course includes interviewing victims, Miranda and Garrity Warnings, evidence collection, and criteria and evidence to substantiate a case. The Auditor reviewed the training records of all SIU and GRCC Investigators. Each investigator had received specialized training for investigators. The agency maintains a training certificate for each investigator. In addition, the training records revealed each investigator received the same training offered to all VADOC employees.

The Auditor formally interviewed two GRCC Sexual Abuse Investigators. The Auditor asked Investigators to explain the topics included in the specialized training they received. Investigators articulated the topics as bulleted above in this standard. The Auditor asked each Investigator to explain the process utilized when conducting investigations. Their responses indicate the investigators have been appropriately trained to conduct sexual abuse investigations in confinement settings. The Investigators discussed interviewing techniques, Miranda and Garrity warnings, evidence collection and the criteria and evidence to support administrative and prosecutorial referral.

The Auditor conducted a telephone interview with an agency SIU Investigator. The SIU Investigator informed the Auditor he had received training offered by the agency to conduct sexual abuse investigations in a confinement setting. The Investigator explained the SIU conducts sexual abuse and sexual harassment investigations in the facility when the act appears to be criminal in nature. The Investigator had been trained on the bulleted items listed above. The SIU Investigator issues Miranda and Garrity, interviews those involved, collects evidence, and is familiar with the criteria and evidence to substantiate a case. The Investigator explained he is a sworn law enforcement officer and consults with the Commonwealth Attorney's office to discuss sufficient evidence to prosecute a case.

There was one allegation in the facility within the past 12 months that required referral for criminal investigation by an SIU Investigator. The Auditor reviewed the investigative report from the alleged sexual abuse allegation. A review of the investigative report reveals the Investigators have been appropriately trained to conduct investigations in a confinement setting. The agency utilizes an Investigations Matrix. The matrix includes the investigations that are conducted by the following:

- Investigations Handled by Facility
- Investigations Started at Facilities and Passed on to SIU
- Joint Investigations

- Investigations Handled by SIU
- Investigations Handled on Case by Case Basis

A review of the Investigations Matrix revealed the facility is required to conduct an initial PREA, Fraternalization and harassment investigation. The matrix informs confirmed PREA allegations are to be passed on to the SIU and the SIU is required to conduct confirmed PREA allegations, confirmed fraternization and sexual assault investigations.

No department of justice component is required to investigate sexual abuse allegations in the Green Rock Correctional Center.

Conclusion:

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, Investigation Matrix, PowerPoint Presentations, training records, investigative reports and conducted interviews with agency investigators to determine the agency meets the requirements of this standard.

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>VADOC policy requires the Health Authority and/or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in the following:</p> <ul style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>In addition to the specialized medical training, agency policy requires medical and mental health care practitioners also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC.</p> <p>Medical practitioners at the Green Rock Correctional Center do not conduct forensic medical examinations.</p> <p>Evidence Relied Upon:</p> <p>Policy - 701.1, pg. 8</p> <p>Policy - 720.7 Emergency Medical Equipment and Care, pg. 9</p> <p>Policy - 102.6 Staff Orientation, pg. 8</p> <p>Policy - 350.2, pg. 12</p> <p>Training Curriculum</p> <p>Training Records</p> <p>Interviews with Medical Practitioners</p> <p>Interview with Mental Health Practitioner</p> <p>Analysis/Reasoning:</p> <p>Medical and mental health services at the Green Rock Correctional Center are conducted by VADOC employees. The agency does not utilize contract personnel to provide services in the facility. The agency employs 25 staff in the medical section. All personnel in the medical and mental health department are required by agency policy to complete specialized training. The Auditor reviewed the training records of all medical and mental health practitioners. Records reveal each practitioner completed the specialized medical training. The facility documents</p> |

attendance in specialized medical training. In addition to the specialized medical training, the Auditor verified each medical and mental health practitioner had been provided the training offered to all staff and/or contract personnel.

Specialized medical training is provided to medical and mental health practitioners utilizing the National Institute of Corrections, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting." The specialized training includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and how to report allegations or suspicions of sexual abuse and sexual harassment. Each medical and mental health professional is provided the specialized training during their orientation and prior to performing services in the facility.

The Auditor conducted formal interviews with medical and mental health practitioners. Each practitioner informed the Auditor they had received both specialized training and the training offered to all VADOC employees. The Auditor was informed the training was provided during their orientation to the facility and each year thereafter. The Auditor questioned each medical practitioner about the training topics as required by this standard. The Auditor asked each to explain how medical staff treat victims while preserving physical evidence. Each explained they treat the victims life threatening injuries while preserving any evidence in the process. Each explained if there are no life threatening injuries the nurse will obtain vital sign and obtain as much information as possible from the victim while waiting transportation to the hospital. The Auditor verified each medical practitioner has been educated regarding the requirements of this standard. The Auditor was informed medical and mental health personnel are required to attend in-service training on an annual basis. The in-service includes a review of the agency's policies and procedures towards sexual abuse and sexual harassment and the National Institute of Corrections Specialized Medical Training.

The Auditor was informed by medical and mental health professionals they are required to report any and all knowledge, suspicions or information related to sexual abuse, unless the abuse occurred in a community setting. Each medical professional informed the Auditor they have been trained how to communicate with victims while treating or assessing the victim. The Auditor asked if they had been trained to recognize the signs and symptoms of sexual abuse when they are treating an offender who may have been sent to the medical department for other reasons. Each stated they have been trained and look for signs and symptoms while treating offenders.

Medical personnel at the Green Rock Correctional Center do not conduct forensic examinations. Forensic examinations are performed by a Sexual Abuse Nurse Examiner at the Lynchburg General Hospital.

Conclusion:

The Auditor concluded medical and mental health professionals at the Green Rock Correctional Center have been appropriately trained. The facility maintains documentation that medical and mental health professionals have received specialized medical training and the same training offered to all VADOC staff. The auditor conducted a review of VADOC policies, procedures, training curriculum, training records and interviewed medical and mental health professional and determined the facility meets the requirements of this standard.

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| 115.41 | Screening for risk of victimization and abusiveness |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Auditor Discussion:</p> <p>The agency's policy requires within 24 hours of arrival, prior to bed assignment, a classification assessment will be completed for each new offender entering the DOC and housing assignments will be made accordingly. The classification assessment includes a review of the following factors:</p> <ul style="list-style-type: none"> ● History of assaultive behavior; ● Potential for victimization; ● History of prior victimization; ● Special medical or mental health status; ● Escape history; ● Age; ● Enemies or Offender separation information; ● Any other related information. <p>The agency requires the classification assessment is approved within 72 hours of the offender's arrival at the institution.</p> <p>Within 21 days of an offender's arrival, staff are required to meet with the offender and reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the offender's intake screening. Policy dictates the reassessment cannot be completed before 14 days and must be completed before 21 days. The agency also requires an offender's risk level 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. The agency prohibits offenders from being disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the classification assessment interview.</p> <p>The VADOC has a policy to ensure sensitive information is not exploited to the offender's detriment by staff or other offenders. Policy stipulates, "...responses to Classification Assessment questions regarding an offender's risk of sexual victimization and abusiveness will only be disseminated in accordance with this operating procedure." The operating procedure requires the information "...will be used by institutional staff in determining appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive."</p> <p>Evidence Relied Upon:</p> <p>Policy - 810.1, pg. 5-7</p> <p>Policy - 810.2, pg. 4,6</p> |

Policy - 730.2, pg. 8

Policy - 861.1, pg. 6

Offender Records

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The agency uses an electronic record keeping system known as VACORIS. The Auditor reviewed the agency's VACORIS form utilized to screen offenders upon admission. The screening tool is objective in nature and includes the following considerations:

- Mental, physical, and developmental disabilities;
- Age of the offender;
- Physical stature;
- Previous offenses;
- Criminal history, including exclusively non-violent history;
- Prior convictions for sex offenses against adults or children;
- Sexual orientation, including gay, lesbian, bi-sexual, transgender, intersex and gender non-conforming;
- Previous experiences of sexual victimization; and
- Offender's own perception of vulnerability.

In addition, the agency's screening tool considers the following:

- Prior acts of sexual abuse;
- Prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

Each offender who enters the Virginia Department of Corrections is screened by a staff member upon admission. The staff member questions the offender utilizing the agency's risk screening tool. All answers are included in the agency's VACORIS. All offenders are classified within 72 hours of arrival at the facility. The risk screening questions are asked of each offender by the facility's Case Manager.

The Auditor conducted a formal interview with the facility's Case Manager. The Case Manager conducts the risk screening of each offender in an office. The office is a private area and is conducted in a manner so other staff and offenders cannot hear the answers provided by the offender being screened. The Auditor asked the Case Manager how long after arrival does she conduct the risk screening. The Case Manager meets with the offender either the same day or following day of arrival. The Auditor asked if any reassessments are conducted of offenders. The Case Manager informed the Auditor a reassessment is conducted of every offender within 21 days but no sooner than 14 days of the offender's arrival. The Case Manager explained a reassessment is conducted when in receipt of a referral, request, and after an incident of sexual abuse.

The Auditor asked the Case Manager to explain what she does if an offender refuses to answer the Classification Assessment questions. The Case Manager stated she uses her professional judgement to make decisions. The Auditor asked the Case Manager if she disciplines an offender for refusing to answer the questions. The Case Manager stated she does not discipline offenders for refusal to answer. The Auditor was informed the VADOC policy prohibits the disciplining of an offender for refusing to answer questions related to the PREA questions.

The Auditor conducted a review of 54 offender risk screenings and reassessments. Each offender's record included a completed Classification Assessment and reassessment. Each offender had been appropriately screened within 72 hours of their arrival at the Green Rock Correctional Center. The Auditor discovered the following determinations within the 54 records:

- 23 offenders who reported current or previous mental illness diagnosis;
- 7 offenders who reported a developmental disability;
- 16 offenders who had current or previous charges or a history of a sexual nature;
- 4 offenders who reported suffering sexual victimization;
- 3 offenders who identified as gay/lesbian/bisexual;
- 1 offender who was perceived as gender non-conforming; and
- 2 offenders who identified as transgender

While reviewing classification records, the Auditor observed each file included an initial Classification Assessment and a reassessment of each offender's level of risk for sexual victimization or abusiveness. Each reassessment was conducted within 21 days of the offender's arrival. Further review revealed each offender that reported suffering sexual victimization was offered a follow-up meeting with a mental health professional within 14 days. The Classification Assessment requires the staff member notate the referral to the QMHP and document the date the referral was made. The agency's PREA Reassessment form includes the following considerations:

- Has the offender been diagnosed with a mental, physical, or developmental disability not recorded on the Classification Assessment;
- Has the physical build of the offender changed since the Classification Assessment;
- Has the age of the offender changed since the Classification Assessment;
- Has the offender received disciplinary charges since the Classification Assessment;
- Has the offender reported experiencing sexual victimization that was not recorded on the Classification Assessment;
- Is the offender's identification as homosexual, bisexual, transgender, intersex, or gender nonconforming different from what is recorded on the Classification Assessment;
- Has the offenders own perception of vulnerability changed since the Classification Assessment;
- Since arriving at this facility, has the offender been forced or threatened by anyone to engage in sexual activity; and
- Is your perception of whether the offender is gender nonconforming different from what is indicated on the Classification Assessment?

The PREA Reassessment includes a section for the staff member to indicate if the offender is identified as High Risk of Sexual Victimization or Abusiveness and indicate if a follow-up with the OMHP is offered.

The Auditor conducted formal interviews with staff. Staff were asked if they had access to the information obtained from the risk screening conducted during the booking process. All randomly selected Correctional Officers informed the Auditor their access in the VACORIS was limited and they could not see the offender's answers on the Classification Assessment. The Auditor was informed each staff member is provided a unique username and password. The agency limits staff access in VACORIS based upon their position in the agency. Information obtained from the risk screening in VACORIS is limited to those who inform housing, bed, work, education and programming decisions.

The Auditor conducted formal interviews with offenders. All offenders targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the intake process. Offenders stated they had been asked such questions during the booking process. The Auditor asked each offender if anyone at the facility had asked them the same questions after being booked into the facility. Some offenders stated they were asked the same questions during their annual evaluation. The Auditor was informed the Case Manager asked them questions in an office.

The Green Rock Correctional Center does not conduct a reassessment of vulnerability and aggressiveness prior to transfer to another facility as each VADOC facility is required to conduct an assessment upon the offender's arrival.

At the time of the Audit there were no offenders detained solely for immigration purposes.

Conclusion:

The agency's classification staff is attempting to discover the level of risk of sexual victimization or sexual abusiveness of offenders during the booking process and within 30 days of an offender's arrival based upon additional information, incidents and referrals. The Auditor reviewed the agency's policies, procedures, offender records, and interviewed staff and offenders to determine the facility meets the requirements of this standard.

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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The policy of the VADOC is to use information from the offender's classification assessment to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Each facility's Work Program Assignment Reviewer is required to review classification assessments to ensure those offenders at high risk of being sexually victimized are separated from those at high risk of being sexually abusive. Agency staff are required to make individualized determinations about how to ensure the safety of each offender. Policy requires the facility take into consideration whether an assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems when deciding whether to assign a transgender or intersex offender to a male or female facility. Specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by mental health staff with Gender Dysphoria must be made by the Gender Dysphoria Committee.</p> <p>Agency staff are required to seriously consider a transgender and intersex offender's own views with respect to their own safety. Facility housing and programming assignments are reviewed at least twice each year for any threats to safety experienced by transgender and intersex offenders. Each transgender and intersex offender must be given the opportunity to shower separately from other offenders in VADOC facilities. The agency prohibits placing lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated facility, housing unit, or wing solely on the basis of such identification or status.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 6-7</p> <p>Policy - 425.4, pg. 3</p> <p>Policy - 730.2, pg. 4</p> <p>Policy - 810.2 Transferred Offender Receiving and Orientation, pg. 4-5</p> <p>Policy - 841.2 Offender Work Programs, pg. 6</p> <p>Policy - 810.1, pg. 5-6</p> <p>Policy - 830.5 Transfers, Institution Reassignments, pg. 10</p> <p>Policy - 940.4 Community Corrections Alternative Program, pg. 10</p> <p>High Risk of Sexual Abusiveness Log</p> <p>High Risk of Sexual Victimization Log</p> <p>Offender Records</p> |

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed offender classification records. Of the records reviewed there were two (2) offenders who identified as transgender, one (1) perceived as gender nonconforming and 3 who identified as gay. The classification records reveal facility staff made individualized considerations when determining their housing, bed, work and other assignments to ensure each offender was maintained safely in the facility. The assessment form considers an offender's own views of safety when determining assignments. A review of records identified no offender reported feeling vulnerable to sexual victimization. The Auditor observed classification staff is utilizing information obtained from the risk screening to assign facility housing, bed, and work assignments to ensure those offenders are protected. The Case Manager ensures offenders identified at risk of victimization are not placed in a program or education with those identified as potential abusers.

Case Managers consider an offenders own perceptions of their safety before making housing, programming, education and work decisions. The screening tool includes sections where the Case Manager documents his/her own perceptions of the offender. The Auditor conducted a formal interview with offenders who identified as Lesbian, bisexual and transgender. Each were asked if they had been housed in a unit that is designated for LGBTI offenders. Each offender informed the Auditor they were not housed in a dedicated housing unit. The Auditor asked the transgender offenders if they are afforded the opportunity to shower separately from other offenders. Each stated they can shower separately from other offenders. One of the transgenders has a preference form that allows the shower during count times.

The Auditor formally interviewed a facility Case Manager. The Case Manager was asked to discuss the classification process with transgender and intersex offenders. The Auditor asked if the Case Manager considers a transgender/intersex offenders own perception regarding their safety in the facility. The Case Manager informed the Classification Assessment requires her to ask offenders about their own perception regarding safety. The Auditor asked the Case Manager how often transgender and intersex offenders housing and placement assignments are reviewed. The Auditor was informed the reviews are conducted at least every six months to discuss their placement status. The reviews are documented in the VACORIS electronic record. The Auditor reviewed the records of transgender offenders. The Auditor observed evidence a review was documented in each transgender's record at least every six months. A review of the HRSV and HRSA report reveals the Case Manager ensures offenders identified at high risk of victimization are housed separately from those identified at high risk of abusiveness.

The Auditor observed all housing units in the facility during a detailed tour. While touring, the Auditor observed all shower and restroom areas. Transgender and intersex offenders have the opportunity to shower, change clothes and use the restroom without staff of the opposite gender seeing them fully naked. Each housing unit has individual shower stalls.

At the time of the audit the Green Rock Correctional Center was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex offenders.

Conclusion:

The Auditor concluded counselors are making individualized determinations when assigning housing, bed, work, programming and education assignments to offenders. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization. Transgender and intersex offenders can shower separately from other offenders. The Auditor conducted a thorough review of policies, procedures, offender records, made observations and interviewed staff and offenders to determine the facility meets the requirements of this standard.

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections prohibits placing offenders at high risk for sexual victimization in restrictive housing without their consent unless an assessment of all available alternatives has been made, and a determination has been made by the Qualified Mental Health Professional in consultation with the Regional PREA Analyst and Shift Commander that there is no available alternative means of separation from likely abusers. Policy requires the facility clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. This information is documented by the Shift Commander on the Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. Policy allows the offender to be placed in restrictive housing unit for up to two hours if the assessment cannot be completed immediately.</p> <p>Agency policy provides programs and services similar to those available to general population offenders to offenders in restrictive housing, to the extent feasible. Policy clearly requires staff document the opportunities that have been limited, the duration of the limitation and the reason for such limitations on the Denial of Activity or Service form when those identified as HRSV, or who have alleged to have suffered sexual abuse or sexual harassment are denied activities or services while in restrictive housing. Staff may place such offenders in restrictive housing only until an alternative means of separation from likely abuse can be arranged. The agency stipulates the assignment will not ordinarily exceed 30 days.</p> <p>Evidence Relied Upon:</p> <p>Policy - 425.4, pg. 8,14</p> <p>Policy - 810.1, pg. 5</p> <p>Policy - 830.5 Transfers, Institution Reassignments, pg. 11</p> <p>Policy - 810.2 Transferred Offender Receiving and Orientation, pg. 4-5</p> <p>Sexual Abuse/Sexual Harassment Available Alternatives Assessment</p> <p>HRSA/HRSV Report</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Analysis/Reasoning:</p> <p>The facility reported no offender was placed in involuntary segregated housing for protection as a result of being identified as high risk of sexual victimization. The Auditor reviewed housing and classification records and discovered no evidence an offender had been identified at high risk of sexual victimization and placed in involuntary segregated housing as a result of such</p> |

identification.

The Auditor conducted formal interviews with a facility Case Manager and security supervisors. The Auditor discussed the process of placing an offender identified at high risk of sexual victimization in involuntary segregated housing. Staff informed the Auditor the facility does not place offenders identified at high risk of sexual victimization in segregated housing unless there are no other alternatives available. Facility staff reported they utilize other housing options to safely house those offenders. The Auditor questioned staff to gain an understanding of the policies in the event involuntary segregated housing is utilized for such purpose. The Auditor was informed an immediate assessment is conducted to view available housing alternatives prior to placing the offender in segregated housing. When an offender is placed in the Restrictive Housing Unit for protection from sexual abuse, facility staff are required to complete an immediate assessment and document the assessment on the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. The form includes the following information:

- Can the offender be reassigned to another housing unit;
- Was another alternative to involuntary segregated housing used, list option;
- Can offender be transferred to another facility;
- If allegation was made and staff is alleged perpetrator, was the staff member placed on administrative leave or placed on another post;
- Was the offender or alleged victim reassigned to Special Housing/Restrictive Housing Unit for Protective Custody;
- Is access to programs, privileges, education, or work opportunities restricted, if yes list which ones and why?

The Sexual Abuse/Sexual Harassment Available Alternatives Assessment form requires the Warden's signature and date. The form must be emailed to the Regional PREA/ADA Analyst. The form stipulates staff must make an assessment of all available alternatives and a determination that no available alternative means of separation from likely abusers exists prior to placing an offender at high risk of sexual victimization or an offender who has alleged sexual abuse or sexual harassment in involuntary segregated housing.

The Auditor asked supervisors and a Case Manager how they avoid placing an offender at high risk of sexual victimization in the Restrictive Housing Unit. The Auditor was informed the facility has multiple housing units available for their placement. The Auditor asked what happens when the offender cannot be housed in any other housing unit. Any offender requiring protective custody can be transported to another facility. The Auditor was informed the VADOC also has a memorandum of understanding with out of state facilities for special circumstances. The Auditor asked the facility Warden how difficult it is to transfer an offender. The Warden stated he can transfer an offender as long as there is a legitimate need to transfer.

Each supervisor was asked if an offender identified as high risk of sexual victimization receives opportunities to attend programs, education, work and/or receive other privileges. The Auditor was informed offenders in the restrictive housing unit are not routinely denied such. Offenders in the RHU are provided privileges, education and programming to the extent allowable, consistent with security needs. The Case Manager informed the Auditor a review is conducted of each offender in the Restrictive Housing Unit each week for the first two months then every

30 days after. Any restrictions to an offender's access to programs, education, work or other privileges would be documented on the Sexual Abuse/Sexual Harassment Available Alternatives Assessment form.

The Auditor asked supervisors and the Case Manager when the last time an offender was placed in involuntary segregated housing for the protection from sexual abuse. The Auditor was informed the facility has not placed an offender in involuntary segregated housing for such reason. The Auditor asked supervisors and Case Manager what they would do if they determine an offender could not be safely housed in the facility. The Auditor was informed they would recommend the offender be transferred to another facility.

The Auditor conducted a formal interview with an officer who supervises offenders in the Restrictive Housing Unit. The officer was asked if offenders in segregated housing receive access to programs, privileges, work and education. The Auditor was informed privileges, programs, and education opportunities are available in the Restrictive Housing Unit. The officer was asked how staff working the unit are made aware of restrictions if restrictions were placed on any offender in the Restrictive Housing Unit. The Auditor was informed there would be a denial of services form completed on the specific offender. The Auditor asked the officer if there has been an offender housed in Restrictive Housing who had been identified at high risk of sexual victimization and placed in segregated housing for his protection. The officer stated there have been no offender placed in restrictive housing for protection from sexual abuse.

The Auditor conducted a detailed tour of the facility. Observations were made of all offender housing units. The Auditor observed numerous areas which can house offenders to ensure those identified at high risk of sexual victimization are protected from sexual abusers and without placing the offender in involuntary segregated housing. The Auditor reviewed the facility's Offender Alert Report. The Offender Alert Report designates those who have been designated as high risk of sexual victimization (HRSV) and those designated at high risk for being sexually abusive (HRSA). The Auditor observed offenders on the HRSV list have been housed separately from those on the HRSA list.

The Auditor conducted formal interviews with lesbian, bisexual, transgender, previous victims of sexual abuse and offenders who filed an allegation of sexual abuse in the facility. Each offender interviewed was asked if they had been placed in segregated housing as a result of their identification status or allegation made. None had been housed in segregated housing as a result of an allegation, having experienced victimization or as being identified at risk of sexual abuse. Each transgender was asked if they had ever been placed in segregation involuntarily for the sole purpose of protecting them from sexual abuse. None of the offenders had been placed in segregation against their request to protect them from sexual abuse.

The Auditor conducted a review of 49 offender records. A review of records reveal none had been placed in involuntary segregated housing for protection from sexual abuse. Interviews with randomly selected offenders revealed none had been placed in the Restricted Housing Unit against their will to protect them from sexual abuse.

Conclusion:

The facility has appropriate procedures in place to ensure offenders identified at high risk of sexual victimization who are placed in involuntary segregated housing receive appropriate

placement, reviews and other privileges. The Auditor reviewed VADOC policies, procedures, classification records, housing records, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, Offender Alert Report, made observations and interviewed staff and offenders to determine the facility meets the requirements of this standard.

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| 115.51 | Inmate reporting |
| | <p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 400 1477 647">The Virginia Department of Corrections policy is to provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders at the Green Rock Correctional Center may report verbally or through written communication in the following manners:</p> <ul data-bbox="300 714 1469 1005" style="list-style-type: none"> • Verbally to any staff member including chaplains, medical, mental health or counselors, security staff or administrators • Using the Sexual Assault Hotline Number • Offender Request Form • Informal Complaint Form • Grievance or Emergency Grievance • Third-Party <p data-bbox="248 1043 1477 1245">The agency allows offenders to privately report sexual abuse to a private entity that is not part of the agency. The private entity is able to immediately forward allegations of sexual abuse and sexual harassment to the agency. The entity allows offenders to remain anonymous upon their request. The agency provides this reporting avenue to offenders through a contract with the Virginia Sexual and Domestic Violence Action Alliance.</p> <p data-bbox="248 1290 1477 1626">The Virginia Department of Corrections requires staff to accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and requires staff promptly document verbal reports on an Internal Incident Report with PREA checked in the description field. The agency also requires staff accept any report of sexual abuse and sexual harassment made on an informal complaint, request form or through the offender grievance procedure and immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.</p> <p data-bbox="248 1664 1461 1742">The agency's policy stipulates staff can privately report sexual abuse and sexual harassment of offenders through the established reporting hotline (telephone number provided).</p> <p data-bbox="248 1783 576 1816">Evidence Relied Upon:</p> <p data-bbox="248 1854 520 1888">Policy - 038.1 , pg. 5</p> <p data-bbox="248 1926 751 1960">Policy - 801.6 Offender Services, pg. 1</p> <p data-bbox="248 1998 906 2031">Policy - 038.3 Prison Rape Elimination Act, pg. 8-9</p> <p data-bbox="248 2069 887 2103">Policy - 803.3 Offender Telephone Service, pg. 9</p> |

Zero Tolerance Brochure

Offender Handbook

Virginia Sexual and Domestic Violence Action Alliance Contract

Investigative Records

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the facility's Offender Handbook. The handbook includes a section regarding the Prison Rape Elimination Act. The Offender Handbook informs offenders they may report allegations:

- To a staff member
- Dial #55
- Call the National Sexual Assault Hotline (number provided)

The Auditor reviewed the agency's Zero Tolerance Brochure. Each offender is provided the brochure during their intake. The brochure informs offenders to report sexual abuse or sexual harassment by:

- Verbally to staff
- Call #55
- Ask family or friends to report (email address, telephone number and address provided)

The Auditor reviewed the Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The VSDVAA has agreed to:

- "The toll-free Family Violence and Sexual Assault Hotline (statewide hotline) shall be a resource for reporting sexual abuse or assault available to victims (DOC offenders) statewide who desire an external method of reporting. The statewide hotline number shall be provided to offenders on request. Those incarcerated shall be advised at orientation that this method of reporting exists; and
- The Action Alliance, in keeping with state and federal law, shall ensure confidentiality for all callers to the statewide hotline, including incarcerated victims in keeping with the Action Alliance confidentiality and release of information policies. Should a DOC victim agree to the release of information, the Action Alliance shall immediately forward any reports of sexual abuse or assault to the PREA Coordinator (number provided)."

The Auditor participated in a detailed tour of the Green Rock Correctional Center. The tour included all offender housing units and support areas. Observations were made of posters and postings throughout the facility that inform offenders about the agency's zero-tolerance to sexual abuse and sexual harassment and how to report allegations of sexual abuse and

sexual harassment. The postings include the agency's available hotline number to the Family Violence and Sexual Assault Hotline. Offenders are not required to input a designated PIN number to dial the hotline number. This ensures offenders can remain anonymous upon request.

The Auditor reviewed staff training records. The agency's training includes the reporting avenues available to the offender population. All staff are provided the training in orientation, during the Correctional Officer Basic Course and during annual in-service training. Staff are informed of their avenue for privately reporting allegations of sexual abuse and sexual harassment in the agency's policy. The policy states, "Staff can privately report the sexual abuse and sexual harassment of offenders through the established reporting hotline at [number provided]."

The Auditor reviewed the Virginia Department of Corrections website. The website includes a link to access its PREA information. The public has access to the VADOC reporting avenues. The public is informed how to make an allegation on behalf of an offender. The website's "Report Abuse" states, "If you have or someone you know has been sexually abused or sexually harassed while in custody or under supervision of the Virginia Department of Corrections (VADOC), safely report the incident:

- Call the 24/7 confidential reporting hotline at (number provided)
- File a complaint by completing the Third Party Reporting Form. The form is also available in Spanish
- Send an email to (email address provided)."

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any and all reports of sexual abuse, sexual harassment, retaliation and staff neglect. Staff informed the Auditor they are required to accept such reports. Staff stated they are required to report allegations immediately to the Shift Commander and include the information on an Internal Incident Report. Each staff member was asked how they would privately report an allegation. The Auditor was informed staff would report the allegation through the hotline, to a supervisor, or to the investigator.

The Auditor conducted formal interviews with randomly chosen and specifically targeted offenders. Offenders were asked to explain how they would report an allegation of sexual abuse, sexual harassment, retaliation, or staff neglect. Most offenders informed the Auditor they would report an allegation verbally to a staff member. Offenders stated they are confident in staff's ability to maintain their information confidentially and were confident staff would handle an allegation appropriately. The offenders understand the available reporting avenues and are aware of the hotline, anonymous reporting and third-party reporting. Offenders understand they could make an allegation through an emergency grievance.

The Auditor conducted formal interviews with facility contractors. The Auditor asked each if they were required to report any knowledge, suspicion or information regarding an act of sexual abuse or sexual harassment. Each informed the Auditor they are required to immediately report such. When asked if they are required to document the information, each stated they would be required to write a report.

The Auditor reviewed seventeen (17) investigative reports from allegations received in the previous 12 months. The Auditor observed allegations that were made verbally to a staff

member, through the hotline, informal complaint form, request form, third-party, and one that was made anonymously. In each case the Auditor observed staff are documenting allegations they receive from offenders, third-parties and anonymously. Each investigative record included Internal Incident Reports written by the staff member who received the allegation. Each verbal allegations was documented by the staff member who received the complaint. Each allegation was investigated by the facility investigator.

There were no staff members who privately reported an allegation of sexual abuse or sexual harassment against an offender during the previous 12 months.

At the time of the Auditor there were no offenders detained solely for civil immigration purposes.

Conclusion:

The Virginia Department of Corrections provides multiple ways for offenders to report allegations of sexual abuse and sexual harassment, including a public office that is not part of the agency who immediately forwards reports of sexual abuse and sexual harassment to the Regional PREA/ADA Analyst. The facility requires staff accept, report and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, Offender Handbook, Zero Tolerance Brochure, Website, postings, investigative reports, MOU, training records, made observations, interviewed staff and offenders and determined the facility meets the requirements of this standard. The Auditor recommends the facility consider adding all available reporting avenues in its Offender Handbook.

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections is not exempt from this standard as it maintains procedures to address offender grievances alleging sexual abuse. Agency policy does not impose a time limit on any portion of a grievance alleging sexual abuse and does not impose a time limit when an offender may file a grievance alleging sexual abuse. The agency does apply time limits to any portion of a grievance that does not allege and incident of sexual abuse. When submitting a grievance alleging sexual abuse an offender is not required by the agency to exhaust informal means or participate in any process which requires interaction with the perpetrator. Policy states, "Employees who are the subject of the issue being grieved will not be the respondent to a grievance, but may offer information during the investigation of the complaint." VADOC policy stipulates nothing in the policy shall restrict the agency's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired.</p> <p>The agency's policy allows offenders to consider the expiration of a time limit at any stage of the process as a denial and qualifies the grievance for appeal to the next level of review. The grievance policy includes the following response times:</p> <ul style="list-style-type: none"> • Level I - 30 calendar days • Level II - 20 calendar days • Level III - 20 calendar days <p>Agency emergency grievances alleging a substantial risk of imminent sexual abuse are immediately forwarded to the Administrative Duty Officer or Shift Commander. An initial response is required within 8 hours of receipt. The initial and final decision documents the facility's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>The agency allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing offender grievances relating to allegations of sexual abuse and allows the third party to file such requests on behalf of offenders. Third party filing requests are submitted to the PREA Compliance Manager. The facility requires, as a condition of processing the request, the alleged victim agree to have the request filed on his or her behalf, and will also require the alleged victim to personally pursue any subsequent steps in the process. If the offender declines to have the request processed on his or her behalf, the facility is required to document the decision.</p> <p>Policy allows staff to discipline an offender for filing a grievance related to an allegation of sexual abuse only when the facility can demonstrate the offender filed the grievance in bad faith.</p> <p>Evidence Relied Upon:</p> |

Policy - 038.3 Prison Rape Elimination Act, pg. 8

Policy - 866.1 Offender Grievance Procedure, Institutions pg. 5-8,10-12, 14-16

Offender Handbook

Investigative Records

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the Green Rock Correctional Center's Offender Handbook. The handbook includes a section regarding the submission of grievances. The Emergency Grievance section informs offenders, "Emergency Grievance Forms are to be utilized in the case of a true emergency. Emergencies are defined as situations or conditions, which may subject the offender to immediate risk of serious personal injury or irreparable harm." The handbook does not inform offenders they may submit an allegation of sexual abuse or an imminent risk of sexual abuse. The Offender Handbook does not stipulate the facility's response to grievances alleging sexual abuse or an imminent risk of sexual abuse.

The Auditor conducted formal interviews with offenders. Offenders were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Most offenders asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism. Offenders were aware they could make an allegation of sexual abuse anonymously. None of the offenders interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse.

The Auditor conducted interviews with facility staff. Staff were asked if offenders could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware offenders could file such grievances. Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the offender. The offender alleging a risk of sexual abuse would be removed from the potential abuser while an immediate investigation takes place to determine if the offender is at risk. The Auditor was informed the offender is provided a response within 8 hours. The Auditor asked what is included in the written response. The Auditor was informed the response to the offender includes whether the offender is at substantial risk of imminent sexual abuse and the supervisor's actions taken in response to the emergency grievance.

The Auditor discussed disciplining an offender who has submitted an emergency grievance alleging sexual abuse in bad faith with the PCM. The PCM informed the Auditor they must have proof the offender submitted an allegation in bad faith. The Auditor was informed the facility has to get approval from the Regional PREA/ADA Analyst prior to placing a disciplinary charge on an offender for such. The Regional PREA/ADA Analyst informed the Auditor she reviews details of the allegation and investigative findings to ensure there is sufficient evidence to prove the offender submitted the allegation in bad faith. If such is determined, the Regional PREA/ADA Analyst may authorize the disciplinary charge.

The Auditor reviewed 5 investigative records of sexual abuse allegations made in the facility during the previous 12 months. A review of investigative records revealed none of the allegations were reported through a grievance. Three sexual abuse allegations were reported through the hotline and two were reported verbally to a staff member.

The Green Rock Correctional Center reported no offender submitted a grievance alleging sexual abuse or an imminent risk of sexual abuse within the previous 12 months.

Conclusion:

The Auditor determined the VADOC has appropriate policies and procedures in place for addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed the agency's policies, procedures, Offender Handbook, grievances, investigative records, and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard. The Auditor recommends the facility consider adding language in the Offender Handbook that informs offenders they can submit grievances alleging allegations of sexual abuse and the facility's response to such.

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections provides offenders access to confidential emotional support services related to sexual abuse through a contract with a community provider. Policy requires VADOC facilities enable reasonable communications between offenders and the organization, in as confidential manner as possible. Facilities are required to inform offenders prior to giving them access of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Agency offenders can contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for information on accessing outside victim advocates for free emotional support services related to sexual abuse or may use the Sexual Abuse Hotline.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 13</p> <p>Zero Tolerance Brochures</p> <p>Virginia Sexual and Domestic Violence Action Alliance Contract</p> <p>Offender Handbook</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The MOU stipulates VSDVAA agrees to the following, but not limited to, services:</p> <ul style="list-style-type: none"> ● Provide a toll-free Hotline for reporting sexual abuse or assault to victims statewide; ● Ensure confidentiality for all callers, including incarcerated victims, keeping with confidentiality and release of information policies. Should a DOC victim agree to the release of information, the VSDVAA will immediately forward and report of sexual abuse or assault to the Regional PREA Analyst; ● Provide statewide Hotline confidential crisis intervention and emotional support services related to all sexual abuse or assault victims; ● Seek to link DOC victims to accompaniment services through a trained victim advocate when victims request the service. This may include participation in forensic exams, investigations and may also include follow-up visits or communications. <p>Each offender is provided a Zero Tolerance Brochure upon booking. The brochure includes</p> |

he address and telephone number to the VSDVAA. The brochure informs offenders to dial "#55" on the phone system to access the VSDVAA. The brochure states counseling for sexual abuse treatment is confidential. Each offender receives an Offender Handbook upon arrival. The handbook informs offenders they can obtain confidential emotional support services by dialing #55 and selecting option 2 on the telephone. The handbook informs offenders they can write to the Action Alliance (address provided).

Each offender signs a Preventing Sexual Abuse and Assault Training Acknowledgement form after being provided the written information and comprehensive education upon arrival. The Auditor reviewed the Preventing Sexual Abuse and Assault Training Acknowledgement forms of 30 offenders. Each offender had signed the acknowledgement form. Section 5 of the comprehensive education portion of the acknowledgement form includes, "What to Remember (Includes Emotional Support Services available by dialing #55, option 2 or writing [address provided]." Offenders sign acknowledging receipt of the comprehensive education. The comprehensive education informs offenders the services related to emotional support are free and confidential.

The Auditor conducted formal interviews with offenders who reported suffering sexual victimization in the community. Each was asked if they were aware of confidential support services. Each offender who had been victimized was aware of confidential supportive services. The Auditor asked each if they knew how to access the services. Some of the offenders who reported suffering previous victimization understand how to access such services. Those who did not know how to access the services stated they had no need to do so. None of the offenders interviewed by the Auditor had accessed community services from within the facility. Offenders were asked if they were provided information upon their arrival in the booking area. Each stated they had been provided written information upon arrival. The Auditor asked if they had watched a video regarding sexual abuse and sexual harassment. Offenders informed they had watched the video. Some offenders stated they watched the video at multiple facilities. The Auditor asked randomly selected offenders if they were aware of confidential supportive services. Most offenders were aware the facility makes confidential support services available. Those that were not aware had seen the information either in written format or on posters in the facility.

The Auditor conducted an interview with an advocate from the Virginia Sexual and Domestic Violence Action Alliance. The advocate was asked to discuss the services provided to victims of sexual abuse at the Green Rock Correctional Center. The advocate discussed the items agreed to in accordance with the MOU with the agency. The advocate was asked if any offender has contacted her agency within the previous 12 months to request services. The advocate was unaware of an offender who attempted such. The Auditor asked if the organization would come to the facility to provide services to victims. She stated if the organization determined a need to provide services in person they would do so. The Advocate was asked if referrals were made by the VSDVAA. The Auditor was informed they do make referrals when needed. The Auditor asked if any Green Rock offender reported an allegation of sexual abuse through the agency. The advocate stated the VSDVAA receives allegations made throughout the state by offenders.

The Auditor conducted an interview with facility Investigators and an SIU Investigator. Each Investigator was asked if offender victims have access to confidential support services. The Auditor was informed victims are informed of the VSDVAA and facility mental health services

following an incident of sexual abuse. The facility's medical and mental health practitioners also discuss services with the offender victim following an allegation. The Investigators stated the VSDVAA is contacted immediately following an incident of sexual abuse as they provide support during the forensic examination. The Investigators informed the Auditor Shift Commander's are required to follow a checklist following an incident of sexual abuse. The checklist requires the Shift Commander ensure the VSDVAA is contacted following an incident.

At the time of the audit there were no inmates detained solely for civil immigration purposes.

Conclusion:

The facility maintains documentation it provides emotional support services for sexual abuse victims through written agreements. Contact information with the organization is provided by intake personnel through the Offender Handbook, Zero Tolerance Brochure and comprehensive education. The Auditor reviewed the VADOC policies, procedures, Memorandum of Understanding, Offender Handbook, Zero Tolerance Brochure, training acknowledgements and interviewed staff, offenders and victim advocate to determine the facility meets the requirements of this standard.

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| 115.54 | Third-party reporting |
| | <p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 405 1461 562">The Virginia Department of Corrections has established a policy to accept third-party reports of sexual abuse and sexual harassment. The policy informs contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public web site.</p> <p data-bbox="248 607 576 640">Evidence Relied Upon:</p> <p data-bbox="248 685 512 719">Policy - 038.3, pg. 8</p> <p data-bbox="248 763 464 797">Agency Website</p> <p data-bbox="248 842 608 875">Third Party Reporting Form</p> <p data-bbox="248 920 584 954">Zero Tolerance Brochure</p> <p data-bbox="248 999 512 1032">Offender Handbook</p> <p data-bbox="248 1077 448 1111">Facility Posters</p> <p data-bbox="248 1155 512 1189">Interviews with Staff</p> <p data-bbox="248 1234 584 1267">Interviews with Offenders</p> <p data-bbox="248 1312 424 1346">Observations</p> <p data-bbox="248 1391 544 1424">Analysis/Reasoning:</p> <p data-bbox="248 1469 1477 1659">The Auditor conducted a review of the Green Rock Correctional Center's Offender Handbook. The handbook includes an "AVOIDING SEXUAL INTIMIDATION PREVENTING SEXUAL ABUSE AND SEXUAL ASSAULT" section that includes the facility's reporting methods. The offender handbook does not inform offenders they may have a third-party report allegations of sexual abuse or sexual harassment on their behalf. Offenders are informed of thrid-party reporting in the Zero Tolerance Brochure.</p> <p data-bbox="248 1704 1445 1906">Each offender is provided the agency's Zero Tolerance Brochure upon arrival. The Auditor reviewed the agency's Zero Tolerance Brochure. The brochure informs offenders they may ask a family member or friend to report an allegation for them. The Auditor reviewed the agency's website. The website includes a link to the agency's Prison Rape Elimination Act information. The website directs the public to:</p> <ul data-bbox="296 1973 1374 2130" style="list-style-type: none"> • "Call the 24-7 confidential reporting hotline at (number provided); • File a complaint by completing the Third Party Reporting Form. The form is also available in Spanish; • Send an email to (email address provided)." |

The agency's website includes the Third Party Reporting Form. The Third Party Reporting Form is hyperlinked. When accessing the form instructions are included for the public to mail the form and provides the postal address. The email address of the PREA Coordinator is provided. The public can complete the form and email it to the PREA Coordinator.

The Auditor participated in a detailed tour of the Green Rock Correctional Center. During the tour the Auditor observed PREA materials posted in all housing units and service areas, written in English and Spanish. The GRCC materials provided to and for offenders inform they may have a third party make an allegation of sexual abuse and sexual harassment on their behalf.

The Auditor conducted formal interviews with staff. Staff were asked about accepting reports of sexual abuse and sexual harassment. Each staff member stated they were required to accept all reports of sexual abuse and sexual harassment, including third party reports. Staff stated they immediately report the allegation to their supervisor and are required to document the information on an Internal Incident Report. Staff stated the agency's policy requires them to document all verbal allegations received by offenders.

The Auditor conducted formal interviews with offenders. Each offender was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The offenders' collective responses included telling a staff member or any person they trust, filing an emergency grievance, calling the sexual abuse hotline, or having another person make the allegation on their behalf. Each offender understands how to have a third party file an allegation on their behalf. Each offender understands they can file an allegation anonymously.

The Auditor conducted formal interviews with facility and SIU Investigators. Investigators were asked in what ways they have received reports of sexual abuse and sexual harassment. Each explained they have received allegations by a third-party. Investigators explained they conduct investigations of all allegations, regardless of how they are made. The Auditor conducted a review of investigative records that reveal facility Investigators are investigating allegations that are made by a third-party.

Conclusion:

The Auditor determined the facility accepts all reports, including third party reports, of sexual abuse and sexual harassment. The public is informed through the agency's website how to make a third-party report on behalf of an offender. The Auditor reviewed agency policy, procedures, website, posted PREA materials, Offender Handbook, Zero Tolerance Brochure, Third Party Reporting Form, Investigative Records, interviewed staff and offenders, made observations and determined the facility meets the requirements of this standard. The Auditor recommends the facility consider adding the third-party reporting avenue in its offender handbook.

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections has established a policy that requires any employee, contractor, or volunteer to immediately report any knowledge, suspicion, or information regarding an incident to sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Agency staff are prohibited from reporting information related to a sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions, apart from reporting to supervisors.</p> <p>At the initiation of services, Qualified Mental Health Professionals are required to advise the offender of the practitioner's duty to report and the limitations of confidentiality and that such information may be available to the facility administration in the context of an investigation. Medical and mental health practitioners are required by policy to report any knowledge, suspicion, or information regarding an incident to sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Medical and mental health practitioners are mandatory reports for offenders under the age of 18.</p> <p>The agency's policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the facility designated investigator and will immediately notify the PREA Analyst of the allegation.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.1, p.g 5</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 9</p> <p>Policy - 730.2, pg. 8</p> <p>Policy - 801.6 Offender Services, pg. 1</p> <p>Investigative Records</p> <p>Training Curriculum</p> <p>Training Records</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Analysis/Reasoning:</p> |

The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the Green Rock Correctional Center. Each staff member was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff are required to report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff informed the Auditor they were required to report such. Staff informed the Auditor they were required to document such allegations on an Internal Incident Report. Staff informed the Auditor they are required to submit reports promptly after an allegation.

During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, medical/mental health practitioners and investigators. Staff understands the agency's policy requiring them to discuss information with those who can make treatment, medical and housing decisions.

The Auditor conducted formal interviews with medical and mental health practitioners. Practitioners were asked if medical and mental health personnel are required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident of sexual abuse. The Auditor was informed they are required to report such immediately. The Auditor asked how they would report the information. The practitioners informed the Auditor they immediately report the information to the Shift Commander. The practitioners stated they are required to inform offenders of their duty to report and the limitations on confidentiality at the initiation of services. Offenders are provided a consent form at the initiation of services.

The Auditor asked who medical reports information related to a sexual victimization that occurred in a community setting to. Medical and mental health practitioners do not report community victimization without obtaining written informed consent from the offender. The Auditor asked if there has been a situation where medical or mental health had to report sexual victimization that occurred in a community setting. The Auditor was informed there has not been a need to report such information. Medical and mental health practitioners informed the Auditor they are mandatory reporters for youthful offenders and of victimization that occurred in a confinement setting. The facility has not housed a youthful offender within the previous 12 months. The Auditor was informed the facility does not house youthful offenders.

The Auditor conducted formal interviews with facility Investigators. The Auditor asked Investigators if they had conducted investigations of allegations that were reported by third parties. The Investigators informed the Auditor they have conducted investigations that were alleged by third party. Investigators stated the way an investigation is reported has no bearing on how the investigation is conducted. They investigate all allegations regardless of how they are made. The Auditor asked if investigations are conducted of allegations made anonymously. Investigators have conducted investigations of anonymously reported allegations. Each Investigator was asked if they attempt to discover if staff actions or lack thereof, contributed to an incident of sexual abuse. The Auditor was informed Investigators do attempt such.

Investigators discuss staff actions or lack thereof that have contributed to an incident of sexual abuse with management personnel. The Auditor reviewed facility investigative reports. Investigative reports included Internal Incident Reports in which staff reported an allegation immediately after learning of the alleged allegation.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. Each offender was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Most offenders stated they do feel staff would maintain confidentiality of the information. There were no youthful offenders housed at the facility for the Auditor to interview at the time of the audit.

The Auditor reviewed agency training curriculum. Training curriculum for staff, volunteers and contractors includes reporting of sexual abuse and sexual harassment allegations. Each is required to read the agency's policies and sign receipt for such on an annual basis. The Auditor verified through training records each staff member, contractor and volunteer had received training and read the policies how to report sexual abuse and sexual harassment information.

The Auditor conducted formal interviews with facility contractors. Each contractor was asked if they are required to report allegations of sexual abuse and sexual harassment. Each contractor stated the agency requires them to immediately report such allegations. The Auditor asked if they had received training from the facility. Contractors stated they have received training and were informed in training of the agency's requirement to report all allegations and knowledge of sexual abuse and sexual harassment to a security staff member.

Conclusion:

The Auditor concluded staff, volunteers and contractors are aware of the VADOC requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with medical and mental health practitioners revealed they understand the requirements for reporting sexual abuse that occurred in a community setting and for youthful offenders. The Auditor reviewed agency policies, procedures, training curriculum, investigative reports and conducted interviews with staff, contractors, and offenders to determine the facility meets the requirements of this standard.

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>Agency policy requires a staff member, volunteer or contractor immediately notify their supervisor or the Officer-in-Charge when learning an offender is subject to a substantial risk of imminent sexual abuse. The Officer-in-Charge is required to take immediate action to ensure the protection of the offender. The agency's policy defines "Keep Separate" as, "A classification action whereby an offender is not to be housed at a specific location, or with access to specific DOC staff, or offender; 'Keep Separate' determination is not required but may be based on:...The offender is subject to a substantial risk of sexual abuse from a specific, identified offender."</p> <p>The agency requires Qualified Mental Health Professionals immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an offender when it is determined the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 9</p> <p>Policy - 830.6 Offender Keep Separate Management, pg. 3</p> <p>Policy - 730.2, pg. 8</p> <p>Internal Incident Reports</p> <p>Investigative Records</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with offenders who previously suffered sexual abuse. Each of those offenders were asked if they have been in contact with a potential sexual abuser. None of the offenders were aware of having contact with a potential sexual abuser in their housing units, work or programming. Offenders informed the Auditor facility staff are responsive to incidents in the facility. Offenders informed the Auditor staff perform their duties appropriately and ensure their safety. Most offenders are confident in staffs abilities to ensure their protection. None of the previous victims were placed in segregated housing against their will as a result of their previous victimization.</p> <p>The Auditor conducted formal interviews with facility supervisors. Supervisors were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and</p> |

potential aggressor would immediately be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the risk. One of the offenders would be moved to another housing unit to maintain the safety of both offenders. Randomly selected staff were interviewed by the Auditor. Each was asked what steps they would take after learning an offender was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor and stay with the at risk offender.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. The Auditor asked each if they felt safe in the facility. Each offender interviewed stated they felt safe in the facility. The Auditor asked each if they feel confident in staff's ability to maintain their safety. Each offender is confident in staff's ability to maintain their safety in the facility. The Auditor conducted interviews with offenders who filed an allegation during the previous 12 months. Each was asked if they had further contact with the alleged abuser/harasser after making the allegation. Each informed the Auditor they have been housed separately and do not have contact with the offender.

The Auditor participated in a detailed tour of the Green Rock Correctional Center. The Auditor observed multiple housing units that provide an opportunity to ensure offenders who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor. The facility has the ability to transfer offenders if the offender could not be housed safely. The facility reported no instances in the previous 12 months where facility personnel learned an offender was identified at a substantial risk of imminent sexual abuse.

Conclusion:

The Auditor concluded the GRCC takes immediate and appropriate actions to ensure the protection of offenders who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, conducted interviews with staff and offenders, made observations to determine the GRCC meets the requirements of this standard.

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections requires staff, volunteers, and contractors who receive an allegation that an offender was sexually abused while confined at another facility notify the Organizational Unit Head (OUH). Policy requires the OUH is required to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The OUH must make the notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency requires the OUH document the notification. A facility head or agency office that receives a notification is responsible for ensuring the allegation is investigated in accordance with the Prison Rape Elimination Act standards.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 9</p> <p>Policy - 030.4, pg. 10</p> <p>Notification</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Green Rock Correctional Center reported receiving no allegations in the past 12 months that an offender had allegedly been sexually abuse while confined at another facility. The facility reported there was one notification received from another facility that a former GRCC offender alleged sexual abuse while incarcerated at the Green Rock Correctional Center.</p> <p>The Auditor reviewed the notification received by the Green Rock Correctional Center. The emaiol notice was directed to the GRCC Warden. The notice was sent by the other facility's Warden and emailed to the GRCC Warden. The notice names the offender alleging sexual abuse and the alleged abuser. The other facility included details of the allegation. The other facility sent the notice the same day the offender made the allegation to the facility.</p> <p>The Auditor conducted formal interviews with GRCC staff. Each staff member was asked what actions they take if an offender alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Internal Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information. The Auditor was informed the PREA Compliance Manager and Investigator would immediately be notified. The PREA Compliance Manager stated he would notify the Warden so proper notification could be made to the other facility.</p> <p>The Auditor conducted a formal interview with the facility's Warden. The Warden explained he notifies another facility once the GRCC receives an allegation that an offender alleges suffering sexual abuse at another facility. The Warden places a telephone call followed by an</p> |

email to make notification. When asked when the notification would occur the Warden explained he makes the notification within 72 hours. The Auditor asked the Warden to explain what takes place when he receives notification from another facility that a former GRCC offender has alleged suffering sexual abuse at the GRCC. The Warden stated he would ensure the investigator is notified so an investigation is conducted. The Warden explained he has not had to notify another facility within the previous 12 months. The Auditor discussed notification requirements of this standard with the Warden. The Warden is clear of the requirements. The Auditor discussed options for compliance while the Warden is absent from the facility.

Conclusion:

The Auditor reviewed the agency's policies, procedures, notification, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard. The Auditor determined the facility meets the requirements of this standard.

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections has a policy that requires the first security staff member who learns of an alleged sexual abuse incident will perform the following steps:</p> <ul style="list-style-type: none"> ● Separate the alleged victim and abuser to ensure the victim's safety; ● Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence; ● Request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collections of physical evidence; and ● Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collections of physical evidence. <p>VADOC policy requires if the first responder is not a security staff member, the responder will be required to ensure the victim's safety, request the alleged victim not take any actions that could destroy physical evidence such as showering, eating, brushing teeth, or drinking until after evidence collection, and notify the OIC.</p> <p>Policy requires the Organizational Unit Head or the person in charge at the scene of a serious incident take appropriate actions necessary to protect physical evidence and crime scenes until released to the responding Special Agent.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 10</p> <p>Policy - 030.4, pg. 6</p> <p>Policy - 075.1, pg. 6</p> <p>GRCC Coordinated Response Plan</p> <p>Sexual Assault Response Checklist</p> <p>Investigative Reports</p> <p>Interviews with Security First Responders</p> <p>Interviews with Non-Security First Responders</p> <p>Interview with Offenders</p> |

Analysis/Reasoning:

The Auditor conducted interviews with potential security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they would maintain separation of the victim and abuser and immediately notify the Shift Commander. Security staff stated they would request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink or take any actions that could destroy physical evidence. The Auditor asked each what actions they take regarding the crime scene. Staff stated they ensure the crime scene is secured. The Auditor asked each if they know who would be allowed in the crime scene to process the evidence. Staff understood the Investigator would process evidence from the crime scene.

Each staff member interviewed by the Auditor was asked how they preserve evidence in a crime scene. Staff informed the Auditor a cell door would be locked if the incident occurred in a cell. Staff stated a security member would be posted in an area if the alleged incident occurred in an area outside of a cell. Staff stated the population would be locked down and a general area would be "taped off" following an incident until the evidence could be processed. The Auditor asked how they document their actions. Each staff member stated they are required to submit an Internal Incident Report and required to include information in the housing unit logbook.

The Auditor reviewed the GRCC Coordinated Response Plan. The Coordinated Response Plan includes first responders duties of security officers and security supervisors following an incident of sexual abuse. The Auditor observed the following required actions of security first responders:

- Separate the alleged victim and abuser;
- Notify the Shift Commander and medical staff immediately;
- Preserve and protect any crime scene;
- Request the alleged victim and abuser not to take any actions that could destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating); and
- Escort the victim to the Medical Department as soon as possible to provide examination, treatment and evaluation.

Among other actions, the GRCC Coordinated Response plan includes the following actions of security supervisors:

- Ensure the alleged victim and abuser are separated;
- Attempt to preserve any physical evidence and the safety and welfare of the offender(s) victim and abuser;
- Notify the Warden, Administrative Duty Officer, Institutional Investigator, Institutional PREA Compliance Manager, and Western Region's PREA Analyst;
- Contact Special Investigations Unit (SIU);
- Ensure the victim is immediately escorted to the Medical Department for examination, treatment and evaluation;
- Ensure photographs are taken to document any physical evidence such as torn clothing, bruises, abrasions, etc.;

- Ensure referral for counseling and Mental Health Services are provided if warranted; and
- If the alleged perpetrator is an employee, he or she shall be reassigned to a post with no inmate contact, suspended, or placed on pre-disciplinary leave with pay based on circumstances or situation, pending completion of the investigation.

The Agency uses a Sexual Assault Response Checklist to document staff actions in response to a sexual abuse incident. The Sexual Assault Response Checklist includes all required actions listed in the facility's Coordinated Response Plan. In addition to security officer and security supervisor actions, the checklist includes follow-up services offered by counseling and mental health practitioners. The checklist requires the staff member include the date and time each action on the checklist was completed.

The Auditor reviewed the agency's training records. Training curriculum includes first responder duties of both security and non-security personnel. The Auditor observed all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse.

The Auditor conducted formal interviews with potential non-security first responders. Non-security first responders informed the Auditor they have received training by the agency to respond to incidents of sexual abuse. The Auditor asked each what actions they would take if they discovered an offender had been sexually abused. Each informed the Auditor they would remain with the offender and immediately notify a security staff member. Each was asked if they would be required to write a report regarding their knowledge and actions in response to the information. Each stated they are required to document such. The Auditor asked how they ensure any evidence would be protected. Each non-security first responder stated they would ask the offender not to take any actions that would destroy physical evidence. The Auditor asked each if they understand what actions could potentially destroy evidence. The Auditor was informed brushing teeth, using the bathroom, bathing, eating, changing clothes, and drinking could potentially destroy physical evidence.

The Auditor conducted formal interviews with medical practitioners. Practitioners have been trained to treat victims while preserving physical evidence in the process of evaluation and treatment. The Auditor was informed medical staff immediately treat any life threatening injuries. If the victim has no life threatening injuries medical personnel collect the offender's vital signs and speak to the victim until transported to the hospital for a forensic examination. The Auditor was informed any clothing or other evidence removed from the victim while treating a life threatening injury would be placed in a brown paper bag with chain of custody information and provided to the Special Investigations Unit Investigator or the transporting officer. The medical practitioner stated medical personnel attempt to preserve any evidence while treating the victim.

The GRCC reported one allegation of sexual abuse was received within the previous 12 months that required staff utilize first responder duties. The Auditor reviewed the investigative record of the incident. The record revealed staff immediately separated the offender and sent him to the medical section. The Supervisor made the required notifications and sent the offender to the hospital for a forensic examination. The supervisor ensured any physical evidence was preserved and completed the Sexual Assault Response Checklist. The Auditor conducted a formal interview with the staff member who learned of the alleged sexual abuse. The staff member immediately ensured the offender was separated from the alleged abuser.

The supervisor was immediately informed and the offender was sent to the medical section for evaluation and transport for a forensic examination. All potential evidence was preserved by the staff member until the investigator could collect and process such.

The Auditor interviewed offenders who reported an allegation of sexual abuse. None of the offenders interviewed were sent for a forensic examination. The one incident received in the previous 12 months that required an offender be sent for forensic evidence collection occurred beyond the previous 12 months prior to the audit. The Auditor was unable to conduct an interview with the offender. Each offender interviewed was asked what actions staff performed after learning of the allegation. Each offender stated they were separated from the alleged abuser. None had further contact with their alleged abuser after making the allegation.

Conclusion:

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor understand the required first responder duties. The Auditor reviewed agency policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, investigative reports and interviewed staff and offenders. The Auditor determined the facility meets the requirements of this standard.

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| 115.65 | Coordinated response |
| | <p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 400 1481 607">The Virginia Department of Corrections requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The agency has created a Sexual Assault Response Checklist that supplements facility Coordinated Response Plans and outlines staff duties in response to a sexual assault incident.</p> <p data-bbox="248 645 576 678">Evidence Relied Upon:</p> <p data-bbox="248 719 898 752">Policy - 038.3 Prison Rape Elimination Act, pg. 10</p> <p data-bbox="248 792 512 826">Policy - 075.1, pg. 6</p> <p data-bbox="248 866 711 900">Sexual Assault Response Checklist</p> <p data-bbox="248 940 628 974">GRCC PREA Response Plan</p> <p data-bbox="248 1014 533 1048">Investigative Records</p> <p data-bbox="248 1088 477 1122">Training Records</p> <p data-bbox="248 1162 512 1196">Interviews with Staff</p> <p data-bbox="248 1236 584 1270">Interviews with Offenders</p> <p data-bbox="248 1310 544 1344">Analysis/Reasoning:</p> <p data-bbox="248 1384 1437 1498">The Green Rock Correctional Center has developed a written Coordinated Response Plan. The GRCC Coordinated Response Plan includes actions required written in the following sections:</p> <ul data-bbox="300 1570 852 1816" style="list-style-type: none"> ● Staff First Responders' Responsibility ● Supervisor's Responsibility ● Medical's Responsibility ● Mental Health's Responsibility ● Institutional Investigator's Responsibility ● Administrative Staff's Responsibility <p data-bbox="248 1856 1437 1971">The agency has created a Sexual Assault Response Checklist that documents staff actions following an incident of sexual abuse. The Sexual Assault Checklist includes the following actions:</p> <ul data-bbox="300 2042 852 2157" style="list-style-type: none"> ● Incident Began/Discovered; ● Notify Security Staff; ● Separate the alleged victim and abuser; |

- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- Request 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;
- Escort the victim to the facility medical unit as soon as possible to provide examination, treatment, and evaluation;
- Notify the Unit Head and Administrative Duty Officer;
- Contact the Special Investigation Unit , (name and number provided);
- Ensure that photographs are taken to document any physical evidence such as torn clothing, bruises, abrasions, etc.;
- If there is indication of sexual assault, ensure the victim is transported to the local hospital for further treatment, examination, documentation, collection of forensic evidence (PERK kit), and testing for sexually transmitted diseases;
- Ensure referral for counseling and mental health service needs if warranted;
- Ensure that upon return from the hospital emergency room, the victim is interviewed for protective custody needs;
- Ensure follow up medical treatment or mental health service needs are arranged;
- Notify the State-wide PREA Coordinator or Regional PREA Analyst (name and number provided);
- Complete an IIR or IR (recent sexual assaults only); and
- Notify the Operations and Logistics Unit for recent sexual assaults only. Advise "Alleged recent sexual assault at (facility name)." No additional information will be reported.

The Sexual Assault Response Checklist requires the staff include the date and time each action listed above is taken.

The Auditor conducted formal interviews with staff of various levels listed in the facility's Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in the GRCC Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor found facility staff, volunteers and contractors have been trained in their responsibilities in response to an allegation of sexual abuse. The agency's training includes elements of its coordinated response plan. The Auditor verified all agency personnel, volunteers and contractors had received the training.

The Auditor conducted formal interviews with offenders. Offenders were asked if they felt safe in the facility. Each offender interviewed stated they do feel safe in the facility. Multiple offenders informed the Auditor the GRCC is the safest facility they have been incarcerated in. Offenders were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Most offenders interviewed stated they are confident in staff's abilities to respond to incidents. The Auditor conducted interviews with offenders who made an allegation of sexual abuse. Each offender was separated from their alleged abuser/harasser. None of the offenders required medical attention or a forensic examination. The Auditor observed offenders were offered medical and mental health services documented in investigative records.

The Auditor determined staff understands they are required to immediately ensure the safety

of each offender who alleges sexual abuse. There were no incidents that required staff implement first responder duties as required in the facility's Coordinated Response Plan within the previous 12 months. The Auditor reviewed on incident that occurred beyond the previous 12 months. A review of the investigative record revealed staff followed the GRCC's Coordinated Response Plan following the allegation.

Conclusion:

The Auditor determined the facility has developed an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and have trained its personnel in the required actions. Based on a review of the agency's policies, procedures, investigative records, Coordinated Response Plan, Sexual Assault Response Checklist, training records, and interviews with staff and offenders, the Auditor determined the GRCC meets the requirements of this standard.

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 536 360">Auditor Discussion:</p> <p data-bbox="252 400 1445 479">The Virginia Department of Corrections has not entered into an agreement with any agency for collective bargaining at the Green Rock Correctional Center.</p> <p data-bbox="252 517 574 551">Evidence Relied Upon:</p> <p data-bbox="252 591 461 624">Code of Virginia</p> <p data-bbox="252 665 435 698">Memorandum</p> <p data-bbox="252 739 533 772">Investigative Records</p> <p data-bbox="252 813 512 846">Interviews with Staff</p> <p data-bbox="252 887 544 920">Analysis/Reasoning:</p> <p data-bbox="252 960 1453 1207">Virginia Code 40.1-57.2 stipulates, "No state, county, municipal, or like governmental officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service."</p> <p data-bbox="252 1247 1474 1621">The Virginia Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Auditor reviewed an investigative record of an allegation against a staff member. Records reveal the facility removed the alleged staff member abuser from contact with the offender following the allegation. The allegation occurred well beyond the previous 12 months prior to the audit. The Auditor observed the facility was able to immediately remove the staff member from contact with the offender. The staff member was charged with Carnal Knowledge by the SIU Investigator.</p> <p data-bbox="252 1662 1469 1865">Interviews with staff reveal they do not participate with or are members of any organization or agency responsible for collective bargaining on their behalf. Staff informed the Auditor they would be terminated if they participated in an act of sexual abuse with an offender. Staff informed the Auditor they are immediately removed from contact with an offender after an allegation of sexual abuse is made by an offender.</p> <p data-bbox="252 1906 424 1939">Conclusion:</p> <p data-bbox="252 1980 1449 2103">The Auditor concluded the VADOC has not entered into any collective bargaining that would restrict its ability to remove staff sexual abusers from contact with offenders. The Auditor determined the facility meets the requirements of this standard.</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections has a policy to protect all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The policy requires facility's take the following but not limited to protection measures:</p> <ul style="list-style-type: none"> ● Housing changes ● Transfers ● Removal of alleged staff or offenders from contact with victims ● Emotional support services <p>Agency policy requires the Organizational Unit Head will designate appropriate staff to monitor the conduct and treatment of offenders or staff who reported or cooperated with an investigation into sexual abuse or sexual harassment. The designated staff member is responsible to monitor the conduct and treatment of offenders or staff for retaliation for at least 90 days following the report to determine if there are changes that may suggest possible retaliation by offenders or staff. The monitor is responsible to act promptly to remedy any such retaliation. Agency policy requires the Retaliation Monitor to monitor the following:</p> <ul style="list-style-type: none"> ● Discipline Reports ● Housing changes ● Program changes ● Negative performance reviews ● Reassignments of staff <p>Monitoring of an offender or staff is required to continue beyond 90 days if the initial monitoring indicates a continuing need. The Retaliation Monitor is required by policy to conduct periodic status checks while monitoring an offender or staff member. The Retaliation Monitor is not required by VADOC policy to continue monitoring an offender or staff if the investigation determines the allegation as unfounded.</p> <p>VADOC policy requires retaliation monitoring of any other individual who cooperates with an investigation and expresses a fear of retaliation and requires the Facility Unit Head take appropriate measures to protect the individual against retaliation. Employees who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment are referred to the Employee Assistance Program for emotional support services.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3, pg. 13-14</p> <p>Policy - 075.7, pg. 2</p> |

Policy - 135.2, pg. 7

Internal Incident Reports

Investigative Records

Retaliation Monitoring Log

Retaliation Monitoring Form - Staff

Retaliation Monitoring Form - Inmates

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Virginia Department of Corrections has an appropriate policy to ensure offenders and staff are monitored and protected from acts of retaliation by staff or other offenders. The GRCC has designated the PREA Compliance Manager responsible for monitoring for acts of retaliation. The Auditor conducted a formal interview with the PREA Compliance Manager. The Auditor asked the PCM to explain how retaliation monitoring is conducted at the facility. The retaliation monitor explained he reviews disciplinary charges, housing changes, program changes, grievances, Incident Reports, classification actions, evaluations, shift rosters and post assignments. The Auditor asked if he initiates the contact with the offender or staff member being monitored. The monitor stated he initiates meetings with the person being monitored. The Auditor asked who is monitored for retaliation. The PCM stated he monitors those who report an allegation, the victim(s) and anyone else who expresses a fear of retaliation for cooperating.

The Auditor asked the monitor how often meetings with the staff member or offender occur. The Auditor was informed he meets with the offender at least every 30 days and sometimes more often depending on the individual circumstances. The Auditor asked the retaliation monitor if he would stop monitoring if the offender or staff member requested him to do so. The monitor stated he would not stop monitoring until at least 90 days have transpired. The monitor explained he would find less visible ways to continue monitoring the offender for retaliation.

The retaliation monitor was asked how he is notified when an offender or staff member requires monitoring. As the facility's PCM he is notified following all allegations of sexual abuse and sexual harassment allegations in the facility. The Investigators report to the PCM to alert him when monitoring is required. The Auditor asked what actions are taken to ensure the protection of an offender. The Auditor was informed housing, program, education and work changes would be made. When staff are being retaliated against, the staff member's post or shift assignment may be changed to limit contact with the person who was retaliating against the staff member. In such cases, the staff member retaliating against another staff member would be disciplined, if warranted. The retaliation monitor was asked if the facility was currently monitoring any offenders or staff for retaliation. The PCM is not currently monitoring offenders who have made an allegation in the facility.

The Auditor reviewed investigative reports from the previous 12 months. The facility received

17 allegations of sexual abuse and sexual harassment during the time period. There were 5 allegations of sexual abuse and 12 allegations of sexual harassment received. The Auditor reviewed 17 reports to check for retaliation monitoring. A review of records reveal the PCM is monitoring for acts of retaliation. The PCM documented the retaliation monitoring on a log that documents the following:

- Offender's Name and Number
- Date of Investigative Report
- Date Checks Start
- Date Checks End
- Date of Check
- Informal Complaint
- Grievance
- Disciplinary
- Staff Visit to Inmate
- Housing
- Notes

The monitoring form requires the PCM document the action in a specified column after making a status check with the offender. The retaliation monitor documents any specific actions or comments in the notes column on the monitoring log. A review of the monitoring log revealed the monitor discovered no acts of retaliation against an offender or staff member.

The agency's PREA Coordinator has created a form for agency monitors to utilize when monitoring staff and offenders for acts of retaliation. There is a form for staff monitoring and offender monitoring. The offender form includes the reason the person is being monitored, the type of allegation, sections for periodic status checks, to include a review of discipline, housing, and program changes, grievance review, other and a comments section. The staff monitor form includes a review of disciplinary action and performance reviews. The monitor is required to stipulate if changes were made to the staff member's job or post assignments.

The Auditor conducted formal interviews with offenders who made allegations of sexual abuse and sexual harassment in the facility. The Auditor asked each if they felt they were being retaliated against. No offender who filed an allegation or cooperated with an investigation informed the Auditor they felt as if staff were retaliating against them. The facility reported no incidents of retaliation were found during the previous 12 months.

Conclusion:

The Auditor determined the agency has appropriate policies and practices in place to ensure staff and offenders are protected from retaliation. The Auditor reviewed the VADOC policies, procedures, retaliation monitoring log, monitoring forms, investigative reports, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of policies 425.4 and 830.5 that align with the requirements of PREA standards 115.43 Protective Custody.</p> <p>Evidence Relied Upon:</p> <p>Policy - 425.4, pg. 6-8, 12, 21</p> <p>Policy - 830.5 Transfers, Institution Reassignments, pg. 11-12</p> <p>Sexual Abuse/Sexual Harassment Available Alternatives Assessment</p> <p>Investigative Records</p> <p>Housing Records</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's policy regarding the use of segregation housing to protect offenders at high risk of sexual victimization. The agency's policy states offenders identified as high risk of sexual victimization will not be placed involuntarily in segregated housing unless an assessment of available alternatives has been made, and it has been determined by the qualified mental health professional in consultation with the Regional PREA Analyst and Shift Commander that no available alternatives of separation exist. Policy requires the Shift Commander to complete a Sexual Abuse/Sexual Harassment Available Alternatives Assessment form prior to placing a HRSV in special housing for protection. The agency's policy allows the Shift Commander to place the HRSV offender in special housing for protection for no more than 2 hours before completing the Sexual Abuse/Sexual Harassment Available Alternatives Assessment if the form cannot be completed immediately.</p> <p>The Auditor reviewed the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. The form includes the following considerations:</p> <ul style="list-style-type: none"> ● Can offender be reassigned to another housing unit; ● Was another alternative to involuntary segregated housing used, list option; ● Can offender be transferred to another facility; ● If allegation was made and staff is alleged perpetrator, was the staff member placed on |

- administrative leave or placed on another post;
- Was the offender or alleged victim (if allegation) reassigned to Special Housing/Restrictive Housing Unit for Protective Custody; and
- Is access to programs, privileges, education, or work opportunities restricted, list which ones and why?

The assessment form requires the signature of the Facility Unit Head and stipulates the form be emailed to the Regional PREA Analyst. The form also requires a written justification for all "no" answers listed above. The form states, "...offenders at a high risk of sexual victimization or offenders who have alleged sexual abuse or sexual harassment shall not be placed in involuntary segregated housing, unless:

1. An assessment of all available alternatives has been made, and,
2. A determination has been made that there are no available alternative means of separation from likely abusers."

Agency policy requires the institution to clearly document the basis for safety concerns when placing a HRSV offender in Special Housing for protection. The Shift Commander is required to document the reason why no alternative means of separation can be arranged when placing the offender in special housing. The agency allows involuntary assignment to special housing only until alternative means of separation can be arranged; not to ordinarily exceed 30 days. Mental Health staff are required to advise whether the offender can be released to general population or transferred to the VADOC Protective Custody Unit. Agency policy stipulates HRSV offenders placed in special housing for protection shall have access to programs, privileges, education, and work opportunities to the extent possible. The institution is required to document the opportunities that have been limited, the duration of the limitation and the reason for limitations. These restrictions are required to be documented on the Special Housing Denial of Activity or Service form.

The agency conducts a review every seven days of an offender's first two months in Special Housing and every 30 days thereafter. These reviews are documented electronically on the Special Housing Status Review maintained on the agency's VACORIS system. Policy requires all offenders identified as HRSV be reviewed to determine whether there is a continued need for separation from general population. This review is documented on the Special Housing Status Review form.

The Auditor conducted a formal interview with a staff member who supervises offenders in the Restricted Housing Unit. The Auditor asked if he had ever supervised an offender who has been placed in segregated housing after allegedly suffering sexual abuse or identified at substantial risk of sexual abuse for their protection. The staff member informed the Auditor he had not supervised an offender in the segregated housing area strictly for the protection from sexual abuse. The Auditor asked if offenders in the segregated housing have access to programs, privileges, education and work opportunities. The Auditor was informed offenders have access to privileges, education and programs in the Restrictive Housing Unit. The Auditor was informed offenders in segregated housing are not typically in RHU for more than 30 days.

The Auditor conducted formal interviews with supervisors. The Auditor asked if the reasons for restrictions of programs, privileges, education and work of offenders in segregated housing

are documented. Supervisors informed the Auditor any restrictions are documented on the Special Housing Denial of Activity or Service form. The Special Housing Denial of Activity or Service form becomes part of the offenders permanent record. Any restrictions are forwarded to the housing unit so staff supervising the offender are aware of the restriction. The Auditor was informed the Case Manager reviews an offender's status in segregation every 7 days for the first two months and every 30 days after. The Unit Manager is assigned the the RHU and makes daily rounds in the housing unit.

Facility supervisors informed the Auditor an offender at risk of sexual abuse can typically be housed safely in a different housing unit without resorting to a segregation placement. The Auditor asked Case Managers, Unit Managers, supervisors, PCM, line staff, and Warden if an offender was every placed in segregated housing for the protection from sexual abuse. None could recall such a placement. The Auditor discussed the possibility of transfers with the Warden. The Warden informed the Auditor he has the ability to transfer an offender from the facility as long as there is a legitimate need to do so. The Auditor was informed the facility has never placed an offender in the Restrictive Housing Unit for the purpose of protecting the offender from sexual abuse or the imminent risk of sexual abuse.

The Auditor conducted formal interviews with offenders who made an allegation of sexual abuse at the facility and offenders who previously suffered sexual abuse in the community. None of those offenders interviewed by the Auditor had been placed in segregation for the purpose of protecting them from sexual abuse. The Auditor conducted interviews with transgender offenders. None had been placed in segregated housing against their will for the protection from sexual abuse. The Auditor interviewed offenders on the High Risk of Sexual Victimization list. Each was housed in a general population housing unit and had not been placed in the Restricted Housing Unit for their protection. The Auditor reviewed investigative records of allegations received in the previous 12 months. No offender who was the alleged victim of sexual harassment was placed in segregated housing after making an allegation.

The Auditor conducted a detailed tour of the Green Rock Correctional Center. The Auditor observed multiple housing units available for the facility to house offenders without having to place them in involuntary segregated housing. The agency has the option to transfer offenders from the facility if the offender cannot be housed safely in the facility.

Conclusion:

The agency's policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a thorough review of the agency's policies and procedures, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, housing records, investigative records, making observations, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections conducts administrative and criminal investigations in its facilities. Policy requires sexual abuse and sexual harassment investigations be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The VADOC requires its investigators receive specialized training to conduct sexual abuse investigations in confinement facilities.</p> <p>Agency investigators are required by policy to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When investigators determine the quality of evidence appears to support criminal prosecution, the investigator will consult with prosecutors as to whether further compelled interviews may be an obstacle for subsequent prosecution.</p> <p>The agency requires investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not determine credibility by the person's status as an offender or staff member alone. Agency investigators are prohibited from requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.</p> <p>The agency requires administrative investigations include an effort to determine whether staff actions or failures to act contributed to abuse and document findings in a written report that includes a description of physical and testimonial evidence, the reason behind credibility assessments and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. Special Investigations Unit investigators refer substantiated allegations of conduct that appear to be criminal are referred for prosecution.</p> <p>The VADOC requires the departure of an alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Organizational Unit Head is required to ensure all case records associated with claims of sexual abuse or sexual harassment, including Incident Reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendation for post-release treatment or counseling are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>Evidence Relied Upon:</p> <p>Policy - 030.4, pg. 10-11</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 11-12, 15</p> |

Investigative Records

Training Curriculum

Training Records

Investigative Matrix

Interview with Investigators

Interviews with Offenders

Analysis/Reasoning:

The Auditor conducted a formal interview with facility investigators. Investigators discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation interviews are conducted with the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. Investigators stated they review criminal records, institutional history, grievances, discipline history, Internal Incident Reports, Request Forms, video footage, telephone records, financial records, previous complaints and any other relevant information. Investigators were asked how they determine the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, etc. and statements made during the interview and subsequent interviews. The Auditor was informed the agency's investigation report requires the investigator document the reason behind credibility assessments.

Investigators were asked if they attempt to determine if staff actions or lack thereof may have contributed to an incident of sexual abuse. The Investigators stated they attempt to determine if staff actions or lack thereof contributed to the incident. The Auditor asked the Investigators what types of evidence they attempt to gather. The Auditor was informed Investigators gather staff reports, housing records, log books, video footage, telephone records, grievances, discipline records, offender financial records, testimonial evidence, physical evidence and any other relevant documents or information. Investigators were asked when they begin investigative efforts. The Auditor was informed Investigators begin efforts as soon as they are notified. The Auditor asked how investigations are conducted when they are not on site. Each Investigator stated when they receive a call to conduct an investigation they report to the facility after receiving the call.

The Auditor toured the area where investigative records are maintained. Facility Investigators forward all investigative records to the PREA Compliance Manager. The files are maintained in the PCM's locked office. All information received by the PCM is logged in the PREA Office for data compiling. The Auditor asked the PCM how long he maintains investigative records. The Auditor was informed the data is maintained for at least 5 years after the abuser has either been released or is no longer employed by the VADOC. Each Investigator was asked if they require the victim to submit to a polygraph examination or other truth telling device. The Auditor was informed they do not polygraph an alleged victim or use any other truth telling device.

The Auditor asked agency Investigators if they conduct an investigation when an allegation is

reported anonymously or by third-party. Each Investigator stated they conduct an investigation of all allegations regardless of how the allegation is made. When asked how they would conduct those types of investigations each Investigator stated they attempt to investigate every allegation to the fullest extent. Each Investigator was asked to explain the investigative process if an offender is released or a staff member terminates employment. Investigators stated they continue with the investigation as normal. The investigators contact the SIU Investigator to contact a former offender or staff member. Investigators stated they report to other facilities when offenders are transferred to attempt to interview the offender.

The Auditor discussed the criminal investigative process in the facility with each investigator. Each Investigator was asked to explain their role when the SIU Investigator conducts investigations in the facility. Investigators stated they cooperate with the SIU and assist when asked to do so by the Investigator. The Auditor was informed they work well with the SIU Investigator and remain informed during the criminal investigation and prosecutorial efforts. Facility Investigators stated all facility evidence, to include video and telephone records and staff reports are turned over to the SIU during criminal investigations.

The Auditor conducted a telephone interview with the SIU Criminal Investigator. The SIU Investigator explained he is contacted by the facility investigator when receiving an allegation that appears to be criminal in nature. The investigator either responds to the facility or the hospital when an offender is transported for a forensic exam. The Auditor asked if the SIU Investigator collects physical and testimonial evidence. He explained he does collect evidence from the facility following an incident. The Auditor asked the Investigator if he communicates with the facility Investigator during an investigation. The SIU Investigator stated he does keep the facility informed during the process so the offender can be notified of results when required. The SIU Investigator explained he communicates with the Commonwealth Attorney's Office for prosecutorial efforts.

The facility reported receiving 17 allegations in the previous 12 months. The facility conducted 16 administrative investigations and reported 1 of the allegations to the SIU investigator. The Auditor reviewed 17 investigative reports. Five allegations were received regarding an allegation of sexual abuse while the remaining 12 were allegations of sexual harassment. The Auditor observed evidence facility and SIU Investigators are conducting prompt and objective investigations. The investigative reports included physical, testimonial and circumstantial evidence. Each investigative record included attached Internal Incident Reports and other information used as evidence. The Auditor observed the facility investigator conducted and documented a credibility assessment in the administrative reports. The agency has an Investigative Matrix that outlines when the facility and Special Investigations Unit are required to investigate allegations. The matrix specifies the facility Investigator conducts investigations of initial PREA, fraternization and harassment allegations. The matrix dictates investigations started at the facility that are confirmed PREA allegations will be referred to the SIU. The Special Investigations Unit is required to conduct investigations of confirmed PREA allegations, confirmed fraternization and sexual assault (ex. rape, forcible sodomy).

The Auditor conducted a review of the VADOC training records. Records reveal the facility and agency's Investigators have received specialized training to conduct sexual abuse investigations in a confinement setting. The Auditor asked facility investigators what their actions are when they determine the evidence appears to support prosecution. Each Investigator stated the administrative investigation is stopped and the SIU Investigator is

notified immediately. Each Investigator was asked if they continue interviews after notifying the SIU. The Auditor was informed administrative efforts would not be completed until notified to do so by the SIU.

The Auditor conducted formal interviews with offenders. Offenders who made an allegation in the facility during the previous 12 months were asked if they met with an investigator after making the allegation. Each stated they did speak to an investigator. When asked how long it took before the investigator met with them, they informed the Auditor it was quickly. No department of justice component is responsible for conducting investigations in the Green Rock Correctional Center.

The facility referred one allegation for prosecution during this audit cycle. The incident occurred beyond the previous 12 month period. The SIU investigator consulted with the Commonwealth's Attorney and charged the staff member with Carnal Knowledge.

Conclusion:

The Auditor determined the VADOC has appropriate policies to ensure investigations are conducted appropriately, objectively and thorough. The facility trains its investigators to conduct investigations in a confinement setting. Facility investigators are aware all criminal allegations must be referred to the Special Investigations Unit for criminal investigation. The Auditor reviewed agency policy, procedures, training records, investigative records, investigative matrix, made observations, interviewed staff and offenders to determine the facility meets the requirements of this standard.

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy states, "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>The disciplinary Hearings Officer is required to use a preponderance of evidence at a disciplinary hearing to support a finding of guilt.</p> <p>Evidence Relied Upon:</p> <p>Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 5</p> <p>Policy - 861.1, pg. 31</p> <p>Investigative Records</p> <p>Interview with Investigators</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted a formal interview with facility Sexual Abuse Investigators. Each Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigators to explain the meaning of preponderance. Investigators explained a preponderance means there is more evidence to justify the investigator's determination. The Auditor was told preponderance means there is more evidence to support the decision.</p> <p>The Auditor reviewed 17 investigative reports from the previous 12 months. A review of the reports revealed Investigators are using a preponderance of the evidence to support their determination of the outcome.</p> <p>Conclusion:</p> <p>The Auditor was able to determine Investigators understand preponderance as the basis for determining investigative outcomes. The Auditor reviewed the agency's policies, procedures, investigative reports and interviewed facility Investigators and determined the facility meets the requirements of this standard.</p> |

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| 115.73 | Reporting to inmates |
| | <p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 405 1469 607">The Virginia Department of Corrections policy requires offenders be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. When a staff member has committed sexual abuse against an offender, unless the determination is unfounded, the PREA Compliance Manager or investigator shall inform the offender whenever:</p> <ul data-bbox="300 674 1465 1010" style="list-style-type: none"> • The allegation has been determined to be unfounded; • The allegation has been determined to be unsubstantiated; • The staff member is on longer posted within the offender's unit; • The staff member is no longer employed at the facility; • The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="248 1043 1398 1122">When an offender has alleged sexual abuse by another offender, the PREA Compliance Manager or investigator is required to inform the offender whenever:</p> <ul data-bbox="300 1189 1414 1435" style="list-style-type: none"> • The allegation has been determined to be unfounded; • The allegation has been determined to be unsubstantiated; • The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="248 1469 1477 1682">Facilities are required to document notifications or attempted notifications in the same manner as offenders receive legal mail. The PREA Compliance Manager and/or investigator's obligation to report is terminated if the offender is released from DOC custody. The agency requires SIU investigator's report to the Facility Unit Head to inform the offender as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded.</p> <p data-bbox="248 1715 576 1749">Evidence Relied Upon:</p> <p data-bbox="248 1794 528 1827">Policy - 030.4, pg. 11</p> <p data-bbox="248 1861 895 1895">Policy - 038.3 Prison Rape Elimination Act, pg. 12</p> <p data-bbox="248 1939 536 1973">Investigative Records</p> <p data-bbox="248 2018 512 2051">Interviews with Staff</p> <p data-bbox="248 2085 544 2119">Analysis/Reasoning:</p> |

The Auditor conducted a formal interview with the PREA Compliance Manager. Either the investigator or the PCM informs offender victims of the investigative outcome at the conclusion of an investigation. The Auditor asked the PCM who notifies the offender following an indictment and/or criminal charges placed against an offender or staff member. The PCM stated that information is obtained from the SIU and the notification would be made by either the investigator or PCM. The Auditor asked the PCM how notifications to offenders are documented by the facility. The Auditor was informed notifications are documented on a letter to the offender and processed as legal mail.

The Auditor asked the PCM how notification is received from the SIU regarding criminal charges and indictments. The PCM stated the SIU Investigator contacts the Warden, PCM or investigator so proper notification can be made to the offender. The PCM informed the Auditor retrieving that information is not difficult as the SIU is part of the agency and required by policy to provide the information. The Auditor conducted a formal interview with an SIU Investigator. The SIU Investigator was asked if he notifies the facility following the placement of criminal charges and/or indictments. The SIU Investigator stated he does contact the facility and shares that information. The SIU investigator was asked if he would ever notify an offender of the investigative or prosecutorial efforts. The investigator stated he may make the notification but is not obligated to do so. The SIU Investigator is required to communicate the information to the facility.

The Auditor reviewed 17 investigative records of allegations made during the previous 12 months. The Auditor determined the facility was required to notify 5 offenders who alleged an allegation of sexual abuse of the results of the investigation. A review of records revealed offenders were notified of the investigative outcomes following investigative determinations. In each case, a letter was sent to the offender including the investigative result. The letter was sent to each offender through the facility's legal mail process. A copy of the notification letter is included in the investigative record.

The Auditor conducted interviews with offenders who made allegations in the facility during the previous 12 months. The facility received five allegations of sexual abuse in the previous 12 months. The Auditor asked each offender interviewed if they were notified of the investigative outcome. Each offender informed the Auditor of their investigative outcomes. The offenders received the outcome on a written letter.

Conclusion:

The Auditor concluded the PCM understands the requirement and the agency has appropriate procedures in place to notify offenders of investigative results at the conclusion of an investigation of sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, interviewed staff and offenders to determine the agency meets the requirements of this standard.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Correction staff is subject to disciplinary sanctions up to and including termination for violating the agency’s sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Disciplinary sanctions for personnel who have not engaged in sexual abuse but have violated the facility’s sexual misconduct policies are commensurate with the following:</p> <ul style="list-style-type: none"> • The nature and circumstances of the acts committed; • The staff members disciplinary history; and • The sanctions imposed for comparable offenses by other staff with similar histories. <p>The VADOC notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal. The agency's policy requires staff who are terminated or resign in lieu of termination for violating sexual abuse or sexual harassment policies are notified of the agency's responsibility to report such violations to licensing bodies and/or law enforcement agencies.</p> <p>Evidence Relied Upon:</p> <p>Policy - 135.1, pg. 11</p> <p>Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 5</p> <p>Investigative Records</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with facility staff. The Auditor asked if staff were aware of the disciplinary sanctions for violating the agency's sexual abuse policies. Staff informed the Auditor they would be terminated for participating in an act of sexual abuse. Staff were also aware the VADOC reports criminal violations to law enforcement agencies. The agency's command staff has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Command staff interviewed by the Auditor stated any employee who violates sexual abuse and sexual harassment policies are immediately removed from contact with offenders and disciplined for such policy violations. Disciplinary recommendations for violating sexual harassment policies are dependent upon the circumstances of the act. The Auditor was informed by command staff that an employee who commits an act of sexual abuse will be terminated.</p> |

The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor if the act was criminal in nature the investigator would contact the Special Investigations Unit for a criminal investigation. Facility investigators immediately cease efforts once a determination is made that sufficient evidence appears to support criminal activity. Each Investigator coordinates with the SIU Investigator and assists in their efforts when requested by the SIU Investigator. The Auditor asked how the investigation is handled if the act was not criminal in nature. The Investigator continues the investigation until a determination is made. The results of the investigation are shared with command staff so appropriate discipline against a staff member can be sanctioned if warranted.

The Auditor conducted a telephone interview with an agency SIU Investigator. Each Special Investigations Unit Investigator has the legal authority to place criminal charges against a staff member who engages in sexual abuse or a criminal act of sexual harassment. The SIU investigator informed the Auditor he notifies the Commonwealth's Attorney following such an incident if the act was clearly criminal.

The Auditor observed the agency's policy included a provision to notify law enforcement agencies of criminal violations of sexual abuse. The policy also requires the agency's PREA Coordinator notify relevant licensing bodies. The Auditor discussed the requirements of this standard to notify relevant licensing bodies. The Auditor was informed the PREA Coordinator would contact the Virginia Department of Health Professionals of violations by medical/mental health practitioners. The Auditor discussed the requirement for the agency to notify law enforcement and relevant licensing bodies with the facility's command staff. Command staff are clear on the requirement following a criminal act of sexual abuse.

The Green Rock Correctional Center reported no staff member had been found in violation of agency sexual abuse or sexual harassment policies in the past 12 months. The Green Rock Correctional Center Warden has the authority to discipline staff, including suspension and termination. The facility was not required to notify a relevant licensing body following any investigation conducted within the previous 12 months. A review of 17 investigative records revealed there was no outcome of founded at the conclusion of any investigation against a staff member.

The Auditor reviewed one investigative record of an allegation against a staff member made beyond the previous 12 months. The facility investigator referred the allegation to the SIU investigator. The SIU investigated the incident and referred for prosecution. The staff member was terminated and criminally charged with Carnal Knowledge. The offender was not charged with sexual abuse as the incident was determined as consensual. The PREA Coordinator was not required to notify a relevant licensing body as the staff member was not a licensed employee.

Conclusion:

The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed the agency's policies, procedures, investigative records, and conducted interviews with staff and determined the agency meets the requirements of this standard.

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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders. The agency's policy requires the PREA Coordinator notify law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies.</p> <p>Evidence Relied Upon:</p> <p>Policy - 027.1 Volunteer and Internship Programs, pg. 16-17</p> <p>Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 5</p> <p>Training Records</p> <p>A Guide to Maintaining Appropriate Boundaries with Offenders Brochure</p> <p>Interviews with Contractors</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Green Rock Correctional Center reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with contract personnel. Each were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. The contractors informed the Auditor they would be terminated from the facility. The Auditor asked if each is aware they would be reported to a law enforcement agency if found to have committed a criminal act of sexual abuse. Each is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.</p> <p>Contractors and volunteers are made aware of the VADOC sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attends training and signs a form of receipt of such. The facility provides each volunteer and contractor "A Guide to Maintaining Appropriate Boundaries with Offenders Brochure" during their orientation. All volunteers and contractors are required to read the agency's policies and procedures related to sexual abuse and sexual harassment and sign a receipt after doing so. The Auditor verified through training records each volunteer and contractor in the facility had received training and reviewed the policies.</p> <p>The Green Rock Correctional Center's command staff are aware of the requirement to notify the SIU following a contractor or volunteer's participation in a criminal act of sexual abuse.</p> |

Command staff informed the Auditor a contractor or volunteer would immediately be prohibited from offender contact pending the results of the investigation. The Auditor was informed the SIU does not defer to the Commonwealth Attorney's Office if the act was clearly not criminal. Command staff, facility investigators and the Warden were asked if a contractor or volunteer had been disciplined within the previous 12 months for violating the VADOC sexual abuse or sexual harassment policies and procedures. The Auditor was informed no contractor or volunteer had been found in violation of those policies.

The agency notifies the Virginia Board of Health Professionals when a licensed medical or mental health professional is found in violation of such policies.

Conclusion:

The VADOC maintains appropriate policies to ensure contractors and volunteers at the Green Rock Correctional Center are removed from offender contact after committing an act of sexual abuse or sexual harassment of an offender. The Auditor reviewed the agency's policies, procedures, training records, training curriculum and conducted formal interviews with staff, volunteer and contractors to determine the facility meets the requirements of this standard.

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| 115.78 | Disciplinary sanctions for inmates |
| | <p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 400 1474 689">The agency’s policy allows staff to discipline an offender for participating in an act of offender-on-offender sexual abuse. Offenders will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the offender participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt. The agency’s policy allows staff to discipline offenders for acts of sexual abuse after a criminal finding of guilt. According to facility policy, sanctions following the discipline process must consider the following:</p> <ul data-bbox="300 759 1474 920" style="list-style-type: none"> • The nature and circumstances of the offense committed; • The offender’s discipline history; and • The penalty imposed for comparable offenses committed by other offenders with similar histories. <p data-bbox="248 958 1453 1120">The discipline process is required to consider whether the offender’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The Qualified Mental Health Professional is required by policy to assess the following:</p> <ul data-bbox="300 1189 1385 1395" style="list-style-type: none"> • Clinical impressions related to the discipline offense; • Likelihood of understanding the acceptance of a Penalty Offer; • Likelihood of effectively participating in the hearing; • Potential impact of Special Housing on offender’s cognitive/mental condition; and • Provide relevant comments and/or recommendations. <p data-bbox="248 1433 1474 1639">Agency policy requires facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in interventions as a condition of access to programming or other benefits.</p> <p data-bbox="248 1677 1474 1966">Agency staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation sexual activity between offenders is prohibited within agency facilities. Any offender found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between offenders is found to be consensual the Virginia Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.</p> <p data-bbox="248 2004 576 2038">Evidence Relied Upon:</p> <p data-bbox="248 2076 735 2110">Policy - 861.1, pg. 6, 8, 11-12, 15, 21</p> |

Policy - 820.2, pg. 4-5

Policy - 830.3, pg. 6

Policy - 038.3 Prison Rape Elimination Act, pg. 4, 8-9

Discipline Records

Interview with Investigator

Interviews with Medical Practitioners

Interview with Mental Health Practitioner

Interviews with Offenders

Analysis/Reasoning:

The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor disciplinary charges are placed following a substantiated administrative allegation of sexual abuse and/or following a criminal finding of guilt. Disciplinary charges are not placed on an offender for filing an allegation unless the facility can prove the offender made the allegation in bad faith. Each Investigator was asked if charges are placed on offenders if an act is consensual. The Auditor was informed disciplinary charges are placed on offenders for participating in sexual activity. Investigators explained offenders who participate in a consensual sex act are not charged for a sexual abuse related offense.

The Auditor conducted a formal interview with medical health practitioners. The Auditor asked what services are offered to offenders. Offenders are offered counseling, therapy and other intervention services. The Auditor asked if offenders are required to participate in any meetings or sessions. The Auditor was informed offenders are not forced to participate in any mental health service offered at the facility. Medical and mental health services are offered to all offenders. Offenders maintain the right to refuse services. The mental health practitioner informed the Auditor her department is involved following an act of sexual abuse, including a consideration of whether mental disabilities may have contributed to the incident.

The Auditor conducted formal interviews with offenders who made an allegation of sexual abuse. None of the allegations were substantiated by the facility investigator. There were no findings that an offender engaged in an act of offender-on-offender sexual abuse within the past 12 months. The Auditor reviewed the cases of two offenders who were alleged to be victims of sexual abuse. In both cases it was determined the act was consensual. Both offenders were charged with engaging in a sex act by consent. The facility contacted the Regional PREA/ADA Analyst for approval to formally place disciplinary charges against the offender. The facility reported there was no offender disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months.

Conclusion:

The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, offender records, interviewed staff and

offenders. The Auditor determined the facility meets the requirements of this standard.

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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any offender who informs staff he/she previously experienced sexual victimization or perpetrated an act of sexual abuse. The policy applies to any offender who reported whether the abuse occurred in an institutional setting or in the community. The Qualified Mental Health Professional informs each offender of relevant treatment and programming options.</p> <p>Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p>Evidence Relied Upon:</p> <p>Policy - 730.2 , pg. 6-7</p> <p>Policy - 425.4, pg. 3</p> <p>Policy - 701.3 Health Records, pg. 7</p> <p>Offender Records</p> <p>Offender Mental Health Records</p> <p>Interviews with Medical Practitioners</p> <p>Interview with Mental Health Practitioner</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Analysis Reasoning:</p> <p>The Auditor reviewed the records of offenders who reported suffering sexual victimization during the intake process. The Case Manager sent an email to the mental health practitioner advising her of the offenders who reported victimization. The Auditor reviewed the mental health records of the offenders who reported suffering sexual victimization. A review of records reveal they were offered a follow-up with a mental health practitioner. Each offender who accepted the meeting was seen within 14 days of arrival. The Auditor reviewed the records of offenders who were identified as perpetrating an act of sexual abuse. A review of the offender's records revealed they were offered a followup meeting with a mental health</p> |

professional. The risk screening completed by the Case Manager upon intake requires the Case Manager document the referral to the mental health professional.

The Auditor conducted a formal interview with medical and mental health practitioners. Medical practitioners screen every offender who enters the agency and each facility. The Auditor asked if offenders are offered a follow up with the mental health professional when they report previously suffering sexual abuse. The Auditor was informed they are offered a follow-up meeting with a Mental Health Professional. Medical and mental health practitioners were asked who they share information with. The Auditor was informed they only discuss the information they learn with those who have a need to know. The Auditor asked medical and mental health practitioners if they obtain written informed consent prior to sharing information related to sexual victimization that occurred in the community. The Auditor was informed if the victimization occurred in a community setting written informed consent would be obtained prior to reporting. No medical or mental health practitioner has had a need to report such victimization.

The Auditor asked the medical health practitioner who information regarding a sexual victimization or abusiveness that occurred in an institutional setting is reported to. The Auditor was informed that information is reported to the Shift Commander. The Auditor asked who has access to an offender's medical and mental health record. Only medical and mental health practitioners have access to an offender's medical and mental health records.

The Auditor asked the mental health practitioner if she meets with offenders who have suffered sexual victimization in the community. The mental health practitioner stated she does meet with offenders who suffered sexual victimization. The mental health professional is notified when an offender reports suffering sexual victimization in the community, following an incident of sexual abuse and by referral or requests. When the offender agrees to accept the meeting, she does meet with the offender. The Auditor asked if meetings with her are mandatory or required. The mental health professional stated they are not mandatory; the offender has to agree to participate. The Auditor asked if sexual abusers are offered a follow-up meeting with mental health. The mental health practitioner informed the Auditor sexual abusers are offered a follow up but are not required to accept. When asked how the mental health practitioner is notified of offered follow-ups the mental health practitioner stated she is told verbally or receives an email from the Case Manager.

The Auditor conducted a formal interview with a Case Manager. The Case Manager was asked if offenders are offered a follow up meeting with a medical or mental health practitioner if an offender reports previously suffering sexual victimization during the classification process. The Auditor was informed a follow up with the QMHP is offered. When asked how long it generally takes for the meeting to occur the Auditor was informed the QMHP generally meets with the offender within a couple days. The Case Manager was asked who has access to the information obtained on the screening questionnaire. The Auditor was informed that information is accessible to select personnel who can inform housing, treatment and education decisions. The Auditor asked the Case Manager how she notifies mental health after learning an offender suffered sexual victimization. The Auditor was informed an email is sent to the mental health practitioner. The Case Manager stated she informs the mental health professional after learning an offender perpetrated an act of sexual abuse.

The Auditor conducted formal interviews with offenders who reported suffering sexual victimization and offenders who perpetrated an act of sexual abuse. Each was asked if they

were offered a follow-up with a medical or mental health practitioner. Each offender informed the Auditor they were offered a follow-up meeting. Some of the offenders accepted the meeting while others did not. Some offenders stated they routinely meet with a mental health professional. The Auditor asked how quickly they met with the QMHP after informing staff they had suffered sexual abuse or after being offered the follow up meeting. The Auditor was informed they met with the mental health professional within a couple days.

The Green Rock Correctional Center has not housed a youthful offender in the previous 12 months.

Conclusion:

The Auditor concluded offenders are offered a follow-up with a medical or mental health practitioner after reporting they have suffered sexual victimization and after the facility is informed the offender perpetrated an act of sexual abuse. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization. The Auditor reviewed the agency's policies, procedures, offender records, Mental Health Records, conducted interviews with staff, medical/mental health practitioners and offenders. After a thorough review the Auditor concluded the agency meets the requirements of this standard.

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections policy requires offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse 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.</p> <p>Policy requires security staff members to take preliminary steps to protect a victim when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. Security staff is required to immediately notify the appropriate medical and mental health practitioners. The facility does maintain 24-hour medical coverage.</p> <p>The VADOC policy states, "Inmates/probationers/parolees are not to be assessed a co-payment charge for the following services:... Emergency and ongoing medical and mental health treatment services and care provided to inmate/probationer/parolee victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."</p> <p>Evidence Relied Upon:</p> <p>Policy - 720.7 Emergency Medical Equipment and Care, pg. 8</p> <p>Policy - 730.2, pg. 8</p> <p>Policy - 720.4 Co-Payment for Health Care Services, pg. 6</p> <p>Policy - 075.1, pg. 6</p> <p>Investigative Records</p> <p>Sexual Assault Response Checklist</p> <p>MOU with the Virginia Sexual Domestic Violence Action Alliance</p> <p>Zero Tolerance Brochure</p> <p>Coordinated Response Plan</p> <p>Interviews with Medical/Mental Health Practitioners</p> <p>Interviews with Staff</p> <p>Interview with Victim Advocate</p> |

Interviews with Offenders

Analysis/Reasoning:

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor asked if they feel medical and mental health services offered at the facility are consistent with a community level of care. The practitioners feel the services offered at the facility are consistent with those offered in the community. Staff informed the Auditor they feel access to services is better than access in the community. The Auditor asked if there is ever a time when no medical practitioner is on duty. The Auditor was informed there is never a time because the facility provides 24-hour coverage at the GRCC.

Medical practitioners informed the Auditor offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Crisis intervention services are offered by the QMHP and through the Virginia Sexual and Domestic Violence Action Alliance. The Auditor asked nursing staff if they offer timely information and access to sexually transmitted infection prophylaxis to offenders who are victimized by sexual abuse. Nursing staff informed the Auditor offenders do receive such. Nursing staff informed the Auditor emergency contraception and sexually transmitted infection prophylaxis would be offered to an intersex offender if ordered by the physician. Medical practitioners stated the SANE offers such during the forensic examination.

Medical and mental health practitioners were asked if offenders are charged a fee for treatment services related to a sexual abuse victimization. The Auditor was informed all services related to sexual abuse victimization are free to the victim. Each offender interviewed by the Auditor was aware treatments related to sexual victimization are provided at no cost to the victim. The Auditor reviewed offender records to verify no offender who reported suffering sexual abuse was charged a fee for mental health related services. The Auditor observed no evidence an offender paid for such services.

The Auditor reviewed security staff training records. Security staff are provided training in CPR and first aid in the event first responder treatment is needed. The Auditor conducted formal interviews with security staff. Each informed the Auditor they take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Security staff immediately notify their supervisor and medical personnel following an incident of sexual abuse. Security supervisors were asked what actions they take to ensure the safety of the offender following a sexual abuse incident. The Auditor was informed they separate the offender and ensure the offender is immediately escorted to the medical area.

The Auditor reviewed the agency's Coordinated Response Plan. The facility's coordinated response plan includes actions that ensure offenders who are victimized by sexual abuse receive timely unimpeded access to emergency medical attention. The Auditor reviewed the agency's Sexual Assault Response Checklist. Among other actions, the checklist requires the following actions be documented:

- Escort the victim to the facility medical unit as soon as possible to provide examination, treatment, and evaluation;
- If there is indication of sexual assault, ensure the victim is transported to the local hospital for further treatment, examination, documentation, collection of forensic evidence (PERK kit), and testing for sexually transmitted diseases;

- Ensure referral for counseling and mental health service needs if warranted; and
- Ensure follow up medical treatment or mental health service needs are arranged.

The Auditor reviewed the Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance. The memorandum stipulates the VSDVAA agrees to maintain a statewide Hotline that provides confidential crisis intervention and emotional support services related to sexual abuse or assault victims. The VSDVAA also agrees to provide accompaniment services during a forensic examination and investigations. The Auditor conducted a telephone interview with a victim advocate from the Virginia Sexual and Domestic Violence Action Alliance. The Auditor discussed the Memorandum of Understanding with the victim advocate. The advocate explained the crisis intervention services offered to offender victims of sexual abuse. The victim advocate was unaware of an offender who has requested crisis intervention services from the Green Rock Correctional Center in the previous 12 months.

The Auditor conducted formal interviews with offenders. The Auditor discovered some offenders were aware of crisis intervention services and others were not aware. Each was asked if they were provided written information upon arrival at the facility. Each informed the Auditor they received the facility's written information when they arrived. The Zero Tolerance Brochure provides the contact information to the VSDVAA. Each offender was asked if they were aware services related to sexual abuse are free offender victims. Each was aware those services are free. The Auditor asked offenders if they watched a video related to sexual abuse. Offenders stated they did see the video. Each offender informed the Auditor they have seen the sexual abuse posters on the housing unit bulletin boards. The postings include information how to contact the VSDVAA.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner. The SANE was asked if she provides emergency contraception and sexually transmitted disease infection prophylaxis. The Auditor was informed she does offer such when appropriate. The SANE informed the Auditor offenders do not pay a fee for the forensic examination. The SANE conducted a forensic examination of a Green Rock Correctional Center beyond the previous 12 months. The SANE does offer sexually transmitted infection prophylaxis during the forensic examination.

Conclusion:

The Auditor determined the facility provides offenders access to timely and unimpeded access to emergency medical services. Medical practitioners provide offender victims emergency contraception and sexually transmitted infections prophylaxis. The Auditor reviewed the agency's policies, procedures, MOU, Coordinated Response Plan, Sexual Assault Response Checklist, Zero Toelrance Brochure and interviewed staff, offenders and SANE. The Auditor determined the agency meets the requirements of this standard.

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The VADOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul style="list-style-type: none"> ● Follow-up services; ● Treatment plans; and ● Referrals for continued care following a transfer to, or placement in, other facilities, or release from custody, when appropriate. <p>The VADOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse.</p> <p>The policy requires medical and mental health services be provided consistent with a community level of care. All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The agency's policy requires QMHPs attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.</p> <p>Evidence Relied Upon:</p> <p>Policy - 720.7 Emergency Medical Equipment and Care, pg. 10</p> <p>Policy - 730.2, pg. 8-9</p> <p>Policy - 720.1, pg. 3</p> <p>Policy - 720.4 Co-Payment for Health Care Services, pg. 6</p> <p>Investigative Records</p> <p>Offender Records</p> <p>Interviews with Medical Practitioners</p> <p>Interviews with Staff</p> <p>Interview with SANE</p> <p>Analysis/Reasoning:</p> |

The Auditor conducted a formal interview with a mental health practitioner. Mental health practitioners do not stipulate a minimum or maximum time they meet with victims of sexual abuse. The mental health practitioner meets with victims and abusers if the victim or abuser requests such meeting or if medically necessary. Treatments and evaluations occur as needed or until treatment plans determine a need no longer exists. The Auditor asked the mental health practitioner what services are offered to victims of sexual abuse. The Auditor was informed counseling sessions, referrals, if appropriate, and follow-up services, if needed. The mental health practitioner creates and follows treatment plans. The Auditor asked the mental health practitioner if she felt services offered at the GRCC are consistent with a community level of care. The Auditor was informed the services offered at the GRCC are consistent with community level services. The mental health practitioner feels access to mental health services is better than the level of access offered in the community.

The Auditor asked the mental health practitioner if she attempts to discover the underlying reason that cause sexual abusers to commit such acts. The medical practitioner informed the Auditor she does attempt to conduct such evaluations and treatments with offender-on-offender sexual abusers. The Auditor was informed those offenders are not required to participate in sessions with the mental health practitioner. The Auditor asked how long after learning an offender committed an act of offender-on-offender sexual abuse does she meet with them. The mental health practitioner stated she meets with the offender within a couple days. The mental health practitioner is aware the agency requires the meeting occur within 60 days.

The Auditor discussed the practice of offering sexually transmitted infection prophylaxis and pregnancy tests with medical practitioners. The Auditor was informed those tests are offered at the time of the forensic examination and as routine medical care. Medical practitioners stated they do offer pregnancy testing to intersex offenders when ordered by the physician. The Auditor asked what the cost of services are for victims of sexual abuse. The Auditor was informed there are no costs for evaluations and treatments related to sexual victimization. Medical practitioners informed the Auditor they feel the services offered at the GRCC are consistent with a community level of care.

The Auditor conducted interviews with offenders who have previously suffered sexual abuse in the community, and allegedly in the facility. Those offenders were asked if they have met with a mental health practitioner. Those who had met with a mental health practitioner were asked how much they paid for services. The offenders stated they were not charged a fee for the services. Each was asked how many times they have met with the mental health practitioner. Some have seen the mental health practitioner multiple times while others have refused services. The Auditor reviewed their records and observed the facility documented the meeting with the mental health practitioner.

The Auditor conduct a telephone interview with the Sexual Assault Nurse Examiner. The SANE explained she offers sexually transmitted disease testing at the time of the examination, when appropriate. The Auditor asked how much do the SANE services cost an offender. The SANE does not directly bill the offender for services related to the forensic examination. The SANE informed the Auditor one offender was transported to the Lynchburg General Hospital for a forensic examination at the beginning of 2020. A review of recrods revealed the alleged victim was offered follow-up services. The offender was offered sexually transmitted disease testing.

The Auditor conducted a review of investigative records from the previous 12 months. There

were no substantiated incidents of offender-on-offender or staff-on-offender sexual abuse at the GRCC in the previous 12 months.

Conclusion:

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed policies, procedures, offender records, interviewed offenders, SANE and medical/mental health practitioners to determine the facility meets the requirements of this standard.

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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The Virginia Department of Corrections policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined unfounded. The incident review is required to be conducted and the report submitted to the Regional PREA Analyst no later than 14 calendar days of the conclusion of the investigation. Policy allows for an extension if the facility determines the report will not be completed within 14 days. The facility must contact the Regional PREA Analyst to discuss the extension. The VADOC policy requires the review team include:</p> <ul style="list-style-type: none"> ● At least 2 employees designated by the Unit Head; ● One Administrative Duty Officer who will solicit input from the PREA Compliance Manager; ● Line supervisors; ● Investigators; and ● Medical or mental health practitioners. <p>Agency policy requires the review team conduct the following tasks:</p> <ul style="list-style-type: none"> ● Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed; ● Provide an analysis of the causal factors and contributing circumstances; ● Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training; ● Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; ● Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have contributed to the incident; ● Assess the adequacy of staffing levels in that area during different shifts; ● Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and ● Develop an Action Plan to limit or mitigate similar future incidents. <p>The agency's policy requires the review team include the team's findings and recommendations for improvement. The Incident Review Team is required to submit the report to the Regional PREA Analyst and Regional Office for review by the Regional Administrator and/or Regional Operations Chief. The facility is required to implement the recommendations for improvement or shall document the reasons for not doing so.</p> |

Evidence Relied Upon:

Policy - 038.1, pg. 10-12

Policy - 038.3, pg. 14

Investigative Records

PREA Report of Incident Review

Interviews with Staff

Analysis/Reasoning:

The facility reported 17 allegations were received during the previous 12 months. A review of investigative records reveal 5 allegations were sexual abuse related. Facility investigators determined all five allegations of sexual abuse were unfounded. As a result of the investigative findings, the facility was not required to conduct an Incident Review of any investigations.

The Auditor conducted a formal interview with a staff member who serves on the Incident Review Team. The staff member discussed the process of the review team with the Auditor. The staff member explained the team meets in the conference room and reviews the investigative report and discusses the allegation. The team member informed the Auditor the team follows the VADOC's formatted form to ensure all elements of this standard are considered. The team member stated the team does discuss recommendations for improvement and include those recommendations on the final report. The Incident Review Team Member was asked when the team meets following an investigation. The Auditor was informed the team meets within 30 days of the conclusion of the investigation. The Auditor asked if the team has met within the previous 12 months and was informed the team has not been required to review any incident received during the previous 12 months.

The team member informed the Auditor he has previously attended two incident reviews. In each case, the Incident Review Team met within 30 days of the conclusion of the investigation. The review team consisted of each required staff member in accordance with the agency's policy. The review team documented its findings at the conclusion of the meeting. The Auditor observed the formatted report of previous reviews considers the following:

- Consider whether the allegation or investigation indicates a need to change procedure or practice to prevent, detect or respond to sexual abuse;
- Review facility practice to ensure compliance with procedural requirements (e.g., housing assignments);
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts; and

- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The report is completed by the Incident Review team following the conclusion of a substantiated or unsubstantiated allegation of sexual abuse. The form requires the team member names be included. The form requires the signature of the Unit Head/Designee and the Regional Operations Chief/Regional Administrator. A copy of the form is forwarded to the Regional PREA/ADA Analyst. The PREA Report of Incident Review also asks, "What can be done to limit the occurrence or reduce the severity of future incidents?" There is a "Proposed Action Plan" section on the report that requires the specific parties and completion target dates.

Conclusion:

The Auditor determined the facility understands the requirement to conduct an incident review within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review on a formatted form. The Auditor reviewed the VADOC policies, procedures, PREA Report of Incident Review, investigative records and conducted interviews with staff and determined the facility meets the requirements of this standard.

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| 115.87 | Data collection |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 536 360">Auditor Discussion:</p> <p data-bbox="252 400 1485 730">VADOC policy requires accurate, uniform data collection for every allegation of sexual abuse at facilities under its direct control, including private facilities, utilizing a standardized instrument and set of definitions. The incident-based data must be aggregated annually. Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the VADOC is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.</p> <p data-bbox="252 775 1485 1021">The Virginia Department of Corrections contracts confinement of offenders with the GEO group at the Lawrenceville Correctional Center. The Lawrenceville Correctional Center is not under the direct control of the Virginia Department of Corrections. The VADOC is not required to collect and aggregate data accumulated at the Lawrenceville Correctional Center. The GEO group is required to collect, aggregate and report data from its facility and comply with the PREA standards.</p> <p data-bbox="252 1066 576 1099">Evidence Relied Upon:</p> <p data-bbox="252 1133 528 1167">Policy - 038.3, pg. 14</p> <p data-bbox="252 1211 464 1245">Agency Website</p> <p data-bbox="252 1290 456 1323">Annual Reports</p> <p data-bbox="252 1368 608 1402">Surveys of Sexual Violence</p> <p data-bbox="252 1447 544 1480">Analysis/Reasoning:</p> <p data-bbox="252 1514 1453 1671">The Auditor reviewed the agency's 2018 and 2019 Annual Reports published on the Virginia Department of Corrections website. Each report includes data aggregated from January 1st through December 31st. The reports were easily accessible as the agency's website was simple to navigate. The data collected included definitions of the following:</p> <ul data-bbox="300 1738 975 1984" style="list-style-type: none"> • Offender-on-offender nonconsensual sexual acts • Offender-on-offender abusive sexual acts • Offender-on-offender sexual harassment • Staff-on-offender sexual victimization • Staff sexual misconduct • Staff sexual harassment <p data-bbox="252 2029 1477 2141">The agency contracts for the confinement of its offenders with the GEO Group. The GEO Group operates a private prison in Lawrenceville, VA. A review of the agency's PREA Annual Report reveals the agency is collecting data from the Lawrenceville Correctional Center where</p> |

Virginia Department of Corrections offenders are housed, although the LCC is not under the VADOC's direct control.

The Agency's website includes all Bureau of Justice Surveys of Sexual Violence submitted by the agency from 2012 through 2014. The Auditor received copies of surveys submitted by the agency from 2014 through 2019 data. The VADOC PREA Hotline Coordinator compiles the data, completes the Survey of Sexual Violence and submits the completed form to the Bureau of Justice Statistics. All surveys are submitted by the PREA Hotline Coordinator before June 30th.

The Auditor discussed the collection of sexual abuse data in agency facilities. All data is derived from investigative reports, Incident Reports, Incident Reviews, and all supporting documents in investigative records. Data is reported to the PREA Hotline Coordinator who is responsible for maintaining and compiling the annual data. The PREA Hotline Coordinator has an office in the VADOC Headquarters Building where data is securely stored in the locked office. All data derived from the GRCC is securely maintained in the Investigator's locked office.

Conclusion:

The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies, procedures, website, annual reports, Survey of Sexual Violence and interviewed staff and determined the facility meets the requirements of this standard.

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| 115.88 | Data review for corrective action |
| | <p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 405 1453 562">The Virginia Department of Corrections policy requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted in an attempt to:</p> <ul data-bbox="300 629 1449 797" style="list-style-type: none"> • Identify problem areas; • Take corrective action on an ongoing basis; and • Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p data-bbox="248 831 1018 864">Policy requires the data review report include the following:</p> <ul data-bbox="300 931 1361 1099" style="list-style-type: none"> • A comparison of the current year's data and corrective actions with prior years; • Provide an assessment of the DOC's progress in addressing sexual abuse; • Must be approved by the Director; and • Must be readily available to the public through the agency's website. <p data-bbox="248 1133 1461 1245">Policy allows the VADOC to redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility. Any redactions must be documented in the report to indicate the nature of the material redacted.</p> <p data-bbox="248 1290 576 1323">Evidence Relied Upon:</p> <p data-bbox="248 1368 571 1402">Policy - 038.3, pg. 14-15</p> <p data-bbox="248 1435 456 1469">Annual Reports</p> <p data-bbox="248 1514 360 1547">Website</p> <p data-bbox="248 1592 512 1626">Interviews with Staff</p> <p data-bbox="248 1659 544 1693">Analysis/Reasoning:</p> <p data-bbox="248 1738 1477 2063">The Auditor reviewed the Virginia Department of Corrections website. The agency maintains annual reports that include its findings and corrective actions for all agency facilities, including a private facility for which it contracts for the confinement of VADOC offenders. The public can access the agency's reports through the "Offenders" dropdown tab and then by clicking on the "Prison Rape Elimination Act" link. Each report is accessible through the "PREA Reports Page" link. After opening this link the public can view each annual PREA Report and/or individual facility PREA Audit Reports. The agency's website includes annual reports published from 2014 through 2019.</p> <p data-bbox="248 2107 1477 2141">A review of the facility's annual reports reveals the agency attempts to discover problem areas</p> |

within each agency facility based on a review of data collected. The agency's annual report includes any corrective actions taken by the VADOC. The "Corrective Actions" section of the 2019 annual report included a statement the toilet area in the intake was made more private. The agency's 2019 Annual Report included corrective actions made at 33 VADOC facilities and specifies the corrective actions made at each facility.

There were no problem areas identified at the Green Rock Correctional Center. The annual report includes a "Summary & Comparison" section. The section identifies the following:

- Increase in call/reporting volumes from 2018 to 2019
- PREA Hotline calls increased by approximately 292 calls
- Increase in Staff Sexual Harassment allegations
- Decrease in Staff Sexual Misconduct, specifically voyeurism allegations
- PREA Hotline mailbox size increased due to high volume of calls received
- More Non-PREA calls received than PREA calls. This resulted in additional reminders to the offender population as to the appropriate use of the PREA Hotline
- Regional PREA Analyst conducted quarterly site visits to review audit documentation, talk to staff and offenders about PREA and how to report
- Regional PREA Analyst toured all areas of the institutions with the sole purpose of looking for blind spots and making recommendations to remedy them
- Regional PREA Analyst conducted additional PREA Specialized Training for new investigators
- All facility audits during the 3rd year of the audit cycle passed without a formal corrective action period
- Curriculum for orientation and in-service were modified to make it more interactive
- PREA Newsletter was created and distributed monthly
- The PREA Unit presented multiple internal conferences to ensure staff in specific roles understood their responsibilities for PREA Compliance in their roles

The Auditor observed a section of the annual report that compares data from each facility in the specific regions with one another. The data is compared in a pie graph style. The data is compared for the Western, Central and Eastern Regions. The section also includes a pie graph comparison of the agency data as a whole. In addition to the pie graph charts, each includes the numbers of the allegations for the top three facilities in each region.

The Auditor discussed the annual reporting process with staff. The information for the annual report is derived from investigative reports, Incident Reviews and other relevant documents included in investigative records from each VADOC facility. Corrective actions are implemented at facilities when needed as the Incident Review Team recommends corrective actions when warranted following the incident review. Any corrective actions taken are documented in the agency's annual report. When problem areas are discovered, the Incident Review Team recommends a solution to address the problem area and includes the specifics in the annual report.

The Director of the Virginia Department of Corrections approves the agency's annual report before publishing on the agency's website. The Director and PREA Coordinator sign the annual report. The Auditor did not observe any redacted materials from any of the VADOC published reports.

Conclusion:

The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data from its facilities, including a private facility that the agency contracts for the confinement of VADOC offenders. The annual report addresses problem areas and corrective actions taken and is approved by the Director prior to publishing on the agency's website. The Auditor reviewed the agency's policies, procedures, website, Annual Reports and interviewed staff to determine the agency meets the requirements of this standard.

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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The agency’s policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all aggregated sexual abuse data readily available to the public at least annually on its website. Policy stipulates personal identifiers will be removed. The VADOC requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise. All VADOC agency data is maintained by the agency's PREA Hotline Coordinator.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3, pg. 15</p> <p>Interviews with Staff</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted an interview with the PREA Compliance Manager. The PCM is responsible for reporting facility data to the Regional PREA/ADA Analyst. All facility data gathered by the PCM is maintained in his locked office. All data reported to the agency's PREA Hotline Coordinator is maintained by the coordinator in an office in the VADOC Headquarters Building. Information for the agency's annual report is compiled from investigative files, Incident Reviews and other supporting reports. Agency and facility data is maintained electronically on computers that require a unique username and password to gain access to the data.</p> <p>The Auditor reviewed the agency's website. The website included annual sexual abuse data collection in an annual report. The Auditor observed data collected from 2014 through 2019. There were no personal identifiers included in any agency annual reports. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PREA Hotline Coordinator for a minimum of 10 years after collection. A username and password are required to gain access to the computer used by the PREA Hotline Coordinator. All investigative data used to compile the data is maintained in the PCM's locked office. The Auditor observed the office of the PCM.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency's website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.</p> |

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| 115.401 | Frequency and scope of audits |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 536 360">Auditor Discussion:</p> <p data-bbox="252 400 1423 647">Each facility under the direct control of the Virginia Department of Corrections had been audited at least once during the previous three-year audit cycle. During the previous three year audit cycle, the Virginia Department of Corrections ensured at least one-third of its facilities were audited each year. This is the second year of an audit cycle. During the first year of this cycle the Virginia Department of Corrections ensured at least one third of its facilities were audited. The Green Rock Correctional Center was last audited in May 2018.</p> <p data-bbox="252 687 572 721">Evidence Relied Upon:</p> <p data-bbox="252 761 609 795">Previous PREA audit report</p> <p data-bbox="252 835 413 869">Facility Tour</p> <p data-bbox="252 909 533 943">Interactions with Staff</p> <p data-bbox="252 983 544 1016">Analysis/Reasoning:</p> <p data-bbox="252 1057 1477 1348">The facility conducted this audit during the second year of the current audit cycle. The Auditor was provided and reviewed the relevant policies, procedures, documents and other applicable reports to assist with rendering a decision on the facility's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documentation from the previous 12 month period. The facility allowed the Auditor to conduct formal interviews with offenders and staff. Agency personnel provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility.</p> <p data-bbox="252 1388 1485 1590">During the audit the facility provided additional documents that were requested by the Auditor to aid in a determination of the facility's level of compliance. The Auditor observed camera placements and reviewed monitors to ensure offenders were not able to be viewed naked by a staff member of the opposite sex through the facility's video system. The offender population was allowed to correspond confidentially with the Auditor prior to the Auditor's arrival.</p> <p data-bbox="252 1630 1461 1877">The Auditor reviewed the agency's previous PREA audit report and observed the facility complied with all standards without the requirement of a formal corrective action period. The previous Auditor determined the Green Rock Correctional Center exceeded four standards. The previous Auditor was allowed access to all areas, conducted interviews with staff and offenders and was provided facility documents during the previous audit. During the previous PREA audit the facility allowed offenders to confidentially correspond with the Auditor.</p> <p data-bbox="252 1917 1469 2074">The Auditor communicated with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance and the Sexual Assault Nurse Examiner with the local hospital to gain an understanding of services offered through the Memorandums of Understanding with the VADOC.</p> <p data-bbox="252 2114 1469 2148">On February 18, 2021 a notice to the population was sent to the Regional PREA ADA Analyst.</p> |

The notice included an address for written correspondence from offenders. The notice was written in English and Spanish. The Auditor received no correspondences from offenders prior to arriving on site for the audit. The Auditor observed the confidential correspondence notices posted in all offender housing units. The Regional PREA/ADA Analyst confirmed in an email the notices were posted and the Auditor confirmed all notices were posted on February 24, 2021 during the facility tour. The notices were posted at least 6 weeks prior to the audit.

The U.S. Department of Justice did not send a recommendation to the Virginia Department of Corrections for an expedited audit of the Green Rock Correctional Center during this audit period.

Conclusion:

The Auditor concluded the Green Rock Correctional Center meets the requirements of this standard.

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Auditor Discussion:</p> <p>The agency has published its previous PREA Audit reports on its website.</p> <p>Evidence Relied Upon:</p> <p>Agency Website</p> <p>Previous PREA Audit Reports</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports. The reports are easily accessible through a "drop-down" menu on the "Offenders" tab. After accessing the tab the public can access reports through the "Prison Rape Elimination Act" hyperlink. This page includes a "PREA Reports page." Each audit report for all VADOC facilities is accessible on the page. The Green Rock Correctional Center was last audited in May 2018.</p> <p>Conclusion:</p> <p>The Auditor determined the agency meets the requirements of this standard.</p> |

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | 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 |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | 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 |
| | 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 |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | 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 |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | 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 |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for | yes |

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| | adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |

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| 115.13 (b) | Supervision and monitoring | |
| | 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 |
| 115.13 (c) | Supervision and monitoring | |
| | 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 |
| | 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 |
| | 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 |
| 115.13 (d) | Supervision and monitoring | |
| | 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 |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | 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 |
| 115.14 (a) | Youthful inmates | |
| | 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).) | na |

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| 115.14 (b) | Youthful inmates | |
| | 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).) | 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).) | na |
| 115.14 (c) | Youthful inmates | |
| | 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).) | 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).) | 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).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | 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 |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | 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.) | 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.) | na |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | na |

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| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | 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 |
| | 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 |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | 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 |
| | 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 |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | 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 |
| | 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 |
| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
| | 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 |
| | 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 | yes |

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| | abuse and sexual harassment, including: inmates who are blind or have low vision? | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | 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 |
| | 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 |
| | 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 |
| | 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 |

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| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | 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 |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | 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 |

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| 115.17 (a) | Hiring and promotion decisions | |
| | 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 |
| | 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 |
| | 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 two bullets immediately above? | yes |
| | 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 |
| | 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 |
| | 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 two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | 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 |

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| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | 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 |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | 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 |
| 115.17 (f) | Hiring and promotion decisions | |
| | 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 |
| | 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 |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

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| 115.17 (h) | Hiring and promotion decisions | |
| | 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 |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | 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.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | 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.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | 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 |

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| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | 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 |
| | 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 |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | 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 |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | 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 |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | 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 |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

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| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | 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 |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | 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.) | na |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | 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.) | na |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | 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 |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

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| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | 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).) | na |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | 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 |
| | 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 |
| | 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 |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | 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 |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | 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 |
| | 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 |

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| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | 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 |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | 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 |
| | 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 |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | 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 |
| 115.32 (b) | Volunteer and contractor training | |
| | 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 |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

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| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | 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 |
| | 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 |
| | 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 |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | 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 |
| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |

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| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | 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 |
| 115.34 (a) | Specialized training: Investigations | |
| | 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 |
| 115.34 (b) | Specialized training: Investigations | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.34 (c) | Specialized training: Investigations | |
| | 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 |

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| 115.35 (a) | Specialized training: Medical and mental health care | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | 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.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | 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 |

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| 115.35 (d) | Specialized training: Medical and mental health care | |
| | 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 |
| | 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 |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | 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 |
| | 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 |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.41 (d) | Screening for risk of victimization and abusiveness | |
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| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |

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| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | 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 |
| | 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 |
| | 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 |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | 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 |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | 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 |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | 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 |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | 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 |

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| 115.42 (a) | Use of screening information | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | 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 |
| | 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 |

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| 115.42 (d) | Use of screening information | |
| | 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 |
| 115.42 (e) | Use of screening information | |
| | 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 |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | 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 |
| | 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 |
| | 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 |

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| 115.43 (a) | Protective Custody | |
| | 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 |
| | 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 |
| 115.43 (b) | Protective Custody | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | If the facility restricts 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 |
| | If the facility restricts 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 |

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| 115.43 (c) | Protective Custody | |
| | 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 |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | 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 |
| | 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 |
| 115.43 (e) | Protective Custody | |
| | 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 |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | 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 |
| | 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 |

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| 115.51 (b) | Inmate reporting | |
| | 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 |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | 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.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | 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. | no |

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| 115.52 (b) | Exhaustion of administrative remedies | |
| | 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 |
| | 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 |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | 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 |
| | 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 |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | 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 |
| | 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 |
| | 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 |

| 115.52 (e) | Exhaustion of administrative remedies | |
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| | 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 |
| | 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 |
| | 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 |

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| 115.52 (f) | Exhaustion of administrative remedies | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | 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 |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | 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 |
| | 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.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | 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 |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | 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 |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |

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| 115.61 (a) | Staff and agency reporting duties | |
| | 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 |
| | 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 |
| | 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 |
| 115.61 (b) | Staff and agency reporting duties | |
| | 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 |
| 115.61 (c) | Staff and agency reporting duties | |
| | 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 |
| | 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 |
| 115.61 (d) | Staff and agency reporting duties | |
| | 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 |
| 115.61 (e) | Staff and agency reporting duties | |
| | 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 |

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| 115.62 (a) | Agency protection duties | |
| | 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 |
| 115.63 (a) | Reporting to other confinement facilities | |
| | 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 |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.64 (a) | Staff first responder duties | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.64 (b) | Staff first responder duties | |
| | 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 |
| 115.65 (a) | Coordinated response | |
| | 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 |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | 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 limit 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 |

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| 115.67 (a) | Agency protection against retaliation | |
| | 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 |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | 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 |

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| 115.67 (c) | Agency protection against retaliation | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |

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| 115.67 (e) | Agency protection against retaliation | |
| | 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 |
| 115.68 (a) | Post-allegation protective custody | |
| | 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 |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | 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 |
| | 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 |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | 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 |

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| 115.71 (e) | Criminal and administrative agency investigations | |
| | 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 |
| | 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 |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | 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 |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | 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).) | na |

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| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | 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 |
| 115.73 (a) | Reporting to inmates | |
| | 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 |
| 115.73 (b) | Reporting to inmates | |
| | 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.) | na |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

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| 115.73 (d) | Reporting to inmates | |
| | 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 |
| | 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 |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | 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 |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | 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 |
| | 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 |

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| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | 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 |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | 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 |

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| 115.78 (f) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | 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? (N/A if the facility is not a jail). | na |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |

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| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | 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 |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | 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 |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | 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 |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | 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 |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |

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| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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.) | na |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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.) | na |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |

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| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |
| 115.86 (a) | Sexual abuse incident reviews | |
| | 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 |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| 115.86 (d) | Sexual abuse incident reviews | |
| | 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 |
| | 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 |
| | 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 |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | 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 |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | 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 |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | 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 |

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| 115.87 (d) | Data collection | |
| | 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 |
| 115.87 (e) | Data collection | |
| | 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 |
| 115.87 (f) | Data collection | |
| | 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 |
| 115.88 (a) | Data review for corrective action | |
| | 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 |
| | 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 |
| | 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 |
| 115.88 (b) | Data review for corrective action | |
| | 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 |
| 115.88 (c) | Data review for corrective action | |
| | 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 |

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| 115.88 (d) | Data review for corrective action | |
| | 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 |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | 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 |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | 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 |
| 115.401 (a) | Frequency and scope of audits | |
| | 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 |

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| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | 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 |
| | 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.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | 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 |
| 115.403 (f) | Audit contents and findings | |
| | 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, there has never been a Final Audit Report issued.) | yes |