

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

☐ Interim ☒ Final

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

If no Interim Audit Report, select N/A

Date of Final Audit Report: 05-8-2025

Auditor Information

Name: Joy C. Bell	Email: Jcbell1111@gmail.com
Company Name: AB Management	
Mailing Address: 2310 Victoria Crossing	City, State, Zip: Midlothian, Va. 23113
Telephone: 8019806379	Date of Facility Visit: 05/06/2025

Agency Information

Name of Agency: VDOC			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 6900 Atmore Drive, Richmond, Virginia		City, State, Zip: Richmond Va 23225	
Mailing Address: PO Box 26963		City, State, Zip: Richmond Va 23261	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Chadwick Dotson	
Email: Chadwick.dotson@vadoc.virginia.gov	Telephone: 8048878080

Agency-Wide PREA Coordinator

Name: Tammy Barbetto	
Email: tammy.barbetto@vadoc.virginia.gov	Telephone: 8049713213
PREA Coordinator Reports to: Corr. Operation Administrator	Number of Compliance Managers who report to the PREA Coordinator: 43

Facility Information			
Name of Facility: Deerfield Work Center 1			
Physical Address: 15172 Old Belfield Rd		City, State, Zip: Capron, Va. 23829	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://vadoc.virginia.gov			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: N/A			
Warden/Jail Administrator/Sheriff/Director			
Name: Darrell Miller			
Email: Darrell.miller@vadoc.virginia.gov		Telephone: 4346584368	
Facility PREA Compliance Manager			
Name: Rhonda Langford			
Email: Rhonda.langford@vadoc.virginia.gov		Telephone: 4346583632	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Qadria Stewart			
Email: qadria.stewart@vadoc.virginia.gov		Telephone: 4346583913	
Facility Characteristics			
Designated Facility Capacity:		58	
Current Population of Facility:		56	

Average daily population for the past 12 months:	57	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	28-40	
Average length of stay or time under supervision:	2yrs	
Facility security levels/inmate custody levels:	W	
Number of inmates admitted to facility during the past 12 months:	108	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	108	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	108	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	18	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	0	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	25	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4
Number of single cell housing units:	4
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p align="center">Investigations</p>	
<p align="center">Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p align="center">3</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>
<p align="center">Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p align="center">3</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: 115.11, 115.16, 115.21, 115.64, 115.87

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	05/06/25
2. End date of the onsite portion of the audit:	05/07/25
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Click or tap here to enter text.
Audited Facility Information	
4. Designated Facility Capacity:	58
5. Average daily population for the past 12 months:	56
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	56
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The Auditor began conducting inmate interviews the first day of the on-site portion of the audit. Based upon the inmate population on day one of the audit, the PREA Auditor Handbook required that the auditor interview a minimum of 16 inmates, (8 random and 8 targeted.) A total of 17 inmate interviews were conducted. All interviews with inmates occurred in a secure area to ensure privacy. Inmate interviews were conducted using the established DOJ interview protocols. If a randomly selected inmate had refused to be interviewed, an additional inmate from the same housing area would be selected to get a cross-section review of the entire general population. There were no instances of refusal of selected inmates for interviews.</p>
<p align="center"><i>Staff, Volunteers, and Contractors</i> <u>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</u></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p align="center">18</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p align="center">7</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p align="center">25</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p align="center">Click or tap here to enter text.</p>
<p align="center">Interviews</p>	
<p align="center">Inmate/Resident/Detainee Interviews</p>	
<p align="center"><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p align="center">17</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender </p>

	<input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	The Auditor reviewed the roster and selected inmates based upon the above factors.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	Click or tap here to enter text.

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
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Targeted Inmate/Resident/Detainee Interviews

33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: <i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i> <i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i> <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	0
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed documentation provided by the facility and interviewed staff and inmates.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:	0

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population of inmates meeting the criteria in certain categories was not present.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>

41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.
42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The population of inmates meeting the criteria in certain categories was not present.
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:	0

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population of inmates meeting the criteria in certain categories was not present.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>Click or tap here to enter text.</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other</i></p>	<p>Random staff were selected and there were no barriers in completing interviews.</p>

information that could compromise the confidentiality of any persons in the facility.	
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p><i>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</i></p>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation

	<input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	Click or tap here to enter text.
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	Click or tap here to enter text.
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.

Was the site review an active, inquiring process that included the following:

60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	<p>The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of inmates, security rounds, interaction between staff and inmates, shower and toilet areas for inmates, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of staff communication in inmate housing units, search procedures, and availability access of medical and mental health services. The Auditor observed and made notes of the video monitoring system and camera placement throughout the facility, including reviewing control room monitors.</p>
Documentation Sampling	
<i>Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.</i>	
65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

The Auditor conducted a document review of employee and inmate files and conducted spot checks of documents that were previously provided to the auditor with the PAQ, including logbooks and other institutional forms. The Auditor reviewed a random sampling of personnel files to determine compliance of standards on hiring, promotion and background check procedures for officers and contract staff. The Auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training coordinator explained the process for relaying the mandated PREA information to new employees, as well as the procedure for annual refresher training. Reviewed inmate files to evaluate intake procedures, including screening, housing assignments, and verification of inmate PREA education. The Auditor requested additional supporting documentation that included training records, inmate medical records, inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

The facility reported there had been no offenses committed to file.

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

The facility reported there had been no offenses committed to file.

Sexual Abuse and Sexual Harassment Investigation Outcomes*Sexual Abuse Investigation Outcomes*

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	0	0	0	0	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

The facility reported there had been no offenses committed to file.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	0	0	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

The facility reported there had been no offenses committed to file.

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

The facility reported there had been no offenses committed to file.

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

The facility reported there had been no offenses committed to file.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

0

a. If 0, explain why you were unable to review any sexual abuse investigation files:

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

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☐ Yes ☐ No

☒ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

0

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☐ Yes ☐ No

☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

☐ Yes ☐ No

☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

0

79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☐ Yes ☐ No

	<input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	The facility reported there had been no offenses committed to file.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The facility reported there had been no offenses committed to file.
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	Click or tap here to enter text.
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	1
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Type text here...

115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment
Policy, Materials, Interviews and Other Evidence Reviewed:

VADOC OP 038.3, Prison Rape Elimination Act
VADOC OP - 135.2, Rules of Conduct Governing Employees Relationships with Inmates and Probationers/Parolees
Inter Office Memorandum
VADOC Organizational Chart
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
Inmate Interviews

VADOC OP 038.3 serves to establish the agency's zero tolerance policy and outline the agency's approach to implementing the PREA standards. The PREA Manual outlines the agency approach to implementing the zero-tolerance policy and to implementing practices covered by the agency PREA manual. The agency PREA manual is a document that serves to unify the agency's approach to implementing the PREA standards covered by policies relative to areas in segregation, employee training, inmate work placement, health care, housing and education.

The Department's PREA Coordinator oversees and coordinates the efforts of the VADOC to comply with Federal PREA Standards including development and implementation of policy, staff training and inmate PREA education. Each institution PREA Manager coordinates the collection of data in preparation for each three-year cycle of audits required by the standards. Each correctional facility has assigned a PREA manager with sufficient time and authority to coordinate the facility's efforts to comply with the standards. The PM is responsible for monitoring and aiding in the facility's PREA compliance of all institutional areas to include staff/inmate training, reporting, staffing plans, investigation of PREA allegations, operating procedures, and audit preparation.

Conclusion: The Auditor conducted a thorough review of the agency's policies, procedures, organizational charts, interoffice memorandum, employee records and conducted interviews with staff and inmates. The Auditor determined the VADOC has developed appropriate zero-tolerance policies that includes prevention, detection, and response approaches relevant to allegations of sexual abuse and sexual harassment. The Auditor determined the facility exceeds the requirements of this standard.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.12 Contracting with other Entities for the Confinement of Inmates
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP Policy - 038.3 Prison Rape Elimination Act
VADOC OP - 260.1 Procurement of Goods and Services

The PC is responsible for reviewing compliance with each VADOC institution and contracting facilities. The PC is responsible for monthly PREA reports, annual reports, investigating all allegations of sexual abuse or sexual harassment, and conducting yearly reviews of facility policy and procedures to ensure PREA compliance.

The agency has a VADOC policy that requires confinement of inmates in any new contract or contract renewal include the entity's obligation to adopt and comply with Prison Rape Elimination Act standards. The VADOC 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 VADOC policy that does not allow the DOC to enter a contract with an entity that fails to comply with PREA standards except in emergency situations. In the event of an emergency, the agency is required to document all reasonable failed attempts to find a private agency or other entity in compliance with the PREA standards.

Conclusion: There are no new agency contracts or renewals for the confinement of VADOC inmates that require monitoring by agency personnel. The Auditor determined the facility meets the requirements of this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.13 Supervision and Monitoring

Materials, Interviews, Policies and Other Evidence Reviewed:

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP Policy - 038.3 Prison Rape Elimination Act

VADOC OP - 401.2 Security Staffing Assignments

VADOC OP - 401.3 Administrative Duty Coverage

VADOC OP - 401.1 Development and Maintenance of Post Orders

Annual Staffing Plan

Site Observations

Completed Pre-Audit Questionnaire (PAQ)

Shift Roster

Video Surveillance/Cameras

Unannounced Rounds Logs

Interviews

VADOC policy states that the facility will complete an annual staffing plan and will continue to review at a minimum of once a year. VADOC policy states that all facilities, including contracting facilities, will complete a yearly staffing plan and submit the report for approval. Interviews with the Warden and executive staff verified compliance with the PREA standard. Policy states the staffing plan is maintained by the facility with a copy forwarded to the PC. In circumstances where the plan has deviations, the facility will document and justify the deviations. The facility accurately documents justifications for deviations from the staffing plan and most common reasons for deviations are short term disability, emergency medical leave, inmate medical transportation, in-service training, vacations, and retirements.

The Auditor observed staff conducting daily rounds to ensure staff and inmate safety and provide inmates the opportunity for informal access to management staff. While conducting rounds, staff complete a thorough assessment to identify any unusual activity, survey the need for security improvements, and any PREA violations. Staff take necessary and appropriate action to address any unusual activity or PREA violations. The Warden, Associate Wardens, and supervisory staff conduct and document PREA rounds, and staff are prohibited from alerting other staff members when these rounds are conducted.

The facility staffing plan is developed with minimum operational staffing levels as a guide point. Daily staff rosters were reviewed to ensure adequate staff in accordance with the current staffing plan for critical and non-critical post were assigned. The administrative Lieutenant manages the correctional staff post assignments and is responsible for submitting the quarterly Post Assignment schedule to the Warden for approval. Management staff support all efforts to provide adequate staffing levels and make necessary adjustments to comply with the facility's staffing plan requirements which include facility security enhancements. The facility utilizes overtime and draft procedures to fill any vacant critical post during a shift. Daily correctional staff rosters requested and reviewed by the Auditor reflected changes made and the reason for each change. The review of post assignment rosters identified that management staff were able to maintain compliance within the staffing plan requirements to include staff reassignment while ensuring all critical posts were staffed. The facility was adequately staffed

which provided safety for the facility's current population of inmates which included LGBTIO, inmates with medical or mental health needs, disabled, and LEP inmates. The Auditor observed cameras in various areas of the facility and observed formal and informal interactions between staff and inmates.

Conclusion: Based on review of the staffing plan, quarterly post assignment schedules, post assignment rosters, interviews, and review of unannounced rounds logs, the Auditor determined the facility meets the mandate for the standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

115.14 Youthful Inmates

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP Policy - 038.3 Prison Rape Elimination Act

VADOC OP - 425.4 Management and Bed Assignments

PAQ

Memorandum

Observation

Interviews

The Auditor reviewed Deerfield Work Center 1 policy, which stated that youthful inmates will not be placed in a housing unit in which the inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Auditors interviewed staff who stated they had no knowledge that a youthful offender housed at the facility during this audit cycle. The review of documentation, PAQ, and interviews confirmed that there have been no youthful inmates housed at the facility.

Conclusion: Interviews with the Warden, PM, and PC confirmed that the facility does not house youthful offenders. The Auditor observed that the facility does not house youthful offenders and is therefore compliant with the standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.15 Limits to Cross-gender Viewing and Searches
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC Policy - 038.3 Prison Rape Elimination Act
VADOC OP-720.2, 801.1, 445.4, 401.2, 350.2
Logbooks
Lesson Plan for Searches
Memo
PAQ
Training Rosters
Post Orders

VADOC policy 038.3 mandates that cross-gender strip or cross-gender body cavity searches are prohibited except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never for the purpose of examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Correctional staff interviews confirmed that officers have been trained to conduct cross-gender pat searches and receive annual training. Transgender inmates can request to meet with the Transgender Care Committee and are allowed to request staff preference for pat down searches.

Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates had been performed by correctional or medical staff, at the facility. The PAQ listed zero cross-gender strips or cross-gender visual body cavity searches of inmates in the past 12 months and interviews with inmates concluded they have not had any occurrences in which they were subjected to cross-gender viewing by staff during a strip search or visual search. Policy state that a licensed physician, physician's assistant, or nurse practitioner must conduct a body cavity search. Medical personnel who perform a body cavity search need not be of the same sex as the inmate being searched. However, all other persons who are present during the search will be of the same sex as the inmate and there will be at least one staff member present who is the same sex as the inmate being searched.

The facility confirmed that correctional staff have been trained on how to conduct cross-gender pat-searches of transgender and intersex inmates in a professional and respectful manner and which is least intrusive. Routine strip searches or visual body cavity searches will occur in authorized areas and searches based on reasonable suspicion require Warden's authorization. Female correctional officers may pat-search inmates of both genders and strip searches are performed exclusively by staff of the same gender. The facility provides training on LGBTIO searches and body scanning devices. Training topics and definitions were found to be consistent with PREA standards and staff sign a PREA Acknowledgement form as acknowledgment receipt of training.

The PAQ noted that all staff have received training and confirmation of Pre-service Search training was provided. Staff interviews indicated they received PREA training during pre-service and annual service training sessions. The Auditor was provided training rosters identifying correctional staff's completion of the required PREA training. Staff interviewed stated that the opposite gender staff must announce themselves when entering the housing unit and the Auditor observed this practice during the tour. Inmates acknowledged that when a female staff entered the housing units, the opposite gender announcement was made by assigned housing unit officer or by staff entering the unit and male staff would do the same if in female housing units.

The PM confirmed procedures were developed and implemented that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. The Auditor toured the facility and was granted access to all inmate housing units and other support areas. The Auditor observed shower and restroom areas in the facility and confirmed that inmates could shower and use the restroom without staff of the opposite gender seeing them without clothing. All showers are made available to transgender and intersex inmates during times other inmates are not allowed in shower area.

Conclusion: Based on the review of policies, documents, training rosters, interviews, and analysis, the facility has demonstrated compliance and meets the provisions of this standard.

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.16 Inmates with Disabilities and Inmates who are Limited English Proficient
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP - 038.3 Prison Rape Elimination Act
Inmate Handbook
PREA Brochures English/Spanish
Zero Tolerance Brochure
Homeland Language Services
Proprio Contract
Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training
Training Records
Interviews
Memos

VADOC OP 038.3 states that inmates with disabilities and inmates who have Limited English will not be discriminated against, and the facility will provide reasonable accommodations to ensure access to programs, and activities, in accordance with the Americans with Disabilities Act. The policy states the facility will take steps to ensure that inmates with disabilities, including those who are deaf, blind or have intellectual limitations, have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. Facility policy is written in accordance with Standard 115.16 and states that the PM is responsible for development and distribution of PREA educational materials for inmates. PREA information regarding the agency's zero tolerance for sexual abuse and sexual harassment of inmates include, how to report conduct or threats prohibited by this directive, and inmates' right to be free from retaliation for reporting or participating in a related investigation. Educational materials also include information on treatment, advocacy, and counseling services and signage is posted throughout the facility.

VADOC directives state that the facility will provide PREA education to inmates in formats understandable by the entire inmate population and if needed, the facility will seek the assistance of Interpreters. Inmate

reader assistants will only be utilized in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. The agency provides a PREA brochure in Spanish, as well as publishing their inmate handbooks in Spanish. The Warden confirmed that the agency is taking significant steps to ensure that materials are provided in various formats to include closed captioning of the PREA inmate video.

Signage displaying PREA reporting information were observed in housing units in English and Spanish. The Auditor verified the translation service provided by the facility was an active interpretation service to aid LEP inmates. Each inmate entering the facility is provided a written copy of the "Zero Tolerance for Sexual Abuse and Sexual Harassment" and are provided PREA education within 30 days of arriving at the facility. Inmates are required to sign as verification of receipt of the inmate handbook and PREA education.

Conclusion: The Auditor reviewed the Agency's policies, procedures, Inmate Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, PREA educational video, inmate tablets, interpretive services contracts, and training records. The Auditor determined the facility exceeds the requirements of this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.17 Hiring Promotion Decisions

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP 102.2 Recruitment, Selection and Appointment

PAQ

VADOC OP 260.1 Procurement of Goods and Services

VADOC OP 135.1 Standards of Conduct

Employee Personnel Records

Contractor Personnel Records

Background Investigation Questionnaire

Employment Application

Employee Self-Assessment Form

VADOC OP 102.3 Background Investigation Program

Interviews Employment Application

Staff Promotions

Interviews

PAQ

NCIC Form

Information Waiver Form

VADOC OP 038.3 requires all employees, contractors, and volunteers to have criminal background checks completed. Policy states that the facility will not knowingly hire any new employee, promote any existing employee, or enlist the services of any contractor who has contact with inmates that has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or

other institution, been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or been civilly or administratively adjudicated to have engaged in the activity described above.

The policy requires that once every five years criminal history checks are conducted for facility employees and annually for contract staff. The facility can authorize an NCIC check at any time within the 5-year period if necessary for staff members. The five-year criminal history checks will be completed and will be documented to include a review for personal protection orders and domestic violence offenses. Any information produced from the criminal history check that has not been previously reported or investigated will be referred to Commonwealth investigative staff for investigation.

The local facility will conduct an initial background check on those that are chosen to advance through the hiring process. This background check is known as a VCIN check, which is the Virginia Commonwealth Information Network. If an applicant is selected for employment, their information is then sent to the Background Unit at VADOC headquarters in Richmond for a more in-depth background check.

Reference checks are performed at this stage of the hiring process and if the applicant has worked at another correctional facility, the facility will be contacted. The institution's Human Resource office tracks the required background checks which are conducted at a minimum of every five years and background checks are also required when an employee transfers, promotes or is hired. In addition, any applicant applying for promotion is required to answer the PREA questions regarding any PREA related case against the applicant.

These questions are required and documented for each employee during their annual performance review process. Contractors and volunteers are required to have background checks prior to contact with inmates at the facility. The Auditor concluded that the facility 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.

Conclusion:

The Auditor conducted a thorough review of the agency's policies, procedures, employee records, contractor records, background investigation, Employment Application, Employee Self-Assessment, Criminal History Background check, interviewed staff and contractors. The Auditor determined the facility meets the requirements of this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.18 Upgrades Facilities and Technologies

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP-801.1 Facility Construction, Renovation, and Physical Plant Maintenance Records
Purchasing Records
Institutional Camera Placement
Interviews
MOU's

The Auditor conducted an interview with the Warden and PREA Compliance Manager and they understand their responsibility to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facility. The Auditor reviewed the camera diagram which included the placement of facility cameras throughout the facility that included inmate housing units, blind spots, hallways, recreation area, and other areas to enhance the facility's prevention, detection, and response to sexual abuse.

Conclusion:

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.21 Evidence Protocol and Forensic Medical Examinations Materials, Interviews, Policies and Other Evidence Reviewed:

Investigator Training
Sexual Assault Brochures
PREA Investigation Checklist
MOU-Action Alliance Rape Crisis center
VADOC OP - 030.4, Special Investigations Unit
VADOC OP - 720.7, Emergency Medical Equipment and Care
VADOC OP - 038. 3 Prison Rape Elimination Act
VADOC OP- 730.2, Mental Health Services: Screening, Assessment and Classification
VADOC OP - 030.1, Evidence Collection and Preservation,
Virginia Forensic Nurse Examiner Programs
Forensic Nurse Examiner Contact List
Virginia Sexual and Domestic Action Alliance Contract(VSDAA)
MOU
Interviews

Standard 115.21 Evidence Protocol and Forensic Medical Examinations, stipulates that administrative and criminal investigations are completed for all allegations of sexual abuse/sexual harassment. Facility staff are trained in conducting sexual assault investigations in confined settings-prisons and during the Auditor review of training documents, it was confirmed that investigators received instruction in conducting sexual assault investigations. The VADOC conducts administrative and criminal investigations of sexual abuse and sexual harassment and allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Special Investigations Unit (SIU) for investigation.

Facility personnel are required to preserve any crime scene until the SIU Investigator arrives to collect or process physical evidence from the scene. Facility Investigators are trained using the "Crime Scene Management and Preservation" training modules and the facility provides documentation of the training. The training included material reference and sources from the U.S. Department of Justice's office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, PREA Audit Reporting, and Crime Scene Management/Preservation and NIC PREA Investigator training.

The Auditor reviewed the agency's MOU with the VSDAA and the MOU is applicable to multiple VADOC facilities and provides a toll-free Hotline (Statewide) for reporting sexual abuse or assault, to victims who desire an external method of reporting. They ensure confidentiality for all calls to the Statewide hotline as noted by the Action Alliance confidentiality and release information policies.

Conclusion:

The Auditor reviewed the VADOC policies, procedures, MOU, conducted interviews, and determined the facility exceeds the requirements of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.22 Policies to Ensure Referrals of Allegations for Investigations
Materials, Interviews, Policies and Other Evidence Reviewed:

OP 030.4 Special Investigations Unit
OP 038.3 Prison Rape Elimination Act
Code of Virginia 53.1-10
Agency Website
Interviews
Memo

VADOC policy is written in accordance with Standard 115.22 and requires that an investigation be completed for allegations of sexual abuse and harassment. The Warden is responsible for ensuring the information on allegations of inmate-on-inmate sexual abuse/sexual harassment, employee sexual abuse/sexual harassment, or employee overfamiliarity accusations, are entered into the VADOC database and promptly investigated. Policy also dictates that allegations are referred for a criminal investigation, if warranted.

Investigators track all sexual abuse and sexual harassment investigations for cases reported verbally, in writing, anonymously, or from third parties. The Warden will refer the allegation as soon as possible, but no later than one business day after the report was made. The facility will track the case to ensure all required steps of the investigation process are completed and documented timely. The information tracked includes the date of the allegation, name of the victim/perpetrator, RHU placement/reviews, initiate after-action review, full protocol, investigation outcome/date, date inmate notified of outcome, and retaliation monitoring review. Once the investigation is closed, the inmate is provided notification of the outcome.

The facility PM, supervisors and investigators work closely to ensure that allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an inmate alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will make the initial report. The supervisor will complete the PREA First Responder Checklist and complete the investigation packet, which will be forwarded to the PM for review. The investigator coordinates as needed with the PM to determine the course of action and the PC is notified. If a case appears to be prosecutable, the SIU will consult with the Commonwealth's Attorney on prosecutorial efforts.

Conclusion: The Auditor conducted interviews, and observed daily assignments. The Auditor determined the facility meets the provisions of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.31 Employee Training

Materials, Interviews, Policies and Other Evidence Reviewed:

Training and Staff Development Review
Initial Orientation
Staff Training Roster
Annual Inservice PREA Acknowledgment
VADOC OP - 102.6, Staff Orientation
VADOC OP - 350.2 Training and Development
PAQ
PREA Training Lesson Plans
Staff Training Records
Interviews

VADOC policy requires that facility employees, student assistants, unpaid student interns, and contractors are required to successfully complete service training in accordance with the requirements set forth in policy. In accordance with the PREA policy, employees are required to complete PREA training each year and conducted annually at the facility to aid in fulfillment of annual training requirements. The curriculum offered allows the employees to remain current on policies and procedures regarding sexual abuse and harassment. The training includes various courses and acknowledgment of course to fulfill the requirements of the standard.

The Auditor was provided copies of the facility's PREA curriculum, access to training rosters, employees certificates of completion, and verified training acknowledgement forms. The documents included topics referencing Zero Tolerance policy, definitions of sexual abuse and sexual harassment, staff duty to report third party allegations, staff neglect and misconduct, anonymous allegations, how to report and investigate allegations, supervision and monitoring, employee training, and limits to cross gender viewing. The training

materials that were provided for review adequately cover the dynamics of sexual abuse for inmates as required by the standard.

Conclusion: The Auditor determined the facility meets the requirements of this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.32 Volunteer and Contractor Training

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP 038.3, Prison Rape Elimination Act
VADOC Volunteer Services Curriculum
Training Records for Volunteers and Contractors
Volunteer Training Acknowledgement Forms
Contractor Packet
Volunteer Handbook
Medical Staff PREA Acknowledgement
PREA Training Documentation
PAQ
VADOC OP 350.2 Training and Development
VADOC OP 102.6 Staff Orientation
VADOC OP 027.1 Volunteer and Internship Programs
Interviews

The facility provides standardized training for all new employees, contractors, vendors, student interns, and volunteers who provide services at the facilities. Vendors who have contact with inmates will have direct continuous supervision by facility staff and are required to review the PREA training modules and provide a signature as an understanding of requirements set forth by the PREA standards.

Newly hired contractors and appointed volunteers are provided PREA training during their initial orientation before being allowed access to the facility and population. All volunteers and contractors who have contact with inmates, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and staff response to sexual abuse or sexual harassment. The Auditor reviewed the training curriculum, training rosters and random training files and verified contracted employees and volunteers have received the required PREA training.

The specialized training provided to volunteers and contractors teaches specific requirements for inclusion of a diverse population that include females, transgender, and intersex inmates. The facility ensures all training authorized is completed timely, documented accurately, and implemented accordingly. The facility has prepared an itemized training packet that is utilized for contractors and volunteers prior to assignments.

Interviews with contract staff verified they were provided training information relevant to respectful interactions with transgender inmates, physical boundaries, and overfamiliarity with inmates. Interviews with contractors verified they were aware of their responsibilities to report incidences of sexual abuse and sexual harassment, as well as how to respond as a first responder to preserve potential evidence and to whom to report. The facility's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures.

Conclusion: Based on the review of policies, training lesson plans, completion of training documentation, interviews and analysis, the facility has demonstrated compliance with all the provisions required and meets this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.33 Inmate Education

Materials, Interviews, Policies and Other Evidence Reviewed:

Training Curriculum

VADOC OP - 038.3 Prison Rape Elimination Act

Zero Tolerance Brochure

Inmate Handbook

VADOC OP 810.1 Inmate Management Programs-Inmate Reception Classification

Interviews

Inmate Orientation Verification Signature Form

Homeland Language line Services

PREA Education Pamphlets

Inmate PREA Handbook (English and Spanish)

PREA Posters (English and Spanish)

Inmate Training Records

VADOC policy is written in accordance with Standard 115.33 and states all inmates will receive comprehensive PREA education during intake and upon transfer from another facility within 30 days of arrival at the new facility. Upon 72 hours of arrival at a facility, an inmate will receive educational material on Sexual Abuse Zero tolerance, how to report, PREA Manager contact information, information for outside entity reporting, victim advocate services contact information, and emotional support services contact information. In accordance with

policy, inmates will receive orientation upon arrival at the facility and the PM will develop and maintain an orientation program for newly admitted inmates.

During intake processing, inmates receive comprehensive PREA information explaining the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates also receive information on how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in writing and thru video presentation. Topics covered during inmate education include Inmates' rights to be free from sexual abuse and sexual harassment, retaliation for reporting such incidents, available methods to report incidents, agency PREA policies, and procedures for reporting.

Interviews with the PM and inmates verified PREA training is provided during admissions to inmates by classification staff or other unit management staff. Staff also provide a brochure to inmates that cover the Zero-tolerance policy, definitions of sexual abuse- sexual harassment-retaliation, how to report sexual abuse, process required following a report, available services to victims, and sexual abuse avoidance. During the inmate initial intake processing, classification staff are required to create a file review to ensure that each PREA education session is verified and documented. If documentation is missing, the inmate is immediately scheduled for a remedial session at the facility. During the audit tour, the Auditor randomly sampled inmate files and requested that facility staff provide inmate transfer records to verify PREA education was provided in a timely manner. As part of the facility's intake and receptions procedures, each new inmate reception file is reviewed, and it is verified that the inmate has signed a receipt to document training.

The facility utilizes a dedicated phone line that contacts an outside vendor for interpretative services to assist in providing PREA information to disabled or LEP inmates. The facility maintains copies of PREA training materials, the PREA Resource Center's "An End to Silence", and all Agency PREA publications. The VADOC publishes written educational materials that include the PREA brochure, PREA posters, and Inmates Handbook in English and Spanish, and closed captioned PREA video for LEP, deaf, or hard of hearing population.

During a tour of the facility, "Zero Tolerance" posters were visible throughout the housing units, common areas of the facility, and medical. The Auditor observed the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility,

Conclusion:

The Auditor reviewed the facility's policies, procedures, inmate records, Inmate Handbook, Zero Tolerance Brochure, training outlines, interviewed staff and inmates to determine the facility meets the requirements of this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if

the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.34 Specialized Training: Investigations

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP -030.4 Special Investigative Unit

PAQ

VADOC Policy - 350.2 Training and Development

Training Curriculum

Investigations Matrix

Investigator Power Point Presentation

Training Records

Interviews with Investigators

VADOC policy is written in accordance with PREA standard 115.34 which states that investigations of sexual abuse or sexual harassment will be completed by employees who have received specialized investigator training as outlined in the policy. Investigations will be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment investigations portion of the PREA policy and PREA standards. The policy stipulates that facility investigators are required to receive specialized training to conduct sexual abuse investigations in confinement settings.

The facility maintains trained investigators who have completed the required PREA training and continue to further their knowledge critical institutional investigating practices. Specialized training includes, "Investigations in Confinement Settings", techniques for interviewing sexual abuse victims, Miranda and Garrity warnings, sexual abuse evidence collection, and prosecution evidence referral. The SIU Agents conduct all criminal investigations in addition to all administrative investigations where criminal charges could possibly be determined. The institution investigators and the SIU assigned have completed the National Institution of Corrections Training title "Conducting Sexual Abuse Investigations in a Confinement Setting" that certifies them to conduct investigations for alleged sexual abuse/harassment and certification certificates were on file. This training course fulfills the standard requirements to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act standards. Training includes the definition, history of PREA, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing, Miranda rights & Garrity rights, and managing false accusations. SIU Investigators are sworn law enforcement officers for the VADOC and have arresting authority. They consult with the Commonwealth Attorney's office to discuss sufficient evidence to prosecute a case and the VADOC requires all investigators to receive specialized training.

The evidentiary standard of preponderance of evidence is noted within the training referencing administrative investigations. The training provides guidance on the requirements and procedures during referral of potential PREA cases for criminal investigation and prosecution. The Auditor verified electronic documentation of investigator training in the employee's training file.

Conclusion: The Auditor concluded the facility has provided specialized training for investigators that include investigative techniques. The Auditor conducted a review of policies, training curriculum, training records, and conducted interviews with investigators to determine the facility meets the requirements of this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.35 Specialized Training: Medical and Mental Health
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP- 701.1 Health Service Administration
VADOC OP - 720.7 Emergency Medical Equipment and Care
Staff Orientation
Staff Training Roster
Training Curriculum
PAQ
Credentials for Health Service Staff
Medical In-service Training PREA Acknowledgement
Health Care and Mental Health Training
Interviews

VADOC policy requires that all staff members receive PREA training in accordance with Standard 115.31. The policy requires that part-time and full-time mental health and medical staff members receive additional specialized training. Student assistants, unpaid student interns, Agency employees, and contractual employees are required to successfully complete in-service training in accordance with the requirements set forth in policy.

Medical and Mental Health services are provided by VADOC employees at the facility. Interviews confirmed medical staff and mental health staff are required to complete Specialized Training for medical and mental health. They are required to provide completion certifications of the specialized training and attend "PREA Medical and Mental Care Standards" training which is developed by the National PREA Resource Center. The Behavior Health Administrator and the Mental Health Counselor deliver the training presentation annually to staff within the mental health department in addition to all new staff.

The Auditor verified each medical practitioner has been provided training regarding the requirements of this standard and the 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 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 or harassment.

The Auditor was informed by medical and mental health staff that they are required to report 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 in how to communicate with victims while treating or assessing the victim. Medical personnel at the facility do not conduct forensic examinations. Forensic examinations are performed by a SANE member at the Virginia Commonwealth University Medical Center.

Conclusion:

Based on the review of policies, training lesson plans, training records, and interviews, the facility has demonstrated compliance and meets all the provisions of this Standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.41 Screening for Risk of Victimization and Abusiveness
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP - 810.1 Inmate Reception and Classification
VADOC OP - 730.2 Screening, Assessment and Classification
VADOC OP - 810.2 Transferred Inmate Receiving and Orientation
VADOC OP - 861.1 Inmate Discipline-Institutions
Interviews
PAQ
HRSA/HRSV
Intake Screening Instrument
Medical Referrals 14-Day
Risk Assessment
30 Day Review Documentation

VADOC policy states that a transferred inmate will receive an initial screening within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the inmate's risk of sexual victimization. Staff will complete the PREA risk assessments in accordance with the standard.

The PREA standard states that all inmates should be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. Risk assessment tools are utilized to determine an inmate's risk, and the assessment is completed using information contained in the inmate's file, VaCORIS database, and inmate interview. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Inmates being assessed during the intake process and interviewed will not be disciplined for refusing to answer any interview questions.

Staff interviewed by the Auditor explained the initial intake risk screening process for inmates during their arrival at the facility. Interviews with staff verified that within 72 hours of admission, inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior. If necessary, staff will submit a medical referral. During interviews with inmates, they stated they were asked PREA related questions during intake orientation.

Interviews with inmates confirmed that they were screened within 72 hours of their intake and review of random inmates' files supports initial screening within 48 hours, psychological screening, and reassessment within 30 days from the date of arrival. An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information of an inmate's risk of sexual victimization or abusiveness. The PM stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member, medical request, or incident of sexual assault.

During the initial assessment screening, staff perception of the inmate is documented, and the inmates are asked about their sexual orientation. Staff meet with inmates to conduct the reassessment, and inmates are not disciplined for refusing to answer, or not disclosing complete information in response to questions. Any refusal by the inmates is documented in accordance with policies.

The Auditors interviewed classification staff who completed the screenings, and they stated the risk screening is completed within 48 hours and 14-day medical referrals are made if required. The Auditor reviewed inmate files, intake records, and risk screenings to confirm screenings within 72 hours of intake were documented. The staff responsible for risk screening confirmed that 30-day reassessments are being completed prior to the 30-day requirement.

Conclusion: The Auditor conducted a thorough review of policies, procedures, inmate records, made observations, interviewed staff and inmates, to determine the facility meets the requirements of this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to

a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.42 Use of Screening Information

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC Policy - 038.3 Prison Rape Elimination Act
 VADOC Policy - 425.4 Management of Bed and Cell Assignment
 VADOC Policy - 810.2 Transferred Inmate Receiving and Orientation
 VADOC Policy - 841.2 Inmate Work Programs
 VADOC Policy - 810.1 Inmate Reception and Classification
 VADOC Policy - 830.5 Transfers, Institution Reassignments
 HRSV/HRSA Rosters
 Inmate Records
 PAQ
 VADOC OP -920.4 Interstate Transfer of Supervision
 Inmate Housing Assignments
 Classification Procedure-Inmate Job Assignments
 Transgender Advisory Group

VADOC policies requires that the facility will consider housing for transgender or intersex inmates on a case-by-case basis to ensure the inmate is safe and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their safety will be given serious consideration. The directive stipulates that LGBTIO inmates will not be placed in a dedicated facility, unit, or wing solely based on such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates.

The Auditor reviewed inmate classification records and found there were no inmates who identified in the LGBTIO population. The Auditor observed that classification staff utilize information obtained from the risk screening to assign facility housing, bed, and work assignments and ensure vulnerable inmates are protected. The counselor ensures information is entered in the VaCORIS system, so inmates identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers. The Auditor verified that counselors conduct a risk screening of inmates during the intake process and consider an inmate's own perceptions of their safety before making classification decisions and the screening tool includes sections for the counselor to document his/her own perceptions of the inmate. The Auditor reviewed the facility's High Risk of Sexual Victimization and High Risk of Sexual Abusiveness (HRSV/HRSA) Log which confirmed the facility would separate those identified as HRSA from those

identified as HRSV through normal housing assignments and documented in the VACORIS electronic record.

The Auditor toured housing units in the facility and observed shower and restroom areas which have a partition that blocks view into the shower area. Inmates can shower, change clothes, and use the restroom without staff of the opposite gender seeing them fully naked. The facility did not house any transgender or intersex inmates during the audit cycle and at the time of the audit, the facility was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex inmates.

Conclusion:

The Auditor conducted a thorough review of policies, procedures, inmate records, made observations, interviewed staff and inmates. The Auditor determined the facility meets the requirements of this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.43 Protective Custody

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP - 425.4 Management of Bed and Cell Assignments
VADOC OP - 810.1 Inmate Recreation and Classification
VADOC OP - 830.5 Transfers, Institutional Reassignments
VADOC OP - 810.2, Transferred Inmate Receiving an Orientation
Sexual Abuse/Sexual Harassment Available Alternatives Assessment
HRSA/HRSV Report
Interviews
Screening for Risk and Abusiveness
Inmate Housing Assignments

VADOC policy states that inmates at high risk for sexual victimization or who are alleged to have suffered sexual abuse will not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete, and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the inmate may be held in temporary segregation for up to 24 hours while the review is completed. If no less restrictive means of separation from the abuser or likely abusers exist, the inmate will be assigned to temporary segregation for a period not to ordinarily exceed thirty calendar days.

The facility uses the VaCORIS electronic tracking system to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. The facility takes adequate measures to ensure individualized inmate safety needs are considered when making any inmate assignments. The facility reported that there were no instances of inmates being placed into involuntary segregation for risk of victimization. The Warden stated that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. Such placement is limited to a brief period which would be less than 24 hours and until the inmate can be reviewed by classification staff for appropriate housing within the facility or transfer to a different correctional facility.

Staff at the facility are trained on the VADOC PREA policies and their responsibilities regarding this standard. Staff stated that an inmate identified as high risk would be moved to another housing location and not placed in segregation unless it was a temporary placement to keep the inmate safe until the investigation was complete, or if the inmate requested protective custody. The PREA manager verified there had been no HRSV inmates at the facility during the past 12 months and provided supporting documentation.

Conclusion:

The Auditor reviewed policies, procedures, Sexual Abuse/Sexual Harassment available alternatives, Risk assessment forms, made observations, interviewed staff and inmates. Based on the reviews, the facility has demonstrated compliance with the provisions and meets this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

115.51 Inmate Reporting

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC Policy - 038.1, Prison Rape Elimination Act

VADOC Policy - 801.6 Inmate and CCAP

VADOC Policy-803.3 Inmate Hotline

VADOC Policy - 866.1 Inmate Grievance Procedure

Inmate Handbook

Zero Tolerance Brochure

Virginia Sexual and Domestic Violence Action Alliance Contract

Interviews

Inmate Orientation Handbook

PREA Signage

Grievance Form

PREA standard 115.51 states facilities must provide multiple avenues for inmates to privately report sexual abuse and sexual harassment, retaliation for reporting sexual abuse and sexual harassment, and if there is staff neglect or violation of responsibilities. The directive designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse.

VADOC PREA policy states that inmates may anonymously report sexual abuse, sexual harassment, retaliation by other inmates or staff, and staff neglect or dereliction of duty that may have contributed to such incidents. Inmates can file claims through verbal and/or written reports to any staff member, organization, or via third parties. The inmate grievance form is one way in which inmates can privately report sexual abuse and sexual harassment, retaliation by other inmates, retaliation from staff, and staff neglect. Inmates are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject of their allegation. Grievances regarding sexual abuse or sexual harassment will not be referred to the staff member who is the subject of the grievance and the inmate will not be charged for filing a grievance regarding sexual abuse or sexual harassment unless it is determined that it was filed in bad faith.

Staff will promptly document and forward to designated supervisory staff for investigation when receiving any report of sexual abuse or sexual harassment, regardless of the source. Staff interviewed were aware of their obligations to accept and forward all reports from inmates and were aware of the responsibilities documenting each written report. Staff may confidentially report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or directly to their warden. Staff can also report sexual abuse or harassment through the VADOC website(<https://vadoc.virginia.gov>), and staff members are informed of these reporting avenues during annual institutional PREA training.

Staff stated during interviews that they are aware they can contact any facility executive level employee, PREA manager, or PREA coordinator, to report sexual abuse or harassment of inmates. Third party reporting posters and the employee handbook provides information to employees of their responsibility to report sexual abuse or sexual harassment. Staff are provided information referencing the PREA hotline number and website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and harassment.

During interviews with inmates, they stated they could tell any of the staff if they had a PREA issue. Inmates expressed that they felt safe and knew of the PREA safety postings on the bulletin boards in the housing units, dining hall, and other shared areas. The facility provides inmates a third-party line for a Victim Advocate to report any abuse or harassment and they can write to the Virginia Department of Corrections. Inmates at the facility are not detained solely for civil immigration purposes.

Conclusion: The Auditor reviewed the agency's policies, procedures, Inmate Handbook, grievances, investigative records, and conducted interviews with staff and inmates to determine the facility meets the requirements of this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.52 Exhaustion of Administrative Remedies
Materials, Interviews, Policies and Other Evidence Reviewed:

Inmate Handbook
Inmate Rules and Regulations Handbook
Orientation Manual
VADOC OP 866.1 Inmate Grievance Process
VADOCOP 038.3 Prison Rape Elimination Act
Observations

VADOC policy states that the facility has a grievance procedure in place for addressing inmate grievances regarding sexual abuse. The directive states that inmates are not required to use an informal grievance process to resolve an alleged incident of sexual abuse and are not required to submit a grievance to a staff member who is the subject of a complaint. The inmate can submit a grievance form and all PREA related reports are immediately processed and referred.

The inmate administrative remedies procedure provides a way for inmates to obtain a formal disposition of an issue or a problem from the Warden or officials above that level. A summary of the inmate administrative remedies procedure explaining how to use it is included in the inmate handbook and the facility has assigned a staff member to function as an advocate during these proceedings. Facility staff understood the procedures for submitting emergency grievances alleging the risk of imminent sexual abuse and supervisors were aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse.

The PREA supplement in the inmate handbook states that inmates will not be required to use an informal grievance process, or to attempt to resolve with staff, referencing an alleged incident of sexual abuse and the supplement informs inmates on how to report allegations of sexual abuse. The inmate grievance standard states that a time limit will not be imposed as to when an inmate may submit a grievance regarding an allegation of sexual abuse and third parties, fellow inmates, staff members, family members, attorneys, and advocates, will be permitted to assist inmates in filing requests for administrative remedies relating to an allegation of sexual abuse. The above-mentioned will also be permitted to file these requests on behalf of inmates and a final decision will be made on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

Conclusions: Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the provisions of the standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.53 Inmate Access to Outside Confidential Support
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC Policy - 038.3 Prison Rape Elimination Act
Zero Tolerance Brochure
Virginia Sexual and Domestic Violence Action Alliance MOU
Inmate Orientation Handbook
Staff Interviews
Inmate Interviews

VADOC policy states that facilities will provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility has established a MOU with VSDAA Rape Crisis Center for their affiliated services. DCWC1 also provides information for inmates to notify

the VADOC by mail for support services. The Auditor determined the agency and facility work collaboratively to establish relationships with outside support services.

The facility provides availability of PREA resources on inmate bulletin boards located in the housing units and adjoining common areas. Inmates are made aware of the extent external communications are monitored, and which lines of communication are not monitored for confidential purposes. Signs posted in the inmate housing units include advisories that the calls may be anonymous and will not be monitored.

Agency policy requires that inmates and staff be allowed to report sexual abuse or harassment confidentially and that medical and mental health personnel inform inmates of their limits of confidentiality. Interviews with medical and mental health staff confirmed staff are aware of their obligations to inform the inmates of the limits of confidentiality. There were posters located throughout the medical and mental health areas with PREA contact information provided. Inmates are informed of the services during the initial intake process and the facility provides inmates written information regarding confidential PREA support services in the PREA brochure received during orientation.

Conclusion: Based on policy review, interviews, and correspondence review, the facility meets the requirements of this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.54 Third-Party Reporting

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC Policy - 038.3 Prison Elimination Act

VADOC Website

Third-party Reporting Form

VADOC OP 866.1 Inmate Grievance Procedure

Inmate Handbook

Facility PREA Signage

Interviews

VADOC website provides avenues that meet the requirements of PREA standard 115.54, and the inmate handbook provides third party contact information. The Auditor reviewed the VADOC policy which state that inmates may report allegations of conduct prohibited and retaliation can be reported verbally or in writing to any facility staff member, the Sexual Abuse Hotline, PREA numbers, or third-party avenues. The website, signage, and inmate handbook, provide inmates with contact information for reporting any PREA violations.

The website and facility PREA signage assist third parties in reporting allegations of sexual abuse/sexual harassment. Inmates interviewed by the Auditor stated they were aware of Third-party reporting methods and would probably feel more comfortable reporting an incident of sexual abuse to someone outside the facility. Third parties can also use the VADOC website(PREAGrievance@vadoc.virginia.gov.) to report PREA allegations electronically on behalf of inmates. The facility also responded positively in the questionnaire that the agency publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. Policies were reviewed that confirmed that third parties, inmates, staff members, family members, attorneys, and outside advocates will be permitted to assist in reporting on an inmate's behalf. The agency website states that all allegations of sexual abuse should be reported and will be investigated. Third parties can report by contacting the facility PREA Sexual Abuse Hotline or through written correspondence.

Conclusion: The Auditor reviewed materials, policies, and made observations during the facility tour and determined the facility meets requirements for the standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.61 Staff and Agency Reporting Duties

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP 038.1 Reporting Serious or Unusual Incidents

VADOC OP 038.3 Prison Rape Elimination Act

VADOC OP 720.2 Medical Screenings, Classification, and Levels of Care

VADOC OP 801.6 Inmate Services

Training Curriculum

Training Records

Interviews

Standard 115.61 requires confidentiality of all information relevant to sexual abuse or harassment beyond what is required to be shared as a part of the report, treatment, or investigation. VADOC directives state that reasonable steps will be taken to ensure the confidentiality of information obtained during the inmate initial risk assessment process. The policy also states that individuals interviewed as part of a PREA investigation should specifically be warned not to discuss the investigation with others and staff that intentionally compromise this confidentiality will be subject to discipline in accordance with the Employee Discipline policy. This does not prevent staff from discussing such matters with their attorneys or in accordance with directive.

Facility policy requires that staff report sexual abuse and sexual harassment immediately to a supervisor or other staff member of a higher rank. Once the abuse is reported, staff are instructed and required not to discuss the situation or allegation with anyone else unless those staff are investigating, making security decisions, or providing services to the inmate victim. During interviews with staff, the Auditor determined staff understood their responsibility to report any suspicions they have regarding sexual abuse or sexual harassment of an inmate.

The Auditor reviewed agency training curriculum for staff, volunteers, and contractors which included training on reporting of sexual abuse and sexual harassment allegations. Staff members are required to read the agency's policy and sign receipt of attendance on an annual basis. The Auditor verified staff, contractors, and volunteers received training and reviewed the policy on how to report serious or unusual information related to PREA allegations. Staff understand the need to keep information limited to only those that need to know, to preserve the integrity of the investigation. Staff interviewed stated that details related to either inmate allegations or staff allegations should remain confidential, and they would only discuss details with supervisors and investigators.

VADOC policy requires that medical and mental health personnel inform inmates of staff mandatory reporting requirements and staff limit of confidentiality to victims of sexual abuse and to report any knowledge of sexual abuse within an institutional setting. Medical staff are required to disclose to inmates their duties to report. Medical and mental health providers were able to discuss the limits to confidentiality and how they provide that information to inmates during a medical appointment.

Conclusion: The Auditor determined the facility meets the provisions of the standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.62 Agency Protection Duties

Materials, Interviews, Policies and Other Evidence Reviewed:

Operating Procedure 038.1 Reporting Serious or Unusual Incidents
Operating Procedure 830.6 Inmate Keep Separate Management
Operating Procedure 730.2 Mental Health Services: Screening, Assessment and Classification
Interviews
Incident Review
Specialized Medical training
Facility Response to Sexual Assault Checklist
PAQ

VADOC policy is written in compliance with Standard 115.62 which requires that whenever there is a report of an incident of sexual abuse or harassment, the victim should be immediately protected. The Auditor reviewed the facility policy which stated that when an inmate is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility will take immediate action to protect the inmate by ensuring no contact between the alleged abuser and the alleged victim. Such actions can include housing changes, work assignment, temporary segregation, reassignment, and transfers.

Staff interviewed by the Auditor were able to articulate requirements regarding what immediate actions were required if staff learned an inmate was at imminent risk of sexual abuse. Supervisory staff were knowledgeable of the options they have available to protect inmates which included relocating the inmate to a different housing unit at the assigned facility or transferring the inmate to another facility.

Each decision on reassignments would be determined on a case-by-case basis analysis. The Warden is required to review the proposed actions within 48 hours to ensure appropriate measures have been taken to protect potential victims.

PREA directives require medical and mental health staff to immediately contact the Warden and recommend housing interventions or other immediate action to protect an inmate when it is determined the inmate is subject to a substantial risk. If medical staff determine during an assessment that an inmate is at risk of imminent sexual abuse or is considered at risk sexual victimization, they will collaborate closely with the Warden and classification staff to provide alternative housing placement.

Conclusion: The Auditor reviewed policies, procedures, investigative records, conducted interviews and determined the facility meets the requirements of this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.63 Reporting to Other Confinement Facilities

Materials, Interviews, Policies and Other Evidence Reviewed:

Operating Procedure 030.4 Special Investigative Unit
Operating Procedure 038.3 Prison Rape Elimination Act
Interviews
Screening Instrument
Inmate Notification
Warden Memo
Facility Response to Sexual Assault Checklist
Memos

VADOC policy states that when a PREA allegation is received by any location other than a correctional facility, it will be reported using contact information located on the Agency website. This includes any allegation received regarding sexual abuse and sexual harassment at a jail, State correctional facility, Federal prison, or a juvenile detention facility and any documents related to the allegation must be made available to the PREA manager for review. The facility policy mandates that when receiving an allegation that an inmate was sexually abused while confined at another facility, the incident will be reported to the PREA Mgr. The Warden will notify the agency or facility department head where the abuse is alleged to have occurred within 72 hours of receiving the allegation. The PM will maintain documentation of the notification and include all actions taken regarding the incident and copies of this documentation will be forwarded to the PREA coordinator.

The Auditor conducted interviews with facility staff concerning actions they would take if an inmate alleges sexual abuse while confined at another facility. Staff stated they would immediately report the allegation to their supervisor and submit an incident report including the details of the allegation as reported to them by the inmate. The Warden and PM stated that if they receive such a notice, they will immediately report the allegation to the Warden of the transfer facility and document. The Warden stated that if an inmate alleges sexual abuse at another facility, they will place a telephone call followed by an email to the Warden at the facility of the allegation to complete the notification process and would investigate immediately.

Conclusion: Compliance with this standard was verified by reviewing policies, interviews with investigators, PREA compliance manager, and Warden. The Auditor determined that the facility meets the requirements of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.64 Staff First Responder Duties

Materials, Interviews, Policies and Other Evidence Reviewed:

OP 030.4 Special Investigative Unit
 OP 038.3 Prison Rape Elimination Act
 OP 075.1 Emergency Operations Plan
 First Responder Duties

VADOC policy requires that if the first responder to an allegation of sexual abuse or sexual harassment is not a correctional staff member, they will immediately notify a correctional staff member. The Auditor conducted interviews with non-security personnel and asked what actions they would take following an alleged sexual abuse if reported to them. Staff stated they would ensure the victim remains with them and immediately inform an officer or supervisor and would also request the victim not take action to destroy evidence.

The facility maintains compliance with this standard with specialized training and appropriate documentation protocol, and they use various training materials to keep staff adequately trained to respond to sexual abuse incidents. The Auditor conducted interviews with supervisory staff to determine what their role would be following a report of sexual assault. The supervisors stated that they would ensure the alleged victim and alleged abuser were removed from the area where the incident occurred and kept separated in the facility. The area of the incident would be secured, and no one would be allowed to enter the area and disturb the evidence. The alleged victim would be taken to medical for treatment of any emergency needs and if needed, transported to the local hospital or clinic for a forensic exam.

Staff who were first responders stated during interviews with the Auditor that they were aware of their responsibility regarding their duties if the first on a scene. Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met and would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the Auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse and the victim would be transported off-site for a forensic exam.

The Auditor reviewed the facility's training records for verification that sexual abuse training had been conducted, and training was documented. The training records of staff, contractors, and volunteers verified they had received training to appropriately respond to incidents of sexual abuse. The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed as part of this onsite audit visit were well versed in their responsibilities as a first responder to an allegation of sexual abuse or sexual harassment.

Conclusion: The Auditor reviewed policies, procedures, coordinated response plan, interviewed staff, and determined the facility exceeds the requirements of this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.65 Coordinated Response

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP 075.1 Emergency Operations Plan
Sexual Assault Response Check List
Coordinated Response Plan
VADOC OP 038.3 Prison Rape Elimination Act
Interviews

Standard 115.65 requires each facility to develop a written plan to coordinate actions taken in response to an incident of sexual abuse. VADOC has developed its own operating procedures for the coordinated response plan. Facility policy describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisors, investigative staff, and facility leadership. A Sexual Assault first responder checklist has been created which supplements the facility operating procedures and outlines staff duties in response to a sexual assault incident. Policy states each correctional facility will include in their operating procedures the institutional plan to coordinate actions taken in response to an allegation of sexual abuse.

The plan includes:

- * Staff, Volunteer, and Contractor Responsibilities
- * First Responder (Security/Non-Security)
- * Shift Supervisor Responsibilities
- * Medical Response
- * Investigator
- * Mental Health
- * PREA Compliance Manager
- * Administrative Response

The Auditor conducted interviews with staff listed in the facility's coordinated response plan and staff were knowledgeable regarding their specific duties. The Auditor determined the facility has prepared staff to take appropriate actions in response to inmate sexual abuse. The Auditor interviewed the Warden, investigator,

medical staff, mental health staff, and PM, regarding the initiation of the coordinated response in the case of an allegation of sexual abuse or harassment.

Staff understood their responsibilities and stated that investigations are completed in a timely manner. They stated that cases may be referred to for criminal investigation or investigated administratively. Staff stated that monitoring for retaliation is conducted, and a case outcome notice is provided to the inmate victim once a determination is made. The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and has appropriately trained their personnel to follow the plan.

Conclusion: The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained their personnel to follow the plan. Based on a review of the facility's policies, procedures, coordinated response plan, training records, and interviews with staff, the Auditor determined that facility meets the requirements of this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.66 Preservation of Ability to Protect Inmates from Contact with Abusers
Materials, Interviews, Policies and Other Evidence Reviewed:

Virginia Code: 40.1.57.2
Memorandums
Interviews

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.

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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There were no allegations of sexual abuse against a staff member alleged during the previous 12 months. Interviews with staff reveal they do not participate with or are members of any organization or agency responsible for collective bargaining on their behalf.

Conclusion:

The Auditor concluded the VADOC has not entered into any collective bargaining agreement that would restrict its ability to remove staff sexual abusers from contact with inmates. The Auditor determined the facility meets the requirements of this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.67 Agency Protection Against Retaliation

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP 038.3 Prison Rape Elimination Act

VADOC OP 135.2 Rules of Conduct Governing Employee Relationships with Inmates and Probationers/Parolees

PAQ

Retaliation Monitoring

Interviews

VADOC policies are written in accordance with PREA standard 115.67 and states retaliation by or against any party, staff, or inmate, who participates in a complaint or report of sexual abuse or sexual harassment, will be prohibited. Facility directives state both staff and inmates who cooperate with sexual abuse and sexual harassment investigations will be protected from retaliation from staff and inmates. The facility designates a supervisory staff member other than the direct supervisor, to monitor the incident. The staff member assigned will monitor retaliatory performance reviews, reassignments, and other retaliatory actions that may be questionable disciplinary actions or performance based. The facility has protection and reporting measures to outline the protection available and require the prompt remediation of any type of retaliation.

Any use of involuntary segregated housing for the inmate who is alleged to suffer sexual abuse will only be used after an assessment deems necessary. Staff interviews verified the PM monitors staff and inmates' retaliation beginning at 15 days and for up to 90 days. If warranted, retaliation monitoring may be continued beyond 90 days. If a staff member engaged in an inmate abuse, the staff member would be separated from the inmate and could receive disciplinary action commensurate with the type of behavior taken. If an inmate retaliates against another inmate, the inmates would be kept separate from one another. Other options to protect against retaliation may include protective custody, housing reassignments, or transfer to another facility.

Supervisory staff will also monitor disciplinary sanctions, housing, or program changes, and conduct periodic status checks for inmates who report or have reported alleged victimization. Retaliation will be

grounds for disciplinary action and will be investigated. Any individual who cooperates with an investigation expresses a fear of retaliation, the facility will take measures to protect that individual against retaliation, including ninety-calendar day retaliation monitoring. Retaliation monitoring will cease if an allegation is unfounded. Administrative staff have the authority to move inmates within the facility or to request transfers to other facilities to ensure inmates are not retaliated against. Inmates are not held in the special management housing unless requested by the inmate and the Auditor verified the facility has multiple housing units where inmates can be placed.

Conclusion: Staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. The Auditor reviewed documents and determined the facility is compliant with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.68 Post-Allegation Post Custody

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP-038.3 Prison Rape Elimination Act

VADOC OP-425.4 Management of Bed and Cell Assignments

VADOC OP-830.5 Transfers, Facility Reassignments
(PAQ)

Sexual Abuse/Sexual Harassment Available Alternatives Assessment

Housing Records

Interviews

Risk Screening Memos

VADOC policy is written in accordance with Standard 115.68 and requires the use of segregated housing to be subjected to the requirements of PREA standard 115.43. Policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from abusers.

The Auditor determined during document review, that inmates have not been placed in involuntary segregation due to risk of victimization at the facility in the 12 months preceding this audit. The facility PM noted the facility did not place any inmate in protective housing due to being at high risk for sexual victimization during the past 12 months and will not use protective housing as a protective measure for a victim at high risk of sexual victimization unless requested by the inmate. Interviews with supervisory staff confirmed their knowledge of their responsibility to appropriately adhere to the standard after a victim's allegation of abuse.

There were no instances where protective custody was used at this facility and none of the inmates interviewed by the Auditor had been placed in restrictive housing for their protection from sexual abuse.

Conclusion: The Auditor reviewed policy, interviewed supervisory staff, documentation, and made observations. The Auditor determined the facility meets this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.71 Criminal and Administrative Agency Investigations
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP- 030.4 Special Investigative Unit
VADOC OP- 038.3 Prison Rape Elimination Act
OP 038.1 Reporting Serious or Unusual Incidents
Memos
Training Requirements
SIU Specialized Training
Investigator Certifications
Virginia Investigation Specialized Training

VADOC policies are written in accordance with PREA Standard 115.71 and states that all investigations into allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly, and objectively to include third party and anonymous reports. Policy states that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it will be investigated.

Staff will ensure all allegations are referred to the SIU in accordance with policy and the facility's administrative investigation protocol. Referrals to SIU will be documented in the facility's investigative report, PREA investigation, and VaCORIS database. The Warden will refer the allegation no later than 72 hours after the report was made to the PREA manager and create an entry for each alleged incident. Facility policy requires that all reports, regardless of their source of origination, be referred for investigation and if criminal in nature, referred to the SIU.

It is the responsibility of the facility PM, with the assistance of the facility investigators to gather and preserve circumstantial evidence, including any physical evidence, and DNA evidence. Investigators will interview alleged victims, perpetrators, witnesses, and review prior reports of sexual abuse involving the parties involved. A facility investigator acknowledged that investigations are required to be initiated within 72 hours of being reported and facility practice is less than 24 hours. All reports of sexual abuse and sexual harassment, including anonymous or third-party reports, are investigated in the same manner as those allegations that have been directly reported by an alleged victim.

Facility policy requires administrative investigations including efforts to determine whether staff actions or failure to act contributed to sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, credibility assessments, and investigative facts or findings. Credibility assessments are conducted as part of the investigative process by the institutional investigators and the assessments are conducted on all parties involved. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus an additional time in accordance with VADOC directives. Policy prohibits the termination of an investigation if an inmate is released, or a staff member is terminated or resigns. All inmate interviews are video/audio recorded, and electronic data is securely maintained with investigative files locked in an area with limited access.

Conclusion: The review of policies, interview with facility investigators and Warden. The Auditor confirmed the facility meets requirements for this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.72 Evidentiary Standard for Administrative Investigations
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC Policy - 135.2 Rules of Conduct Governing Employee Relationships with Inmates

VADOC Policy - 861.1 Inmate Discipline

VADOC OP- 038.3 Prison Rape Elimination Act

Interviews

PAQ

Investigators' Certifications

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

Investigator training programs provide in-depth clarification of this standard. A review of training curricula and certifications revealed Investigators are trained in using a preponderance to support their determination of the outcome and the Auditor was able to determine that Investigators understand preponderance as the basis for determining investigative outcomes.

The Auditor conducted interviews with investigators that verified the agency's VADOC Policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. During the interviews with staff, they were able to discuss this level of evidence for PREA cases.

Conclusion:

The Auditor reviewed the facility's policies, procedures, and interviewed facility Investigators and determined the facility meets the requirements of this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.73 Reporting to Inmates

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP- 030.4 Special Investigative Unit
VADOC OP - 038.3 Prison Rape Elimination Act
Interviews
PAQ

The VADOC policy is written in accordance with Standard 115.73 which requires that an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy states that following an investigation of an allegation that an inmate suffered sexual abuse in a facility, the facility Warden will ensure the victim is notified in writing as to whether the allegation has been Substantiated, Unsubstantiated/Insufficient Evidence, or Unfounded. Policy states that following an investigation of sexual abuse of an inmate, the inmate will be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The facility is responsible for preparing a Closing Letter and presenting it to the alleged victim for their signature. The inmate receives a copy of the form, and a copy is forwarded to the PREA coordinator.

Following an allegation that a staff member committed sexual abuse against an inmate, the facility conducting the investigation will inform the inmate of their determination and such notifications will be documented. If notification is unable to be provided, the attempts will be documented as well as the rationale for the inability to notify, and a copy of the form will be maintained for the PREA audit. The facility's obligation to provide notification will terminate if the inmate is paroled, discharged from his/her sentence, is vacated, or pardoned. Inmates are notified regarding Investigative findings, Sufficient Evidence Findings-Staff Suspect Disciplinary action, removal from housing unit assignment, change of work venue, indicted on a charge related to the allegation, or convicted on a charge related to the allegation.

Conclusion: The Auditor interviewed the PM, administrative staff and investigator. The facility meets compliance with the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.76 Disciplinary Sanctions for Staff

Materials, Interviews, Policies and Other Evidence Reviewed:

Training Records

VADOC OP-135.1 Standards of Conduct

VADOC OP -135.2 Rules of Conduct Governing Employee Relationships with Inmates

Interviews

PAQ

VADOC policy was reviewed and is following the requirements of Standard 115.76. Staff found guilty of violations are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policy. The policy requires that staff found responsible for sexual abuse of an inmate should be terminated from employment. Employees who are found to have violated facility policy related to sexual abuse and harassment, but not actually engaging in sexual abuse will be disciplined in a manner commensurate with nature and circumstances of the acts.

Policy state that termination is the presumptive disciplinary action for staff who engage in sexual abuse. Violations of sexual abuse and sexual harassment policy, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts to include previous discipline history. Termination is the presumptive action for those employees that are found to have a substantiated case of sexual abuse against them and these cases will be referred for criminal investigation and will be reported to any relevant licensing bodies Statewide PREA Coordinator. Additionally, disciplinary sanctions will take into consideration the staff member's disciplinary history, sanctions imposed for similar offenses by other staff, and the nature of the acts committed.

The Auditor interviewed the Warden regarding the facility's disciplinary policy for staff. The Warden stated if a staff member is terminated for violating the facility's sexual assault and harassment policy, the case would be referred for criminal prosecution if criminal in nature. The facility investigator and PM stated that if an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, the resignation does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

The Auditor reviewed the facility's policy which included a provision to notify law enforcement agencies of criminal violations of sexual abuse and require the PC notify relevant licensing bodies. The Auditor discussed the requirement for the facility to notify law enforcement and relevant licensing bodies with facility executive staff who were clear on the requirement following a criminal act of sexual abuse. The Auditor determined the facility has appropriate policies and practices in place, which ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies.

Conclusion: Interviews with the Warden, Investigator, and PM, support all allegations against staff for sexual abuse, sexual harassment, retaliation, or neglect, are investigated and disciplinary actions sanctioned. The Auditor determined the facility meets compliance with the standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.77 Corrective Action for Contractors and Volunteers
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP - 027.1 Volunteer and Internship Programs
VADOC OP - 135.2 Rules of Conduct Governing Employees Relationships with Inmates
Volunteer and Contractor Training Records
Staff Rosters
Interviews

VADOC policy hold both contractors and volunteers to the same standards as employees directly hired by the facility when disciplinary action for engaging in sexual abuse and sexual harassment is conducted. Therefore, any contractor or volunteer engaging in these behaviors would be terminated or prohibited from entering a VADOC facility. Facility policy contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any violation of PREA sexual abuse and

sexual harassment policies. Conduct of this nature by volunteers or contractors requires reports to law enforcement and relevant licensing bodies and made include criminal charges.

Contractual Employees' allegations of employee misconduct must be documented, and an appropriate investigation conducted. The contracting agency may perform a separate investigation and remove the employee from their position. Whether a contractual employee should remain at a particular facility will be determined by the Warden at that facility and will vary depending on the severity of the alleged misconduct. Once an investigation is initiated involving a contractual employee, the contract monitor will be notified. Contractual employees who are the subject of the investigation will be permitted to have a representation during the investigative interview. The investigator must advise the employee of this and arrange a date and time for the meeting that does not delay the investigation. The contractual employee is responsible for obtaining their representative and that person cannot be a VADOC employee.

An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from inmate contact or the facility depending on substantiation of the allegations. Contractors and volunteers found guilty of violating sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff could be terminated by the contract employer and if the conduct is criminal in nature, it will be referred to SIU for investigation.

Conclusion: The Auditor reviewed documentation, policy, interviewed staff, and determined the facility meets the provisions of the standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.78 Disciplinary Sanctions for Inmates

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP - 861.1 Inmate Discipline
VADOC OP - 820.2 Inmate Reentry Planning
VADOC OP - 830.3 Good Time Awards
VADOC OP - 038.3 Prison Rape Elimination Act
Inmate Records
Interviews
Inmate Handbook

The VADOC has zero tolerance for inmate-on-inmate sexual harassment, assault, or abuse. Operating Procedure 038.3 states that consensual sexual activity among inmates is prohibited and if an inmate is found to have engaged in sexual activity, the inmate will be subject to disciplinary action. If

an inmate reports sexual abuse and the report is made in good faith, based upon a reasonable belief that the alleged conduct occurred, they will not be charged for reporting if it is determined to be Unfounded. If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.

The facility reported there were no inmates disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months. The Auditor reviewed the records of inmates and did not discover any evidence an inmate had been disciplined for making an allegation of sexual abuse. Prior to placing disciplinary charges against an inmate for filing an allegation made in bad faith, the facility is required to submit the information for review. There is consideration by staff for mental disabilities and mental illness when considering the appropriate type of sanction to be imposed. Agency policy directs facilities offering relevant treatment programs address the underlying reasons or motivations for abuse and consider placing inmates in relevant programs.

Conclusion:

The Auditor reviewed the facility's policies, procedures, inmate records, interviewed staff and inmates and determined the facility meets the requirements of this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.81 Medical and Mental Health Screenings: History of Sexual Abuse
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP-730.2 Mental Health Services: Screening, Assessment and Classification
VADOC OP-425.4 Management of Bed and Cell Assignments
VADOC OP-701.3 Health Records
Behavioral Health Referrals
Inmate Risk Assessment
Inmate Records
HRSV/HRSA
Mental Health Appraisals
Interviews

VADOC policy states that if a PREA risk assessment or review indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure the inmate is referred for a follow-up meeting with a medical or mental health practitioner within

fourteen calendar days of the intake screening. HRSA/HRSV inmates identified as having a history of physical or sexual abuse, or who pose a reasonable concern that they may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities, will be referred. DCWC1 policy states that all inmates will have access to health services as described in this policy, regardless of custody level or security classification and inmate whose health care needs cannot be met at the facility where they are housed will be transferred to a facility where those needs can be met. An intake screening for the history of sexual abuse is to be completed by staff as part of the initial intake screening process and medical staff will be made available to provide mental health services. Inmates in need of mental health services will be identified in a timely manner, have reasonable access to care, and are afforded continuity of care, including aftercare planning, and follow-up as indicated. Facility staff will identify and monitor inmates who are at risk of sexual victimization, as well as those who have a history of sexual assaultive behavior (HRSA/HRSV).

Medical staff and mental health staff confirmed that if an inmate reveals previous victimization, they are referred to mental health and the inmate is offered a follow-up meeting. The mental health provider stated that the 14-day follow-up typically occurs sooner than 14 days. Staff notify inmates identified as high-risk of sexual victimization and high-risk of sexual abusiveness of the availability for a follow-up meeting with a mental health practitioner and inform the inmate of available treatment and programming.

The facility displayed signage throughout the departments, which explains the limitations of confidentiality by medical staff. An interview with the staff confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited access and only used to make housing, bed, work, education, and other program assignments, in accordance with facility policies.

Conclusion: Based on interviews with medical staff, mental health, and document review, the Auditor determined the facility meets the requirements of this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.82 Access to Emergency Medical and Mental Health Services
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP- 075.1 Emergency Operations Plan
VADOC OP-720.7 Emergency Medical Equipment and Care
OP-730.2 Mental Health Services: Screening, Assessment and Classification
Sexual Assault Response Checklist
MOU- Virginia Sexual Domestic Violence Action Alliance
PAQ
Interviews
Risk Screenings
SANE Protocol

VADOC policy is written in compliance with Standard 115.82 and states that inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with the Health Services PREA policy, inmate victims of sexual abuse will receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff.

If no qualified medical or mental health staff are on duty at the time an allegation of recent abuse is made, custody staff first responders will take preliminary steps to protect the victim in accordance with the protective custody policy and will immediately provide notification to the appropriate medical and mental health staff. Inmate victims of sexual abuse while incarcerated will be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis. Treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates during the investigation of the incident.

The Virginia Commonwealth University Medical Center provides emergency care of inmates following a sexual assault and the Action Alliance provides staff that are available 24/7 as required to provide emotional support services. Security staff are required to immediately notify the appropriate medical and mental health practitioner, and the facility does maintain 24-hour medical coverage but does not conduct forensic exams.

Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services and staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, medical and mental health facility staff are available 24 hours per day in case of emergency or crisis intervention services. Psychology staff will initiate contact with the victim and provide evaluation and treatment as required. For services that are outside the scope of their experience, the inmate can be treated at the local hospital emergency department or clinic. Qualified forensic nurse examiners located off-site, conduct forensic exams at VCWU Collaborative.

DCWC1 policy state that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) without a financial cost to the victim. Interviews with medical staff confirm that inmate victims of sexual abuse would not be charged for services received because of a sexual abuse incident. The facility policy state that an inmate, who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, will be transported to a local hospital or SANE facility for a forensic medical examination. If a SAFE or SANE cannot be made available, the examination can be performed by another qualified medical practitioner(s) and the facility will document its efforts to provide the examination. A copy of the PREA forensic examination will be completed by the SANE facility and any notes evidencing the facility's efforts will be maintained with the investigation packet. When the incident is alleged to have occurred more than 96 hours previously, a forensic examination is not required. However, the inmate will be referred to health care and mental health services in accordance with policy.

The Auditor reviewed the MOU with the Virginia Sexual and Domestic Violence Action Alliance which stipulates the VSDVAA agrees to maintain a Statewide hotline number that provides confidential crisis intervention and emotional support services related to sexual abuse or assault victims.

The Auditor determined that the facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention services. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities. The Auditor noted that inmate victims of sexual abuse are provided access to medical, mental health care and crisis intervention services at no expense.

Conclusion: Staff interviews confirmed medical services are provided regardless of the inmates' cooperation with the investigation. The Auditor determined the facility meets compliance for this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.83 Ongoing Medical and Mental Health care for Sexual Abuse Victims and Abusers
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP-730.2 Mental Health Services: Screening, Assessment and Classification
VADOC OP-720.7 Emergency Medical Equipment and Care
VADOC OP-720.4 Co-payment for Healthcare Services
Inmate Records
VADOC OP-720.1. Access to Health Services
Interviews
SANE Protocol

VADOC policy is written in compliance with Standard 115.83 and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care.

Policy states that 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 practitioner's judgment. Policy requires treatment services to be consistent with the community level of care and provided without financial costs regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, the first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. Inmates are offered mental health and medical services, forensic and sexual assault exams, to be conducted by a qualified professional.

The Auditor interviewed the mental health practitioner concerning what services are offered to victims of sexual abuse and was informed that counseling sessions, referrals if appropriate and follow-up services are provided. The mental health practitioner also creates treatment plans and follow-up treatment plans. The

Auditor provided documentation that concluded services offered at the facility are consistent with community level services and verified through interviews. The mental health practitioner understands their responsibility to conduct the evaluation within 60 days of learning of the abuse and stated the assessment would be conducted much sooner.

Conclusion: The Auditor reviewed policies, procedures, inmate records, and determine the facility meets the requirements of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.86 Sexual Abuse Incident Review

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP-038.3 Prison Rape Elimination Act

PREA Report of Incident Review

Interviews

VADOC OP 038.1 Reporting Serious and Unusual Incidents

Incident Review Team List

VADOC has a directive that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Policy states that the facility PM will coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegations are determined to be "Unfounded." The review team consists of upper-level custody and administrative staff, with input from relevant supervisors, investigators, medical, and mental health practitioners.

The PM stated that the review team would review the investigative report, video, pertinent information, and the Warden would review the recommendations. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment and the SIU conduct all criminal investigations. The PM stated any recommendations would be implemented, or the reasons for not doing so would be documented. A written report of the findings is prepared and maintained by the facility PM.

Conclusion: Review of incident review forms and interviews with the Warden, PM, and Incident Review team member, confirmed compliance. The facility meets requirements for this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

115.87 Data Collection

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP-OP 038.3 Prison Rape Elimination Act

Agency Website

Annual Reports

Interviews

SSV

VADOC policy is consistent with the requirements of Standard 115.87 and states that the agency will annually collect uniform data for allegations of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence and complete an annual report based upon the statical data.

Policy outlines the data collection process and states that allegations of sexual abuse reported to have occurred within facilities will be entered into the CMS database. Additionally, it indicates that the agency PREA coordinator gathers data on each reported incident to aggregate an annual incident report which will include data necessary to complete the SSV. Policy contains the definitions used to collect data at each facility and the PM for each facility is responsible for reporting institutional data.

The Auditor reviewed the annual report available on the facility website which includes comprehensive lists and corrective actions taken. The statical report is approved by the agency administrative staff and the PC prior to publishing on the agency's website. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th of each year.

Conclusion: Compliance was determined by review of annual reports, data collected, and interviews. The Auditor determined the facility exceeds the requirements of this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.88 Data Review for Corrective Action

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP- 038.3 Monitoring and Assessment
Agency Website

Annual Reports Interviews

The facility PAQ indicates that the agency reviews data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policy, and training. The review includes identifying problem areas, taking corrective action on an ongoing basis, preparing an annual report of its findings, and corrective action. A review of the annual reports indicates that the report contains information on VADOC efforts to include the actions taken in response to the previous year's PREA audits.

During Auditor interviews with facility staff, it was stated that data is utilized to assess and improve the agency's PREA safety practices. This includes sexual abuse incident reviews, the annual report, the Survey of Sexual Victimization, and the annual review by the Wardens at each facility. This information is then utilized to identify trends and improve procedures and practices. The PC and the PM indicate that each facility documents allegations and investigations in the centralized database which is used to review trends and any areas of concern. The identification of trends, issues or problematic areas are a priority and, if discovered, corrective action is initiated.

The PAQ indicated that the agency's annual report is approved and made available to the public through its website. The interview with the PC confirmed that after it is approved the report is published on the agency website. The agency may redact specific material from the report when it presents a clear and specific threat to the safety and security of the facility. A review of the website: [HTTP://virginia.gov](http://virginia.gov) verified that the annual report is available online to the public.

Conclusion: Based on interviews, reviews of the agency website and documents, the Auditor finds this standard compliant and meets requirements.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☐ Yes ☐ No

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.89 Data Storage, Publication, and Destruction
Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP - 038.3 is OP Prison Rape Elimination Act (PREA)
Interviews
Observations
VADOC website

VADOC policy mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. Policy is written in accordance with Standard 115.89 and that data collected pursuant to 115.87 will be made readily available to the public through the agency's website excluding all personal identifiers upon the Director's approval. The policy states that the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

The PM and PC stated that all electronic data is maintained in a centralized system and all paper files are secured at the facility. The Auditor reviewed the website which confirmed previous annual reports are available to the public. A review of the annual historical reports confirmed that no personal identifiers were publicly available.

The facility PM is responsible for reporting institutional data to the PC and the facility data collected is maintained by the PM. Aggregated sexual abuse data for the agency's annual report is compiled from investigative files, incident reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access.

Conclusion: Based on a review of the PAQ, policies, agency website, and information obtained from staff interviews, the Auditor determined this standard is compliant and meets requirements.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401 Frequency and Scope of Audits

Materials, Interviews, Policies and Other Evidence Reviewed:

Documentation Review

Institutional Tour

Interviews

The Auditor was allowed access to all areas of the facility and permitted to receive/copy any relevant policies, procedures, or documents requested. The Auditor conducted private interviews and was able to receive confidential information/correspondence from inmates. Policies and secondary documentation were provided before the onsite tour and during the post audit.

The facility staff facilitated the interviews in a timely and efficient manner and informal interviews with inmates confirmed that they were aware of the audit and the ability to communicate with the Auditors. Prior to the on-site review, emails with the Auditor's contact information were sent to the facility to be posted in inmates living areas advising of the audit. These notices were sent to the agency and facility staff for posting six weeks prior to the onsite visit and were observed posted in various areas of the facility.

Conclusion: The Auditor finds this standard to be compliant and meets requirements.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.403 Audit Contents and Findings

Materials, Interviews, Policies and Other Evidence Reviewed:

Agency Website

Previous PREA Audit Reports

The report is publicly available at the VADOC website: <https://vadoc.virginia.gov>

Conclusion: The Auditor determined the facility meets the requirements of this standard and is compliant.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Joy Catrett-Bell

May 8, 2025

Auditor Signature

Date

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

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