

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

Interim       Final

Date of Report    October 25, 2017

### Auditor Information

Name:    Bobbi Pohlman-Rodgers	Email:    bobbi.pohlman@truecorebehavioral.com
Company Name:    TrueCore Behavioral Solutions, LLC	
Mailing Address:    PO Box 4068	City, State, Zip:    Deerfield Beach, FL 33442-4068
Telephone:    954-818-5131	Date of Facility Visit:    09/20-21/2017

### Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Virginia Department of Corrections		Click or tap here to enter text.	
Physical Address:    6900 Atmore Drive		City, State, Zip:    Richmond, VA 23225	
Mailing Address:    PO Box 26963		City, State, Zip:    Richmond, VA 23261-6369	
Telephone:    804-674-3119		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 mission:**    We enhance the quality of life in the Commonwealth by improving public safety. We accomplish this through reintegration of sentenced men and women in our custody and care by providing supervision and control, effective programs and re-entry services in safe environments which foster positive change and growth consistent with research-based evidence, fiscal responsibility, and constitutional standards. We, the Department of Corrections believe we can best fulfill our Vision and accomplish our Mission by demonstrating and living these values in our daily work. Safety - Ensuring that the physical and psychological safety of the public, staff and individuals in the care of Corrections is paramount and evident in all we do. Ethics - Behaving with high standards of conduct. Learning - Being competent and knowledge oriented; transforming information and experience into knowledge, skills, attitudes, and actions. Commitment - Consciously and boldly contributing to the mission of the Department. Support - Promoting with courage and passion the Department's cause and its employees; and perform as a team player – voicing, reinforcing, challenging, and promoting accountability. Respect - Having an appreciation for the differences and the dignity of individuals; valuing others' point of view, accepting people as they are –being polite, courteous and empathetic. Honesty - Expressing a compassionate genuine voice; speaking the truth; not remaining silent when truth is being hidden.

**Agency Website with PREA Information:**    <https://vadoc.virginia.gov/>

**Agency Chief Executive Officer**

<b>Name:</b> Harold Clarke	<b>Title:</b> Director
<b>Email:</b> Harold.Clarke@vadoc.virginia.gov	<b>Telephone:</b> 804-887-8081

**Agency-Wide PREA Coordinator**

<b>Name:</b> Rose Durbin	<b>Title:</b> PREA/ADA Supervisor
<b>Email:</b> Rose.Durbin@vadoc.virginia.gov	<b>Telephone:</b> 804-887-7921
<b>PREA Coordinator Reports to:</b> Maria Vargo, Corrections Operations Administrator	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 3 Regional PREA/ADA Analysts – 40 PREA Compliance Managers report to the PREA/ADA Analysts

**Facility Information**

<b>Name of Facility:</b> Bland Correctional Center			
<b>Physical Address:</b> 256 Bland Farm Road, Bland, Virginia 24315			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> 276-688-3341			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

**Facility Mission:** Enhanced accountability of staff and offenders moving toward lasting public safety while utilizing effective programming and maintaining secure operations. Bland Correctional Center will continue to aid in the positive pro-social growth of offenders and returning citizens in society as they become productive members of their communities.

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

**Warden/Superintendent**

<b>Name:</b> Darrell L Miller, Sr.	<b>Title:</b> Warden
<b>Email:</b> Darrell.Miller@vadoc.virginia.gov	<b>Telephone:</b> 276-688-8839

**Facility PREA Compliance Manager**

<b>Name:</b> Jasmine Steptoe	<b>Title:</b> Institutional Operations Manager
<b>Email:</b> Jasmine.Steptoe@vadoc.virginia.gov	<b>Telephone:</b> 276-688-8809

### Facility Health Service Administrator

<b>Name:</b> Rebecca Arney	<b>Title:</b> Health Authority
<b>Email:</b> Rebecca.Arney@vadoc.virginia.gov	<b>Telephone:</b> 276-688-8840

### Facility Characteristics

<b>Designated Facility Capacity:</b> 670	<b>Current Population of Facility:</b> 651
<b>Number of inmates admitted to facility during the past 12 months</b>	587
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	563
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	585
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>	577
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> N/A <b>Adults:</b> 19-82
<b>Are youthful inmates housed separately from the adult population?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>	0
<b>Average length of stay or time under supervision:</b>	49.1 months
<b>Facility security level/inmate custody levels:</b>	Level 1 and 2
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>	310
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>	77
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>	26

### Physical Plant

<b>Number of Buildings:</b> 8	<b>Number of Single Cell Housing Units:</b> 3
<b>Number of Multiple Occupancy Cell Housing Units:</b>	6
<b>Number of Open Bay/Dorm Housing Units:</b>	6
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	12

**Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**

There are 201 cameras in the facility. There are cameras positioned throughout the facility in the majority of the buildings and in locations that capture offender interactions with other offenders and staff, as well as blind areas identified by the facility. Mirrors are also present in housing units to provide additional sight supervision of blind areas.

### Medical

<b>Type of Medical Facility:</b>	On-site, 24/7
<b>Forensic sexual assault medical exams are conducted at:</b>	Carilion New River Valley Medical Center
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	133
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	2

# Audit Findings

## Audit Narrative

The Virginia Department of Corrections (VADOC) contracted with TrueCore Behavioral Solutions, LLC for the provision of a PREA Audit at Bland Correctional Center (BCC), located in the city and county of Bland, VA. DOJ Certified auditor Bobbi Pohlman-Rodgers, TrueCore Behavioral Solutions Senior Director of JJDPA/PREA Compliance, was the identified auditor for this facility. The on-site audit was scheduled for September 20-21, 2017.

On August 2, 2017, the facility was provided PREA audit notices to be posted where both staff and offenders could view the information. These were sent to the facility and were required to be posted no later than August 9, 2017, which was six (6) weeks prior to the on-site audit. Additionally, the e-mail included the Pre-Audit Questionnaire and the Audit Checklist along with the date that the information was to be to the auditor. The auditor received the Pre-Audit Questionnaire and required supporting documentation on August 23, 2017, four (4) weeks prior to the audit as required. The auditor submitted the Pre-Audit Report to the PREA Resource Center on August 26, 2017.

The auditor reviewed the Pre-Audit Questionnaire and supporting documentation prior to the audit and communicated with the facility on a few items that required clarification or additional documentation. Additionally, the auditor provided to the facility on August 26, 2017 an additional list of items to have prepared for the first day of the audit that included: List of all offenders by housing unit, List of any youthful offenders, List of offenders who have a physical disability, List of offenders who have a hearing disability or who are blind or have limited sight, List of offenders who are limited English proficient, List of Offenders who have a cognitive disability, List of offenders who identify as lesbian, gay, or bisexual, List of offenders who identify as transgender or intersex, List of offenders who have been placed in segregated/restricted housing for being at high risk of sexual victimization, List of offenders who have reported sexual abuse, List of offenders who reported a sexual victimization during the risk screening, List of correctional staff who will be working – by shift, on the day(s) of the audit, Identity of staff who conducts intake, Identity of staff who conducts comprehensive PREA education with offenders, Identity of staff who conduct the risk assessment, Identity of staff who provides medical services, Identity of staff who provides mental health services, Identity of staff on the Incident Review Committee, List of staff who are trained PREA investigators, the Intake/Orientation schedule, Inmate orientation/PREA information that offenders received on intake, and Facility specific information about the services and programs offered at the facility.

The auditor worked with the facility and the Regional PREA Analyst to create a schedule that would allow for the audit to move smoothly. The schedule was set for two (2) days – from 8:00 AM until 7:30 PM each day – with a contingency plan for a third day if needed. During the on-site audit, the schedule was adjusted as needed to accommodate staff schedules and offender schedules.

The on-site audit began at 8:00 AM on September 22, 2017. Present at the Entrance Meeting were: Warden Darrell Miller, Operations Manager/PREA Compliance Manager Jasmine Steptoe, Institutional Program Manager Dakotah Crouse, Chief of Housing and Programs Shakita Bland, Unit Manger Frances Taylor-Perkins, Unit Manager John Shoda, Chief of Security Major T. Batton, Institutional Training Officer Mindy Reed, Sgt./Investigator David Dillon, Psych. Associate Grace Rolan, Human Resources Officer Robin Snavelly, RN Timothy Thompson, Operations Secretary Anderia Williams, Agency PREA/ADA Coordinator Rose Durbin, West Region PREA/ADA Analyst Tammy Barbetto, and Central Region PREA/ADA Analyst

Joseph Allotey. The auditor introduced herself and reviewed the PREA audit process, including timeframes for reports and corrective actions.

The auditor reviewed all documents requested to be available on the first day of the audit. In conjunction with the staff, the auditor selected both offenders and staff to be interviewed. The following is a breakdown of interviews.

Twenty-one (21) Specialized Staff interviewed: On-site Interviews - Warden, PREA Compliance Manager, Upper Level Management, Medical, Mental Health, Human Resources, two (2) Contractors, Investigator, Intake Staff, Risk Screening Staff, Restricted Housing Staff, Incident Review Staff, Grievance Officer, Retaliation Monitor, and a First Responder Staff; Prior interviews - Agency Director and the Agency PREA/ADA Coordinator; Telephonic Interviews – Wythe County Community Hospital Charge Nurse, Carilion Roanoke Hospital Charge Nurse, and Action Alliance Hotline staff.

Twelve (12) Random Staff Interviews were conducted. Staff were selected from the daily schedule and included supervisory and floor staff from both days and both shifts.

The offender population was six hundred fifty-one (651) on the first day of the audit. As a result, a minimum of thirty (30) offender interviews were required to be interviewed. Thirty (30) Inmate interviews were conducted. Of the Targeted Population Interviews – there was not fifteen (15) offenders who met the identified categories. Six (6) Targeted Inmates included: Two (2) offenders who are hard of hearing, One (1) offender who is limited English proficient, One (1) offender with a cognitive disability, One (1) offender who reported sexual abuse, and One (1) offender who reported a sexual victimization during the risk screening. The facility does not house youthful offenders or those with a physical disability. There were no offenders present who identified as LGBTI or had been placed in segregated housing due to their High Risk of Sexual Victimization. Twenty-four (24) additional Random Offender interviews were conducted. These offenders were selected randomly by the auditor through the use of the housing unit lists, and included at least one offender from each housing unit and offenders who held jobs/employment within the facility and in the community.

A tour of the facility followed the selection of interviewees. The tour took approximately five (5) hours to complete and included a drive around the perimeter to check outlying buildings. There are fifteen (15) buildings within the secure perimeter of the facility. These include the Boiler Room, Laundry, Kitchen, Gymnasium/Visitation, Education, Medical, and Administrative. There are eight (8) housing buildings. Building One contains four (4) units – Top South, Top North, Bottom South, and Bottom North. These are all open bay dormitory style housing. Building Two contains four (4) units – Top South, Top North, Bottom South, and Bottom North. The top floor units contain open bay dormitory style housing while the bottom floor units are single cell housing units. Building Three contains two (2) units – North and South. These are all open bay dormitory style housing. Building Four contains four (4) units – Top South, Top North, Bottom South, and Bottom North. These are multi-person rooms. Trailer 1, Trailer 2 and Trailer 3 provide open bay dormitory style housing. Special Housing Building contains three (3) units: A/R – single cell housing, B – Single and multi-person housing, and C – Single and multi-person housing. There is also a medical ward that is open bay style used for temporary housing offenders who are recovering from injuries, illness or surgery.

Each housing unit was toured. The auditor confirmed that there is information on how to report a PREA allegation and how to access outside Emotional Support for offender viewing. The auditor confirmed that a phone is available in each unit to allow offenders the ability to report PREA allegations. Note: The auditor did confirm that the phones are in working order and offer the ability to report PREA allegations or request emotional support services without cost to the offender and can be used without identification to allow for anonymous reporting. The auditor confirmed that each unit provided toilets, showers, and changing areas that offer privacy from cross-gender staff. The auditor confirmed that there is a grievance box located in a central location where offenders may deposit written communication to administration. The auditor noted that

the Notice of PREA Audit was posted in fifty (50) different locations throughout the facility. There was no communication received from an offender or from staff.

The auditor interviewed the majority of specialized staff the remainder of the first day, leaving at 8:00 PM. Prior to leaving, the auditor discussed changes to the schedule for the following day.

The auditor returned to the facility at 7:30 AM the following day to interview all selected inmates and the remaining specialized staff. A review of additional documentation was conducted after the interviews and the auditor left the facility at approximately 8:00 PM after an Exit Conference.

The auditor conducted an Exit Conference on September 21, 2017 with the following persons in attendance: Warden Darrell Miller, Assistant Warden Larry Rassick, Operations Manager/PREA Compliance Manager Jasmine Steptoe, Chief of Housing and Programs Shakita Bland, Chief of Security Major T. Batton, Agency PREA/ADA Coordinator Rose Durbin, West Region PREA/ADA Analyst Tammy Barbetto, and Central Region PREA/ADA Analyst Joseph Allotey. The auditor discussed issues with the following standards: 115.13, 115.15, 115.16, 1153.33, and 115.53. The auditor discussed each standard detailing the concerns and ways to address these concerns. All were minor and would require little time to implement change and could be conducted within thirty (30) days. A personal note was added to this exit as the facility staff worked well with the auditor to ensure the interviews went smoothly and there was little down time in between interviews.

## Facility Characteristics

Bland Correctional Center (BCC) is a unique facility in that it contains multiple security level inmates (Level 2 and Level 1) as well as being a receiving unit for the processing and classification of newly admitted inmates from local jails. Once processed, offenders may stay at Bland or be transferred to a more appropriate VADOC facility.

Opened in 1946, BCC was opened as a regional jail far from misdemeanants from Southwestern Virginia. The facility sits on approximately 2,232 acres in the county of Bland, Virginia. Since 1946, the Center has grown with the building of a medical center in 1982, a multi-purpose building in 1990, and the addition of three (3) modular housing units in 1990.

BCC has a capacity of 670 male offenders. The average number of inmates is six-hundred forty-three (643) offenders. This is based on information provided from June 2016 – June 2017. There are two-hundred and three (203) Full Time Employees at the facility. Due to budgetary restrictions, the facility closes “non-essential” posts or drafts off duty staff to ensure compliance with the staffing plan. The VADOC Human Resource Officers, or designee, has approved six (6) Bona Fide Occupational Qualifications (BFOQ) posts at the facility – five (5) male only posts and one (1) female only post to ensure supervision and searches are conducted by same gender staff.

BCC provides a multitude of services for offenders that includes educational, programming, vocational, substance abuse, and high school completion or GED (General Education Diploma). Additionally, BCC has worked closely with the community creating many work opportunities for offenders, both inside and outside the perimeter.

BCC internal buildings include space for Counselors, Qualified Mental Health Professionals, Hearing Officer, Grievance Coordinator, Unit Managers, Building Sergeants, Law Library, Hobart, Medical, Laundry, Gymnasium, Reading Library, Visitation, Property and Commissary. External buildings include Administration, Warehouse, Building and Grounds Maintenance Shops, Human Resources, Business Office, Safety, Training,

Mailroom, Investigative Unit, Visitor Processing, Power Plant, Wastewater/Water Treatment, Agribusiness, Key Control and Tool Control.

Services available to offenders includes, food services, laundry, visitation, recreational programs, education, vocation, medical evaluation and treatment, psychology evaluation and treatment, work programs, chaplain services, treatment services, and a law library. Treatment services are identified during an initial interview of each offender and a treatment plan is then put into place to assist offenders. Services are offered in the following area Behavioral and Emotional challenges, Alcohol/Drug Abuse, Educational Status, Vocational/Work Status and Family Environment.

Work Programs/Employment opportunities are in abundance. Offenders have access to internal jobs, such as laundry, grounds and buildings, housekeeping, food services, culinary arts, auto shop, library clerks, offender advisors, recreation, barbers, commissary and special assignments. Offenders also have an opportunity to work in one of the VADOC Agribusinesses (Vegetable Production, Beef Cattle Operation, Beverage Plant, Loading Dock and Trucking Operation, and Juice Plant), Environmental Services (Power Plant, Water Treatment Plant, Wastewater Treatment Plant, and Power Plant Control Monitors), Food Service Equipment Repair, and Composting Operations.

Education is a large focus of BCC. Offenders have access to six (6) levels of academic programming and BCC. Adult Basic Education (I, II, III), Pre-GED (General Education Diploma), and GED. Career and Readiness Certification is a program that ensures offenders possess the core skills in reading for information, locating information, and applied math. These are basic skills to assure employers that a job applicant has the basic skills they seek.

There is a partnership between BCC and Radford University that allows student interns of work alongside staff members to learn about the institution's operation and the VADOC (Virginia Department of Corrections) as a whole. Students may conduct additional programming and seminars for offenders. BCC also hosts the Prison Pups Program, where offenders help to develop mature, dependable dogs into socialized, relaxed, friendly, attentive and responsive to basic commands pups. These pups are then returned to the St. Francis Service Dogs Organization for placement with persons with disabilities in order to assist them to live a more independent life.

Vocational training at BCC includes Masonry, Small Engine Repair, Computer Literacy, and Introduction to Computers, Business Software Applications, Library, Apprenticeship Classes and Commercial Food Services.

Each housing building is unique from the design to the offender type. Buildings 1, 2 and 4 consist of two (2) units per floor for a total of four (4) housing units. Building 3 consists of one (1) level with two (2) units. Three (3) modular buildings each provide a single housing unit. The Special Management Building houses both receiving and restricted housing for a total of three (3) units. And the medical building provides an eight (8) bed temporary medical unit, three (3) isolation cells and one (1) mental health cell. Cameras are in place in all units providing additional supervision and are in the process of being upgraded or augmented.

All housing units provide offenders the ability to contact both an internal and external method of reporting sexual abuse or sexual harassment. Many did not contain information on emotional support services, though this information is shared with offenders during the orientation process. Grievance forms are found in each unit through staff and a grievance box is located in a central area where offenders have access daily to report sexual abuse or sexual harassment in writing. Privacy from cross-gender staff viewing in the general toilets and showers is provided through doors, walls or curtains. All housing contains a special logbook that documents cross-gender announcements and unannounced rounds. Building 3 has male post only due to the design of the shower and toilets which has a catwalk that could allow visual of offenders when toileting or showering.



The Administration Building is host to the Warden, Assistant Warden, Records, Watch Office, Master Control, Operations, Security, Conference Room, PREA Compliance Manager Office, and vending machines.

There are five (5) classrooms for educational and vocational classes – ABE/GED, Computer/Business, and Commercial Foods. There are windows in each door that allow for supervision of these classrooms.

The medical building is open 24 hours per day/7 days per week and provides both emergency and routine health care. In addition to the nursing staff, there is a contract Physician on site biweekly, a Dentist one-two days per week, a Dental Hygienist, and an Eye Doctor. There is one (1) treatment room and three (3) examination rooms. All services provided to offenders requires doors to be left open to ensure offender safety. There is an eight (8) bed observation ward, three single cells and a Mental Health Observation Cell. This area is supervised by a male only post position or medical staff.

The kitchen at BCC is within a large area with twelve (12) cameras within the kitchen area, serving line, and dock. The Director walks through this area regularly. There are no significant blind areas that cannot be seen through camera or staff viewing. The kitchen bathroom provides privacy and is kept locked. Security staff have a key to allow offenders access. The dining hall is an open area with two (2) cameras. Seats are all facing the same direction. There is also a Staff Café with cameras in the kitchen area and in the dining area. Additionally, there are PREA reporting posters in the Staff Café.

BCC visitation provides both contact and non-contact interaction. This large area is open and easy for staff to supervise. Inmates are searched prior to and after visitation, where they change into special visitation jumpsuits to prevent the introduction of contraband. The staff who conducts strip searches is a male post only.

Indoor recreation is in the multi-purpose building where a weight room, pool tables, and gymnasium is available for offenders. There is also toilets and showers with cameras that can be utilized only in an emergency. Currently these areas are not in use. Outside recreation includes a large baseball diamond, basketball courts, and a walking track.

The laundry building contains four (4) cameras that are accessible to officers. Blind areas were previously addressed by BCC and these areas were closed off. Posters regarding sexual abuse and sexual harassment are present in this area. The chapel serves as a location for both religious services and a briefing room. There are no cameras and the floor officers make rounds when the room is occupied. The facility and chaplain library are configured to the best supervision through the layout. There is also a mirror present to address a blind area. The property room is run by staff and no offenders work in this area. There are no blind areas.

Offender commissary is open five (5) days per week and is run through a contractor. The contractor reported three (3) inmates assist. There are three (3) cameras in this area and staff check in regularly to ensure all is well. Outside the commissary is a bulletin board that contains information on reporting sexual abuse and sexual harassment.

## Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

**Number of Standards Exceeded:** 5

115.11, 115.17, 115.31, 115.33, 115.51

**Number of Standards Met:** 38

115.12, 115.13, 115.14, 115.15, 115.16, 115.18, 115.21, 115.22, 115.32, 115.34, 115.35, 115.41, 115.42, 115.43, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.8/1, 118.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0

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### Summary of Corrective Action (if any)

While no formal corrective action plan was formulated, the facility staff addressed minor issues with five standards within 30 days of the on-site audit and provided changes to the auditor for review that included PREA Standard 115.15, 115.16, 115.33 and 115.53. At the time of this report, all standards were found in compliance with PREA standards.

## 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

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): This policy outlines the implementation of the agency's approach to preventing, detection, and responding to sexual abuse and sexual harassment. DOC prohibits and will not tolerate any fraternization or sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operating procedure.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating

Procedure 135.2 (rev 2013): The Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment. Sexual misconduct is considered a Group III offense subject to disciplinary sanctions up to and include termination.

Operations Manager Jasmine Steptoe serves as the Facility PREA Compliance Manager. She reports directly to the Warden. As the Operations Manager she is responsible for the Policies & Procedures, Disciplinary records source, providing information/education to staff, oversees the grievance system, and security hearings. She has held the position of Facility PREA Compliance Manager for two (2) years. She coordinates the facility's efforts towards compliance with PREA standards through treatment department meetings, quarterly PREA Compliance Manager Meetings with the Agency PREA/ADA Coordinator, changes in policies and procedures, departmental checks on compliance and briefings with staff. When addressing an issue with compliance, she verifies the process, verifies alternative methods of compliance, communicates with the management team and Warden for policy or procedural changes, and meets with the Regional PREA Analyst.

Rose Durbin is the Agency-wide PREA/ADA Coordinator. She has the responsibility for forty-one (41) Facility PREA Compliance Managers. She has the assistance of three (3) Regional PREA Analysts and a PREA Hotline Coordinator. She reports directly to the Corrections Operations Administrator. Under the direction of the Corrections Operations Administrator, Ms. Durbin manages the activities of the Prison Rape Elimination Act (PREA) and American with Disabilities Act (ADA) Unit of the Department of Corrections. This supervision includes three (3) Regional PREA Analysts and a PREA Hotline coordinator. The position services as supervisor of the PREA/ADA Unit. Support of assigned unit includes personnel management and support and management of activities in support of all operations objectives. This position has overall responsibility for developing, implementing, and overseeing the Department's program to comply with PREA and ADA initiatives.

LaWanda Long is the Eastern PREA Analyst who stepped into the Western PREA Analyst area to provide support when the position was vacated. She has been responsible for coordinating the facilities/regions comprehensive PREA response including technical and administrative guidance, creation of supporting policies and practices, design and modification of training, programming, investigation and analysis and interpretation relative to PREA implementation, compliance and investigation. She crafts and orchestrates strategies to ensure appropriate environments/cultures, and enforcement of policies, procedures, practices and standards for the prevention, detention and reduction of prison rape; ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance. She is also the most senior of all VADOC PREA Analysts, as well as a DOJ Certified PREA Auditor (certification February 2014). Her profile on the PRC Website of Certified Auditors: Lawanda has over 22 years of correctional experience and is currently the Regional PREA Analyst for the Virginia Department of Corrections. She monitors the department's PREA compliance and provides PREA training to adult facilities, community confinement facilities and community residential programs. Lawanda is responsible for coordinating the PREA audit process for the department. She developed an audit process to securely provide audit documents to the auditor until the secured site could be implement by the PREA Resource Center. This process has was recognized by several consultants during the PREA Auditors training as a best practice. Her day-to-day involvement with the PREA Standards has enhanced her knowledge regarding all areas of PREA compliance. Lawanda's level of expertise has resulted in the Virginia Department of Correction successfully completing over 35 PREA audits since January 2014. Lawanda has conducted PREA audits in both Department of Corrections and Jail.

Tammy Barbetto is the newest PREA Analyst for the Western Region. She has been a Certified DOJ PREA Auditor since May 2014. She will become responsible for coordinating the facilities/regions comprehensive PREA response including technical and administrative guidance, creation of supporting policies and practices, design and modification of training, programming, investigation and analysis and interpretation relative to PREA implementation, compliance and investigation. She was present at the BCC audit and showed understanding of the PREA standards. Prior to this position she was employed with the VADOC as the

Operations Manager/PREA Compliance Manager at a maximum risk facility and as an Institutional Ombudsman.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility exceeds the standard, in that there is a PREA/ADA Unit with four (4) staff within the Agency and the facility has a designated PREA Compliance Manager as well as a Regional PREA Analyst who provides guidance and assistance.

## 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 OR the response to 115.12(a)-1 is "NO".)  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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): This policy requires that facilities and jails that contract for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with PREA standards.

PROCUREMENT OF GOODS AND SERVICES, Operating Procedure 260.01 (rev 2016): Requires that all contracts for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with PREA standards. Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with PREA standards have failed, the DOC may enter into a contract with any entity that fails to comply with these standards. In such cases, all unsuccessful attempts to find an entity in compliance with standards must be documented.

BCC does not contract directly with any outside entity for the confinement of its offenders; however VADOC contracts with GEO Group, Inc. for the running of Lawrenceville Correctional Center. The last contract amendment was in February 2017. The amendment in 2013 added a requirement for the contracted agency to adapt and comply with PREA standards, as well as requires the state agency to monitor for PREA Compliance.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of

inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  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.*

SECURITY STAFFING, Operating Procedures 401.2 (rev 2017): Requires each facility must develop and document a staffing plan that addresses all 11 categories as identified in the PREA standard. The facility must also make its best efforts to comply on a regular basis with the staffing plan to provide adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse. Deviations from the staffing plan are required to be documented and justified. An annual review of the existing staffing plan and all post audits are required to be completed by January 31 of each calendar year, or more frequently as needed. Comprehensive written explanations for why a facility is not staffing to plan or staffing to post audits are required to be provided to the Regional Operations Chief for review and forwarding to the Regional PREA Analyst.

DEVELOPMENT AND MAINTENANCE OF POST ORDERS, Operating Procedure 401.1 (rev 2016): Requires that unannounced rounds shall be conducted by a person that is of the rank of Lieutenant or higher and must



be conducted intermittently during the month and must be conducted on both night and day shifts. Supervisors are prohibited from notifying staff of unannounced rounds. Staff assigned to any post is prohibited from alerting other employees that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

ADMINISTRATIVE DUTY COVERAGE, Operative Procedure 401.3 (rev 2015): Requires documented unannounced rounds to identify and deter staff sexual abuse and sexual harassment, and requires these to be conducted intermittently during the month and can be scheduled as part of the 24 hour clock.

IMPLEMENTATION MEMORANDUM: LEAVE SCHEDULING – BFOQ POSITIONS – OVERTIME DRAFTING: Effective date: 06/10/2017: *This memorandum is prohibited from dissemination, printing or being copied.* This memorandum covers the BFOQ positions and the system for drafting of overtime staff.

BDD Post Audit (staffing plan) was created in April 2015. It reflects two hundred and three (203) full time employees. Of this there are six (6) BFOQ positions in order to provide supervision by same gender staff in areas where searches are conducted and privacy issues are present. The Post Audit is created at the Agency level and the facility can identify positions and request additional staff. The Post Audit includes the following supervisory positions: one (1) Major, two (2) Captain/Lieutenants, two (2) Lieutenants, two (2) Lieutenant/Sergeants, and six (6) Sergeants. A review of the Post Audit was conducted by the Warden on January 31, 2017 and reviewed by the Agency PREA/ADA Coordinator on February 9, 2017. Deviations of the Post Audit are documented on the Daily Duty Roster and are identified by code and include: Annual Leave, Comp Time, Civil Work Related, Educational Leave, Family/Personal Leave, Military Leave, Public Health Emergency Leave, Recognition leave, School Assistance & Volunteer Services Leave, Sick Family Leave, Sick Personal Leave, Short Term Disability Leave, Training, Workers Compensation Leave, and Leave without Pay.

The Warden reports that the Post Audit has adequate staffing levels to protect inmates that includes video monitoring. He is responsible to conduct an annual review of the Post Audit that includes addressing generally accepted correctional practices, judicial, federal and oversight body findings, components of the facility's physical plan, composition of the inmate population, number and placement of supervisory staff, programming schedules, state and local laws/regulations/standards, incidents of allegations of sexual abuse, and other relevant factors that may impact the Post Audit. He conducts daily reviews of the Daily Duty Roster for deviations of the Post Audit, as well as making rounds and talking with staff. It is noted that deviations of the Post Audit are handled through involuntary overtime, voluntary overtime, or closing of "non-essential" posts.

Each housing unit contains a PREA Logbook, where unannounced rounds are documented, including the signature of the person conducting the rounds, the date and time. A review of samples provided by the facility of random dates and random housing units shows that there is a minimum of one (1) unannounced round weekly by either the Sergeant, Lieutenant or Unit Manager; however the majority show unannounced rounds conducted daily. Staff confirm that rounds are conducted hourly in all areas of the facility in addition to the unannounced rounds. Staff conducting unannounced rounds stated that the ADO is the responsible person for conducting the formal unannounced round weekly. Areas visited include housing unit, kitchen, medical, treatment, commissary, and the outside perimeter. She reported that she looks for staff retaliation, staff misconduct and offender misconduct during her tours and that all tours are documented in the PREA logbooks.

No blind areas were identified by the auditor during the tour that had not already been addressed through staff supervision, mirrors, or the anticipation of the installation of the new cameras.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Addresses the housing and supervision of youthful offenders for the Agency. Youthful offenders shall not be placed in housing units in which they have sight, sound or physical contact with any adult inmates through the use of a shared dayroom or other common space, shower area, or sleeping quarters. Direct supervision must be maintained by facility staff when a youthful inmate is within sight, sound, or physical contact with an adult offender.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Defines a youthful inmates as a person under the age 18 who has been convicted as an adult. This procedure documents that the Department of Corrections has specialized housing arrangements for youthful inmates that meet the requirements of this standard, and that all youthful inmates shall be assigned to the specialized unit, unless this assignment would create a risk to the safe, secure, and orderly operation of the institution. This also allows for the removal of a youthful inmate to a Special Housing unit due to exigent circumstances.

Warden's Memo, dated July 17, 2017, states that BCC does not house youthful offenders. Discussion with the Facility PREA Compliance Manager and Warden confirms that youthful offenders are not housed in this facility.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  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 here for facilities with less than 50 inmates before August 20, 2017.)  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?  Yes  No (This facility houses male offenders)

#### 115.15 (d)

- Does the facility implement a policy and practice 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.*

EMPLOYEE, VISITOR, AND OFFENDER SEARCHES, Operating Procedure 445.1 (rev 2015): Requires strip searches to be conducted by trained DOC employees of the same gender as the offender being searched, unless there is an immediate threat to the safe, secure, and orderly operation of the facility and there is no other available alternative. Searches by cross gender staff must be approved prior to the search with notification made to the Administrative Duty Officer and the Regional PREA Analyst, and a completed Internal Incident Report must be submitted. Transgender and intersex offenders expressing a preference regarding the gender of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review. Only a medical practitioner may conduct probes of the body cavities of an offender, and this must be authorized by the Facility Unit Head or Administrative Duty Officer and must be documented in a completed Internal Incident Report. Requires that only female staff can conduct a frisk search of female inmates. Male staff may conduct a frisk search of female offenders only where there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative, approval has been granted by the Shift Commander prior to the search, notification is made to the Administrative Duty Officer and the Regional PREA Analyst and an Internal Incident Report is submitted. Access to regularly available programming or other out of cell opportunities for female offenders shall not be restricted in order to comply with this requirement.

DEVELOPMENT AND MAINTENANCE OF POST ORDERS, Operating Procedure 401.1 (rev 2016): Requires that staff of the opposite gender must announce their presence when entering into an offender housing unit.

SECURITY STAFFING, Operating Procedures 401.2 (rev 2017): Requires that offenders shall be permitted 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 incident to routine cell checks. Also requires that opposite gender staff shall announce their presence when entering an offender housing unit and must document the announcement in the logbook.

FACILITY PHYSICAL PLANT AND SANITATION, Operating Procedure 801.1 (rev 2015): Requires that facility procedures and practices enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

EMPLOYEE, VISITOR, AND OFFENDER SEARCHES, Operating Procedure 445.1 (rev 2016): Allows for searches of offenders at any time. Requires the Agency to train all staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Requires female correctional staff to conduct all frisk searches of transgender and intersex offenders unless exigent circumstances are present and documentable, allowing exceptions to this requirement to be referred to the facility Treatment Team. Prohibits the searching of transgender or intersex offenders for the sole purpose of determining the offender's genital status. If genital status is unknown, it allows for determination through offender conversations, review of medical records, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.

MEDICAL SCREENING, CLASSIFICATION, AND LEVELS OF CARE, Operating Procedure 720.2 (rev 2015):

Requires that if a transgender or intersex offender's genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if necessary, by learning this information as part of a broader medical examination conducted in private.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 2017): Requires transgender and intersex inmates to complete a "Strip Search Deviation Request" to order to express their preference regarding the sex of correctional staff conducting their strip search, and referral to the treatment team if the offender's preference indicates a deviation. The Treatment Team, which requires the PREA Compliance Manager, will meet and review all deviation requests. Approved deviations shall be noted in VACORIS, the PREA Compliance Manager shall maintain a list of those approved deviations, and the Chief of Security will ensure compliance with the deviation on all future strip searches.

The facility does not conduct cross-gender visual body cavity searches or strip searches, except in exigent circumstances, and must be authorized prior to the search. Any visual body cavity search is conducted by medical staff. No staff reported conducting a cross-gender strip or visual cavity search. All cross-gender searches are required to be documented in an Internal Incident Report.

BCC has six (6) designated posts that are gender-specific and are documented in the Implementation Memorandum: Leaving Scheduling – BFOQ Positions – Overtime Drafting. These gender-specific posts were identified due to ensure same gender staff is available for searches and supervision of areas where privacy may is not guaranteed by structural features of the facility either due to design or security reasons.

All announcements for cross-gender entering a housing unit is required to be documented. The facility has a PREA logbook in each housing unit where cross-gender staff document that an announcement was made when they entered the unit. Both staff and offenders report that female staff announce their presence.

The Virginia Department of Corrections provides search training to all staff through Institutional In-Service Training. Samples provided show that "Searches & Restraints" is a normal part of the in-service training that are required to complete annually. Staff interviews found that while many of the staff are aware of the new system for searching transgender and intersex inmates, the majority were not. As a result of this finding, the facility conducted refresher training for all staff on searching transgender and intersex inmates.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, and follow-up by the facility, the auditor has determined the facility meets the requirements of the 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders with disabilities and who are Limited English Proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with offenders disabilities, including offenders who have intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient. The policy prohibits the use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-responder duties, or the investigation of the offender's allegations.

The Agency has entered into a contract with Purple Communications, Inc. on October 31, 2016 for services of Sign Language Translation and Video Remote Interpreting Services. This is in effect for one (1) year with renewable options. The Agency has used Purple Communications, Inc. since 2011.

The Agency has entered into a contract with Optimal Phone Interpreters, Inc. on November 13, 2015 for services of language interpretation services. A renewal was issued in November of 2016 for another year. Prior to this, the Agency had a contract with Vernacular Language Services from 2014 –2015.



The Agency PREA Coordinator also holds the position for the Agency ADA Coordinator.

The Agency has created a PREA Brochure for the purposes of educating offenders on Prison Rape Elimination Act, which includes information on suspicious behavior, reporting, prevention strategies, making false claims, sexual misconduct definitions, and retaliation. This Brochure is available in English and Spanish (the most common non-English language in the facility). The Agency has also translated the PREA Brochure into Braille through the services of their Enterprises division at Fluvanna Correctional Center for Women. This is available upon request of any facility. In an interview with a counselor, she was unaware of the Braille material. The facility conducted refresher training for all counselors when accessing alternative methods of educating offenders. Additionally, a copy of the Braille material was obtained and is now maintained at BCC. It is noted that the facility has not had an offender with significant sight loss due to the design of the facility and type of programming offered.

Staff who conducts PREA education at intake and during Orientation (comprehensive) reports that PREA education is provided in a manner that ensures offender comprehension. She reported that if an offender is found to have a disability, she will pull them aside and conduct a one-on-one educational class to ensure comprehension of the material. If the offender is limited English proficient, she will utilize staff interpreters to assist with the provision of PREA educational material. Additionally, an e-mail is forwarded to the Facility PREA Compliance Manager detailing how the education of the offender was conducted.

In an interview with an offender who is identified as limited English proficient, a staff interpreter was provided to the auditor. He reported that he was provided written material in his native language and an interpreter was present to assist staff with providing him PREA education. He reported both initial and comprehensive PREA education was provided to him with an interpreter.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, and facility follow-up, the auditor has determined the facility meets the requirements of the 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, or 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.*

RECRUITMENT, SELECTION, AND APPOINTMENT, Operating Procedure 102.2 (rev 2015): States that the Department of Corrections shall not hire or promote anyone for a position that may have offender contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Department of Corrections shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders. The Department of Corrections must ask all applicants and employees who may have contact with offenders directly about previous misconduct noted above in written applications or interviews for hiring or promotions.

PROCUREMENT OF GOODS AND SERVICES, Operating Procedure 260.01 (rev 2016): States that the Department of Corrections shall not hire any contactor that may have offender contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Department of Corrections shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders.

BACKGROUND INVESTIGATION PROGRAM, Operating Procedure 102.3 (rev 2014): Requires that a criminal background shall be conducted before hiring new employees who may have contact with offenders, and will 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 allegations of sexual abuse. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with offenders. Requires that a criminal background records check is completed at least every five (5) years for current employees and contractors, and annually for sensitive specialist assignments.

LITIGATION, Operating Procedure 040.1 (rev 2015): Requires an employee charged, or convicted, with a criminal offense either on or off the job or a moving traffic violation that occurs on or off the job or in a state vehicle, shall inform their organizational unit head immediate if received during normal working hours, or the next work day if received during non-working hours. Employees who have been charged or found liable in a civil or disciplinary proceeding to have engaged or attempted to engage in sexual activity by force (overt or implied threat of force, coercion, or if the victim did not consent or was unable to consent) shall inform their organizations unit head immediate if received during normal working hours or the next working day if received during non-working hours. All notifications shall be documented on a Criminal Offense/Moving Traffic Violation Notification. Failure to report or material omissions regarding charges convictions of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent) in the community, or charged or found liable in a civil or administrative proceeding for sexual activity by force shall be grounds for termination.

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): States that material omissions regarding convictions or charges of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent), civil or administrative adjudication for sexual activity by force shall be grounds for termination.

EMPLOYEE PERFORMANCE MANAGEMENT, Operating Procedure 145.2 (rev 2013): Requires that each employee shall be required annually to complete Section I of the Employee Self-Assessment to document a response to the following questions: Have you ever engaged or attempted to engage in sexual abuse in an institutional setting; for example, prison, jail or juvenile facility? Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described above)? This form and the employee's signature are a reminder that there is a continuing affirmative duty to disclose any such misconduct.

PERSONNEL RECORDS, Operating Procedure 057.01 (rev 2016): Requires the Agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to any institutional employer for whom which the employee has applied to work provided the request is written.

In an interview with the BCC Human Resources staff, she reported she has worked for VADOC for seven (7) years and has worked in the Human Resource industry for fifteen (15) years. She reports that criminal background screenings are conducted for all newly hired staff and for staff at promotion. All staff who apply for promotion comply with the application process. The Warden must review and approve the application and background before an offer is made to applicants or to staff being considered for promotion. She reports a system was set up to conduct five (5) year background screenings for all employees and contractors who have access to offenders. A master list of all staff and contractors is maintained to ensure background checks are completed as required, including the reason for the background check (i.e. promotion, lateral transfer, etc).

She reports that all employees have a duty to disclose any previous misconduct at hire and anytime there is a law enforcement contact. Employment applications and background applications contain the three (3) questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same, as well as an annual requirement to disclose at evaluation time. Additionally, the three (3) questions are asked during the interview process. There were seventy-seven (77) background screenings conducted for employees, and twenty-six (26) background screenings conducted for contractors, in the past twelve (12) months. A review of random staff files found that backgrounds were conducted within the past five (5) years.

Requests from other institutions requesting information on any substantiated allegations of sexual abuse or sexual harassment is honored when accompanied by a signed release and confirmation from the Agency.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility exceeds the standard, as such the agency requires all staff to annually answer the three (3) questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same.

## 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.*

FACILITY PHYSICAL PLANT AND SANITATION, Operating Procedure 801.1 (rev 2015): Requires consideration of a facility's ability to protect an offender from sexual abuse when designing, acquisitioning, expanding or modifying a facility. Requires consideration of a facility's ability to protect an offender from sexual abuse when installing or updating any video monitoring systems, electronic surveillance systems, or other monitoring technologies.

The facility reports that there have been no significant or substantive expansions or modifications to the facility since the last audit.

The facility reports that there have been steps taken to upgrade the video monitoring system and cameras. A Purchase Order (PO) was written in 2016 for the purchase of approximately \$340,000.00. This PO is for a camera and system upgrade at BCC. This is anticipated to be completed in March 2018. The Warden reported that they have addressed areas in the facility where additional video monitoring is needed and cameras have been or will be installed.

Based on the information discovered in documents reviewed and staff interviews, the auditor has determine the facility meets the requirements of the 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?  Yes  No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  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.*

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Identifies that the Special Investigations Unit (SIU) has established a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is developmentally appropriate for youth and is based upon or similar to other comprehensive and authoritative



protocols developed after 2011. Requires a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interview. And requires the victim's consent to collect forensic evidence by a specially trained professional medical practitioner using a kit approved by the appropriate authority (PERK kit recommended). While it is recommend that evidence collection is conducted within 72 hours, it will be collected beyond that time whenever there is a possibility of evidence remaining.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): Requires the use of a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible to perform a forensic medical examination. States that there is no financial cost to the offender for this examination. And requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. Clarification of what constitutes a qualified staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015):

Requires attempts to provide a victim advocate from a rape crisis center to a victim of sexual abuse. If a rape crisis center is not available to provide victim advocate services, the Department of Corrections shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals.

MOU with Virginia Sexual & Domestic Violence Action Alliance went into effect initially in 2015 and has been renewed each year since. The new renewal runs through April 30, 2018. This MOU provides victim advocates as well as emotional support services if requested.

MOU with Mountain States Health Alliance went into effect initially in 2013 and has been renewed each year since. The new renewal runs through August 31, 2017. This MOU provides for PREA Forensic Nurse Examiner Services.

The facility maintains a rotation schedule for community-based advocates and their contact phone numbers. The schedules provided show services from 2016 through current. The Virginia Forensic Nurse Examiners Program list provides the agency with a list of facilities that conduct SANE services throughout Virginia. The facility reported that SANE and SAFE examinations were available at the Lewis-Gale Medical Center. However, when the auditor contacted them, the Charge Nurse stated that they no longer conduct forensic examinations. He referred the auditor to the Carilion Roanoke Hospital. In an interview with the Registered Nurse at the Carilion Roanoke Hospital, he reported that SANE services were available at the Carilion New River Valley Medical Center. The auditor shared this information with the facility and requested them to provide updated documentation of where they would take a victim for forensic services as well as update their Coordinated Response Plan.

In the past 12 months, there have been no allegations where a victim required a forensic medical examination.

Based on the information discovered in the agency policies, observations, and information obtained through

staff interviews, the auditor has determined the facility meets the requirements of the 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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires an administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. The initial investigation may be conducted by the facility investigator. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the Special Investigations Unit (SIU). Special Investigations Unit (SIU) shall conduct investigations into criminal behavior, procedural or administrative violation, or employee misconduct affecting the operation of the Department. The SIU Chief shall review the nature of all allegations received to determine if an investigation is warranted.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that the Facility Unit Head shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the Special Investigations Unit (SIU) who has the legal authority to conduct criminal investigations, including allegations of sexual abuse or sexual harassment. Requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiated a case for administrative action or prosecution referral. Requires that the Special Investigations Unit (SIU) is authorized to conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities. Special Investigations Unit Investigators are designed with the same power as a law-enforcement officer in the investigation of criminal behavior affecting the operations of the Department of Corrections.

The facility reported, and the auditor reviewed, six (6) allegations of sexual abuse and sexual harassment that were referred for administrative investigation in the past twelve (12) months. Of the six (6), three (3) were reported directly to staff, two (2) were received through the Agency PREA Hotline (#55), and one (1) was reported on an Informal Complaint Form. Of the six (6): five (5) allegations were alleged to have occurred at the program, and one (1) was alleged to have occurred at another program. Of the six (6): two (2) involved allegations against a staff member and four (4) involved allegations against an offender. Of the six (6): three (3) alleged sexual harassment and three (3) alleged sexual abuse. One (1) allegation made was referred to the facility where the alleged incident occurred, and the report documents the referral, and all received administrative investigations.

Facility PREA Compliance Manager confirmed that all allegations are taken seriously, and all allegations are investigated. Any internal investigation that identifies criminal activity, or involves a staff member, would be immediately referred to the Special Investigations Unit (SIU). The Special Investigations Unit would work directly with local law enforcement and the Facility Investigator would act in a support position.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility meets the requirements of the 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.*

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires all new employees to receive PREA orientation training that covers all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Employees are required to document that they understand the training and this shall be through employee signature or electronic verification.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training on current Department of Correction sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.

New employee training requires one (1) week of training that includes a three (3) hour PREA class. All ten (10) areas of PREA education as dictated by PREA standard 115.31 were observed in the curriculum. In-service training requires a two (2) hour and forty-five (45) minute PREA class. All ten (10) areas of PREA education as dictated by PREA standard 115.31 were observed in the curriculum. Documents reviewed showed that a formal in-service training was completed annually for the selection of staff interviewed, thus exceeding the requirement of every two (2) years with refresher in between.

Staff interviews confirmed that they receive PREA education annually through their in-service training. All interviewees were able to articulate specifics of the training topics during the interview, with a few staff expressing confusion on the searching of transgender or intersex offenders. In a discussion with the currently leadership, the facility conducted refresher training for all staff on searching transgender and intersex offenders prior to the writing of this report. Material used for training and staff signed rosters were provided to the auditor.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, and follow up by the facility, the auditor has determined the facility exceeds the requirements of the standard in that all staff receive formal PREA training annually.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all contracts and volunteers who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. The level and type of training provided shall be based on the services they provide and the level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. At a minimum, such person should be provided with a copy of the brochure A Guide to Maintaining Appropriate Boundaries with Offenders.

VOLUNTEER PROGRAM, Operating Procedure 021.7 (rev 2013): Requires volunteers who will have no offender contact other than under close direct supervision of a corrections employee to a trained volunteer should be provided the Rules for Volunteers, A Guide to Maintaining Appropriate Boundaries with Offenders, and a Receipt and understating of these material will be documented by the volunteer's signature on the Rules for Volunteers. Requires the Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. Long-term, full-time contract staff with offender contact shall comply with the same orientation and training as equivalent DOC employees.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures.

Contractor and Volunteer training includes a Power Point that was provided the auditor for review and addresses all components of the agency policies and PREA standard 115.32.

A Guide to Maintaining Appropriate Boundaries with Offenders, For Contractors and Volunteers of the Virginia Department of Corrections: This brochure was reviewed for content and addresses the zero-tolerance policy, identifies the levels of contact with offenders, duty to report information, red flag information and prevention tips.

The facility reports one hundred thirty-three (133) contractors/volunteers who may have access to offenders. Spreadsheets used to track contractors and volunteers show the date of their Orientation training which includes PREA education. Samples of signed PREA Acknowledgement forms were reviewed by the auditor and coincide with the spreadsheet.

Two (2) contractors were present during the on-site audit and were interviewed by the auditor. Both reported receiving Orientation training that included PREA education. They reported the PREA education includes a video, lecture and written material and stated that they are required to keep separate the victim and notify the supervisor.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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 such education?  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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders receive initial PREA training immediately upon intake that consists of Preventing Sexual Abuse & Sexual Assault, Section 1 of PREA video "PREA: What You Need to Know" and a copy of the Sexual Assault Awareness and Prevention brochure. Within 10 days, the offenders is required to have completed comprehensive PREA training utilizing Preventing Sexual Abuse & Sexual Assault, and PREA videos "PREA: What You Need to Know" and "Breaking the Silence of Offender Sexual Abuse". Facilities are required to provide the information for Limited English Proficient offenders, and those with disabilities such as limited reading skills, deaf or visually impaired. The offenders' signature on the acknowledgement form, which will be uploaded in VACORIS as a special entry note. Offender training documentation is noted on the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training which shall be uploaded into VACORIS.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that inmates transferred from one facility to another will be provided a copy of the Sexual Assault Awareness and Prevention Brochure that includes the Sexual Assault Hotline number. If there is no record of having received the comprehensive PREA education in the offender's record, the offender will then be provided PREA training as described for a new intake. Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

Sexual Assault Awareness and Prevention brochure contains information on What is PREA?, Suspicious Behavior, Reporting, Prevention strategies, Sexual Misconduct definitions, Making False Claims, Retaliation, and 3<sup>rd</sup> Party reporting information. Methods of reporting within this brochure include telling a staff, utilizing the PREA hotline #55, and contacting the National Sexual Assault Hotline (1-800-656- 4673). Obtaining emotional support services can be requested by calling the Virginia Victim Assistance Network (1-800-838-8238) or writing to the Virginia Sexual & Domestic Violence Action Alliance at PO Box 17115, Richmond, VA 23226. Third party reporting can be made to the Virginia Department of Corrections PREA Office at 1-855-602-7001.

Offender Orientation Manual contains PREA education that is reviewed during the Orientation process. The manual contains specific information on the Prison Rape Elimination Act, PREA Hotline, Strategies to avoid sexual abuse/assault, Agency Zero-Tolerance policy, Other ways to report, Emotional Support Services and how to access, Victim Advocates and how to access, and AIDS information.

Staff report that all new offenders receive PREA information at intake. BCC is unique in that it is both a receiving and correctional facility. All offenders arriving for the first time (receiving) receive PREA information on reporting and the zero-tolerance policy on their first day. The staff interviewed who conducts PREA education reported that if an offender is found to have a disability, she will pull them out separate and conduct a one-on-one educational class to ensure comprehension of the material. If the offender is limited English proficient, she will utilize staff interpreters to assist with the provision of PREA educational material. All first day PREA education is documented on the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training Form. First day training includes: information on accessing the hotline to report sexual abuse or sexual harassment, an introduction to the zero-tolerance policy, Video "PREA: What you need to know", various ways to report sexual abuse, getting help, and a copy of the Brochure "Sexual Assault Awareness and Prevention". At the conclusion, offenders may ask questions to clarify their understanding.

Comprehensive education is provided within ten (10) days of arrival for both first time offenders (receiving) and for those transferring from either receiving or from another facility. A scheduled Orientation class is held

every Friday that includes Videos “PREA: What you need to know” and “Breaking the Silence of Offender Sexual Abuse”, along with zero-tolerance policy, definitions, how to get help, accessing emotional support services and what to remember. The staff interviewed who conducts PREA education reported that if an offender is found to have a disability, she will pull them out separate and conduct a one-on-one educational class to ensure comprehension of the material. If the offender is limited English proficient, she will utilize staff interpreters to assist with the provision of PREA educational material. This PREA education is documented on the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training Form.

A review of offender PREA education forms was conducted. Based on this review, the auditor discovered that the facility is providing PREA education on the first day of arrival and comprehensive PREA education within ten (10) days but typically within seven (7) days.

Interviews with the majority of offenders found that they have received information on intake regarding sexual abuse, sexual harassment, and how to report upon each facility intake (including transfers). The auditor delved into the reason that offenders may not clearly remember the information. The facility implemented reading to all offenders the material and prior to this report a training was conducted with all counselors to begin this process. Offenders also reported attending an Orientation class where additional PREA information is provided. Most reported this comprehensive education occurred within a week.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility exceeds the requirements of the standard by providing PREA education within ten (10) days of arrival.

## 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 have received 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.*

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires all new employees to receive PREA orientation training that covers all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Employees are required to document that they understand the training and this shall be through employee signature or electronic verification.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard

115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that PREA Investigators shall complete general PREA Training that is provided to all employees and specialized training in conducting sexual abuse investigations in confinement settings. Specialized training must include: Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and Criteria and evidence required to substantiate a case for administrative action of prosecution referral. Requires that the Facility PREA Compliance Manager shall maintain documentation of the facility investigator's completed specialized training.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires that PREA Investigators shall receive special training in sexual abuse investigations, including Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and Criteria and evidence required to substantiate a case for administrative action of prosecution referral.

Specialized Training for Investigators is a two and one-half (2.5) day training conducted by the Virginia Department of Corrections. Topics covered include Module 1: PREA Refresher and Overview of the PREA Investigative Standards, Module 2: Legal Issues & Agency Liability, Module 3: Overview of the VA DOC Policies and Procedure, Module 4: Agency Culture and Boundary Issues, Module 5: First Response and Evidence Collection, Module 6: Forensic Medical Exam, Module 7: Trauma and the Victim Response, Module 8: Prosecutorial Collaboration, Module 9: Interviewing Techniques, and Module 10: Report Writing.

The facility has two (2) facility investigators for PREA purposes. The facility provided proof of two (2) facility investigator trainings that were conducted as required. In an interview with an Investigator, the Investigator reported receiving training through the staff development and the Virginia State SIU Agency, as well as annual PREA education. He reported that he has received specialized training on interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiated a case for administrative or prosecution referral.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility meets the requirements of the 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?  Yes  No

- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

#### 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.)  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?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires medical and mental health care practitioners shall receive the training mandated for employees or for contractors and volunteers depending on the practitioner's status in DOC.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures. Non-Security Staff In-Service training, mandated for employees or contractors, is required for medical and mental health care practitioners.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): Requires that all healthcare providers shall be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence.

HEALTH SERVICES ADMINISTRATION, Operating Procedure 701.1 (rev 2015): Requires that all full and part-time medical and mental health staff who work regularly in DOC facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment, How to preserve physical evidence of sexual abuse, How to respond effectively and professionally to victims of sexual abuse and sexual harassment, and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Requires full-time health care professionals complete an annual 40-hour continuing education that includes: Response to emergency health-related situations within a 4-hour minute response time, Recognition of signs and symptoms, and knowledge of action required in potential emergency situations, Administration of basic first aid; Methods of obtaining assistance; signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal, and Procedures for patient transfers to appropriate medical facilities to health care providers.

The facility provided documentation for both the annual staff PREA education and the specialized training certificates for medical and mental health staff. The Health Services Administrator received her training through the VADOC which was conducted by a Sexual Abuse Nurse Examiner and RN. The remaining medical and mental health staff completed the National Institute of Corrections (NIC) website.

Interviews with medical and mental health staff confirmed that they have received appropriate training in detecting/assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicious of sexual abuse or sexual harassment. Both confirmed that they have never been the first person to be made aware of an incident of sexual abuse or sexual harassment; and both confirm that they are required to report suspicion, knowledge or information of such an allegation.

Based on the information discovered in the agency policies, documentation reviewed, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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, when 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, when 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, when 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 a: Incident of sexual abuse?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: 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.*

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that all offenders upon transfer from one DOC facility to another shall receive an assessment for their risk of being sexually abused or sexually abusive within 72 hours. Requires the screening to be completed by a counselor or other non-clerical facility staff. Requires interviews, evaluations, and other available offender records when completing the Classification Assessment in VACORIS. Requires that the sensitive information only be disseminated in accordance with policy. Prohibits disciplinary action towards an inmate who refuses to answer or disclose complete information when responding to the Classification Assessment. Requires that the facility reassess the offender's risk of victimization or abusiveness within 21 days utilizing the PREA Reassessment form, and this shall be scanned and uploaded as an external document to VACORIS.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires all offenders upon intake at Reception and Classification Centers shall receive a mental health screening by a health-trained staff or qualified health care personnel. Requires that transfers into DOC institutions shall receive a mental health appraisal by a qualified mental Health Professional within 14 days, and includes a review of sexual abuse victimization and predatory behavior. Requires an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 201): Requires that staff must document their perception of whether or not an offender appears to be gender nonconforming.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires staff document their perception of whether or not an offender appears to be gender nonconforming.

In an interview with the staff who conducts the risk screening, it was reported that an initial screening is conducted within twenty-four (24) hours of the offender's arrival. As a part of this process, staff review prior information in the agency computer, pre-sentencing reports, health issues and past criminal behavior. The screening that is conducted includes any disabilities, age, physical build, current and previous incarcerations, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Additionally, offenders are asked about their perception of vulnerability.

The auditor conducted a review of the printed database information of the offenders that were selected for interview to ensure that the screening is conducted as required by policy. This review showed that offenders receive a screening within twenty-four (24) hours of arrival. In a memo from the prior Agency PREA Coordinator, dated April 30, 2015, requires that risk screeners must document their own perception of gender non-conforming in the database as a part of the total risk screening. A review of the database found that this information is also present.

Access to information is available only to the Warden, directors, counselors, QMHP's, medical staff, Unit Manager, Major and the Facility PREA Compliance Manager. Referrals are made to medical or mental health at the time of the screening and these are documented. A review of documents indicates the facility is compliant with their policies and PREA standards for timeframes.

Based on the information discovered in the agency policies, observations, documentation, information obtained through staff and offender interviews, the auditor has determined the facility meets the requirements of the 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?  Yes  No
- 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?  Yes  No
- 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?  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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall use information from the Classification Assessment to make housing, bed, work, education, and program assignments with the goal to keep separate those at high risk of being sexually victimized from those at high risk of being sexually abusive. Requires individual determination about how to ensure the safety of each offender. Requires that the Gender Dysphoria Committee will make individual recommendations for services and programming for transgender or intersex inmates. Requires placement and programming to be reviewed for all transgender or intersex offenders twice a year (January & July) and this review includes a face-to-face meeting with the offender to discuss the offender's concerns or fears for their own safety. This review shall be documented in VACORIS. Prohibits the placement of LGBTI offenders in dedicated facilities, units, or wings

solely on the basis of such identification or status.

**MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION**, Operating Procedure 730.2 (rev 2015): Requires six month follow-up reassessments for offenders determined by the Classification Assessment as High Risk for Sexual Aggression (HRSA) and as High Risk for Sexual Victimization (HRSV). Requires that the Qualified Mental Health Professional will provide relevant results of the screening to the classification office for determination of housing and programming services.

**OFFENDER WORK PROGRAMS**, Operating Procedure 841.2 (rev 2014): Requires the institution Work Program Assignment Reviewer (Work PAR) to review the Classification Assessment prior to determining work assignments.

**MANAGEMENT OF BED AND CELL ASSIGNMENTS**, Operating Procedure 425.4 (rev 2016): Requires institutional staff to utilize the Classification Assessment to determine housing and bed assignments. Requires that housing and bed assignments for transgender or intersex offender shall be made on a case-by-case basis and shall take into consideration whether a placement would ensure the offenders health and safety and whether the placement would present management or security problems. Requires a six month reassessment of the Classification Assessment for all transgender and intersex offenders. Prohibits the placement of LGBTI offenders in dedicated housing units or wings solely on the basis of such identification or status.

**OFFENDER RECEPTION AND CLASSIFICATION**, Operating Procedure 810.1 (rev 201): Requires that the information from the Classification Assessment be utilized to make housing, bed, work, education and program assignments. Requires a six-month review of the Classification Assessment for transgender and intersex offenders.

**TRANSFERRED OFFENDER RECEIVING AND ORIENTATION**, Operating Procedures 810.2 (Ref 2016): Requires that information from the Classification Assessment is used to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those offender at high risk of being sexually victimized from those at high risk of being sexually abusive. Requires a six- month follow up alert be placed in VACORIS for transgender or intersex offenders. Requires staff document their perception of whether or not an offender appears to be gender nonconforming.

**TRANSFERS, FACILITY REASSIGNMENT**, Operating Procedure 830.5 (rev 2014): Requires the facility make an individualized determination about how to ensure the safety of each offender when assigning an offender to the Protective Custody Unit. Requires a case- by-case assessment when placing a transgender or intersex offender to the Protective Custody Unit. Requires the offenders own views with respect to their own safety shall be given serious consideration.

Per staff interview, risk assessment information is reviewed within fourteen (14) to twenty-one (21) days, if there is an incident of sexual abuse, upon request, or if there is receipt of additional information that bears on the offender's risk of sexual victimization nor abusiveness.

A review of the documentation provided at the facility shows that reviews of the risk assessment occur within thirty (30) days. This review showed that offenders receive a rescreening as required.

Should both an offender who is identified as vulnerable to victimization and an offender who is identified as a sexual aggressor be in the facility, it was reported to the auditor that steps would be taken to ensure they are separated by housing unit, programming, work, and education. She also reported that offenders identified as transgender or intersex would meet with the counselor in order to address any safety concerns the offender may have, as well as to determine any special needs

The Facility PREA Compliance Manager also stated that separation is critical when offenders are identified as vulnerable to victimization or sexually aggressive. She also reported that they have not recently had any offenders identified as sexually aggressive at the facility in some time. At the time of the audit there was one (1) offender who was identified as High Risk to Sexual Victimization (HRSV).

File reviews found that the offender who identified as HRSV meet with the QMHP to identify any services that may be needed. Staff are required to complete reassessments every Jan & July for transgender and intersex inmates.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility meets the requirements of the 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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 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.*

TRANSFERS, FACILITY REASSIGNMENT, Operating Procedure 830.5 (rev 2014): Requires that offenders identified as high risk of sexual victimization or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers. Placement in segregation must clearly document on the



Institutional Classification Authority Hearing report the basis for the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Requires that involuntary assignment to segregation shall only be long enough for alternative means of separation from likely abusers can be arranged, but no longer than 30 days. Requires the Regional PREA Analyst be notified of this assignment and kept informed of any changes in the offender's status.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 201): Requires that offenders identified as high risk for sexual victimization shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and it has been determined by the Qualified Mental Health Professional, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. Requires an assessment within 24 hours, if not immediately able to be completed. Requires the documentation to include the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

MANAGEMENT OF CELL AND BED ASSIGNMENT, Operating Procedure 425.4 (rev 2016): Requires that offenders identified as high risk of sexual victimization or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers. Placement in segregation must clearly document on the Institutional Classification Authority Hearing report the basis for the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Requires that involuntary assignment to segregation shall only be long enough for alternative means of separation from likely abusers can be arranged, but no longer than 30 days. Requires that offenders placed in segregation shall have access to programs, privileges, education, and work opportunities to the extent possible while ensuring their safety. Restrictions of programs, privileges, education and work opportunity the duration of the limitation and the reasons for the limitation.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that offenders identified as high risk for sexual victimization shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and it has been determined by the Qualified Mental Health Professional, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. Requires an assessment within 24 hours, if not immediately able to be completed. Requires the documentation to include the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

Memos from the Warden, dated July 17, 2017 states that they have had no offenders identified as high risk of victimization requiring placement in restricted housing in the past year. In an interview with the staff who supervises offenders in the restricted housing unit, he reported that he has been a staff at BCC since 2011 and cannot remember when a victim of sexual abuse, or a vulnerable offender, was placed in the Restricted Housing Unit (RHU). He reports that offenders placed here for their own protection would have access to programs, privileges, education and work only if there is no safety concern and that this would be documented. He reported that offenders placed in RHU would be reviewed every 30 days and that this meeting is held with counselors, unit manager, the Major and the Facility PREA Compliance Manager.

No offender interviewed who made an allegation or reported a prior victimization reported being placed in RHU. This was confirmed through the investigation files.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility meets the requirements of the 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?  Yes  No

#### 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only to the immediate point-of-contact line officer. Requires that offenders may report abuse to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline #55, or in writing using the Offender request or Informal Complaint. Requires that staff must accept reports made verbally, in writing, anonymously, and from their parties. Requires an offender method of reporting must include reporting to an outside public or private entity or office that is not part of the agency and is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Requires that the agency provide a way for staff to privately report sexual abuse and sexual harassment of offenders.

OFFENDER GRIEVANCE PROCEDURE, Operating Procedure 866.1 (rev 2016): Requires that staff shall accept any report of sexual abuse or sexual harassment made through the Informal Complaint system or the Formal Grievance system and immediately notify the Facility Unit Head, PREA Compliance Manager and the Regional PREA Analyst.

REPORTING SERIOUS OR UNUSUAL INCIDENTS, Operating Procedures 038.1 (rev 2015): Requires that staff shall accept reports made verbally, in writing, anonymously, and from their parties and shall promptly document verbal reports as an Internal Incident Report with PREA checked in the description field.

OFFENDER SERVICES, Operating Procedure 801.6 (rev 2015): Requires orientation on reporting sexual abuse or sexual harassment through the OffenderRequest.

OFFENDER TELEPHONE SERVICE, Operating Procedure 803.3 (rev 2016): Requires that phones shall have the ability to dial the PREA/Sexual Abuse Hotline at #55.

BCC provides multiple ways for offenders to report sexual abuse and sexual harassment, as well as retaliation for reporting sexual abuse and any staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders are informed upon intake that they can dial #55 – option 1 – a direct line to reporting

abuse following an incident of sexual abuse or sexual harassment, which does not require an offender's personal identification number when calling. This line goes directly to Virginia DOC PREA/Sexual Abuse Hotline. Offenders are also advised that they can tell any staff member, including contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment. Offenders can also report sexual abuse or sexual harassment in writing through the Informal Complaint system or the Formal Grievance system.

Externally, offenders can contact Action Alliance through the use of the #55, option 2, who has entered into a Memorandum of Understanding with Virginia DOC. This MOU provides that Action Alliance will receive calls alleging sexual abuse and sexual harassment and forward this information to the Agency PREA Coordinator and will maintain confidentiality if so requested by the offender. Information regarding reporting through Action Alliance is provided to offenders upon intake. The auditor called Action Alliance utilizing the offender phone system to verify it was working and that services are provided to offenders if requested.

Staff interviewed confirmed that they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and from their parties and report to their supervisor. Staff are also provided information for reporting in a confidential manner through a separate phone number that is outside of the facility.

Offender interviews found that they were very familiar with how to report sexual abuse or sexual harassment, that they were provided information on their arrival, and that there is information posted in the facility to remind them of how to report.

The auditor observed a variety of information posted throughout the facility that ensures offenders have information to access reporting sexual abuse or sexual harassment. Additionally, the facility has the PREA/Sexual Abuse Hotline number (#55) neatly painted on the walls.

A file review of allegations of sexual abuse or sexual harassment in the past twelve (12) months showed that of the six (6) allegations, two (2) reported through the PREA/Sexual Abuse Hotline, one (1) was reported through an Informal Complaint, and three (3) were reported directly to a staff member.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility exceeds the standards, as such the facility offers direct reporting through staff and a dedicated phone line for reporting sexual abuse that allows an offender to remain anonymous.

## 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  NA

### 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that there is no time limit for an offender to submit a grievance regarding an allegation of sexual abuse. Allows for third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of offenders. Requires that if an offender declines to have the request process, the agency will document the offenders' decision.

OFFENDER GRIEVANCE PROCEDURE, Operating Procedure 866.1 (rev 2016): Requires each facility to have a Grievance Coordinator. Requires that the facility will respond within 20 days to grievances alleging sexual abuse, with written continuances of 30 days. Requires all grievances alleging sexual abuse must not exceed 70 days. Requires that the expiration of a time frame (to include any authorized continuances) at any stage of the process shall be considered a denial and shall qualify the grievance for appeal to the next level of review. Requires Emergency Grievances alleging imminent sexual abuse requires automatic forwarding to the Administrative Duty Officer or Shift commander who must respond within 8 hours. Both the initial response and final agency decision shall document the institution's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance. Requires that offenders may submit an allegation of sexual abuse through a grievance without first submitting to the staff member who is the subject of the complaint, is not referred to the staff member who is the subject of the complaint, and will not be the respondent of a grievance. Prohibits charges against an offender for filing a grievance related to sexual abuse only where the institution demonstrates that the offender filed the grievance in bad faith. Requires that an offender is not required to utilize the Information Complaint before submitting a formal grievance.

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev 2016): Reaffirms that reports of sexual abuse and offender grievance made in good faith do not fall under the offender discipline system, even if the outcome of an investigation is not substantiated.

The facility reported no grievances in the past twelve (12) months that alleged sexual abuse or sexual misconduct. In an interview with staff who handles offender grievances, she confirmed that no grievances alleging sexual abuse or sexual harassment have been received through the grievance process. She reported two (2) allegations were received through the Informal Complaint process. She reported that if she were to receive a grievance alleging sexual abuse it would be immediately forwarded to the investigator and the grievance process would not be utilized with the exception to respond to address any imminent danger to the victim and any action taken in regards to the victim within eight (8) hours.

Based on the information discovered in the agency policies, observations, staff interview, and information obtained through the pre-audit questionnaire, the auditor has determined the facility meets the requirements 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?  Yes  No
- 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.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that facilities provide to offenders outside confidential support services and that the facility provide reasonable communication between offenders and these organizations and agency, in as confidential a manner as possible. Requires the facility to inform offenders prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Requires that each facility maintains a Memorandum of Understanding with Action Alliance, a provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse.

Offenders are able to request confidential support services through their counselor or through Action Alliance, a community service provider under an MOU to provide such services. Offender access to Action Alliance is provided during Orientation. Contact with Action Alliance is through the offender phone system, #55 and option 2. Interviews with offenders found that they were unfamiliar with how to access outside emotional support services; however they did report getting information during Orientation. Prior to the writing of this report, VADOC updated their offender PREA Brochure to include both #55 options and the facility conducted training with offenders that included presenting them with the new PREA Brochure. A copy of signed rosters were provided to the auditor.

Based on the information discovered in the agency policies, observations, information obtained through staff and offender interviews, and facility follow-up, the auditor has determined the facility meets the requirements of the 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the Department of Corrections to provide contact information on how to report sexual abuse and sexual harassment on behalf of an offender on its' website.

Interviews with staff and the investigator confirmed that they are to receive allegations of sexual abuse or sexual harassment from third party reporters and that these are reported to investigators as if an offender made the allegation. The Agency website provides information for third party reporters and was viewed by the auditor. A form has been created that allows for third-party reports to report sexual abuse or sexual harassment directly to the VADOC. The facility also provides the Visitor/Offender Brochure that includes the agency website and how to report abuse.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility meets the requirements of 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all employees, volunteers, and contractors shall immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Requires that information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions.

Requires that if an offender is under the age of 18, aged, incapacitated, or offenders who are receiving services from a Department of Corrections Licensed Mental Health Program, the Organizational Unit Head or Administrative Duty Officer in their absence, is required to immediately report any alleged abuse to the local Department of Social Services.

OFFENDER SERVICES, Operating Procedure 801.6 (2015): Requires information to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): requires that at the initiation of services, both medical and mental health practitioners are required to report sexual abuse to the Facility Unit Head or Administrative Duty Officer to assure separation of the victim from their assailant and the practitioner is required to inform offenders of the duty to report and the limitations of confidentiality.

MEDICAL SCREENING, CLASSIFICATION, AND LEVELS OF CARE, Operating Procedure 720.2 (rev 2015): Requires that all offenders shall be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and the limitations of confidentiality prior to conducting a screening, appraisal, or examination.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires that the Qualified Mental Health Professional notify the Facility Unit Head of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Requires that at the initiation of services, before beginning the Sexual Assault Assessment, the Qualified Mental Health Professional will advise the offender of the practitioner's duty to report and the limitations of confidentiality.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that all allegations of sexual abuse and sexual harassment, regardless of how the information is received, is to be reported to the facility designated investigator who will conduct an initial investigation and immediately notify the Regional PREA Analyst of the allegation.

VADOC requires all persons who are employed, contracted, or who volunteer at the facility to report any information, suspicion, or knowledge of sexual abuse or sexual harassment, as well as any retaliations towards a person who has reported sexual abuse or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed confirmed that they are required to report and have received this training annually during in-service. Policy prohibits the sharing of information with anyone who is not a part of the investigation or reporting process.

Interviews with staff, including medical and mental health staff, confirm that they are required to report any knowledge, suspicion or information of sexual abuse or sexual harassment to the Facility PREA Compliance Manager, Investigator, or other Administrative staff. Medical and mental health staff report that they provide to offenders the limitation of confidentiality and their duty to report through a mandated form. The Warden and Facility PREA Compliance Manager confirmed that all reports of alleged sexual abuse or sexual harassment, regardless of where the information came from, is reported to the Investigator.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the facility shall take immediate action if staff learn that an offender is at risk of imminent sexual abuse.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires that offenders who are at risk of imminent sexual abuse will be referred to a Qualified Mental Health Professional who will consult with the Warden or designee to recommend immediate action to protect the offender.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires that offenders who are at risk of imminent sexual abuse will be referred to a Qualified Mental Health Professional who will consult with the Warden or designee to recommend housing recommendations to protect the offender.

OFFENDER GRIEVANCE PROCEDURE, Operating Procedure 866.1 (rev 2016): Requires Emergency Grievances alleging imminent sexual abuse requires automatic forwarding to the Administrative Duty Officer or Shift commander who must respond within 8 hours. Both the initial response and final agency decision shall document the institution's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance.

Interviews with staff indicated that they are required to immediately separate an offender who is believed to be at risk of imminent sexual abuse and to contact their supervisor. Per Warden's memo, dated July 17, 2017,

there were no instances where an offender was identified at risk of sexual abuse in the past twelve (12) months at BCC. This was confirmed in an interview with the Warden and Facility PREA Compliance Manager.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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

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received from another facility that an offender was sexually abused while confined at that facility, it shall be investigated in accordance with PREA standards.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that an allegation made whereby an offender was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, that the notification will be made within 72 hours, and shall be documented. Requires that any receipt of an allegation of sexual abuse from another facility that occurred while confined in that facility shall ensure an investigation is completed.

In the interview with the Agency head, the Special Investigations Unit (SIU) would be notified by both the facility receiving the allegation and the facility where the allegation took place as per policy. The SIU would respond to the facility where the offender is located to conduct an interview. This system would ensure that all allegations are reported.

The facility reported one (1) allegation was received by an offender who reported a sexual abuse in another VADOC facility. This was immediately reported to SIU and to the facility where the event allegedly occurred. This is documented in the investigation file that was reviewed by the auditor.

A Warden's memo, dated July 17, 2017, confirms no allegations of sexual abuse that occurred in BCC was received by another facility. This was confirmed through a review of the six (6) investigation files.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility meets the requirements of the 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.*

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene.

EMERGENCY OPERATION PLAN, Operating Procedure 075.1 (6/16): Requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene. A first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.



A review of the training material finds that all staff receive information on responding to an allegation of sexual abuse by separating the victim from all others, protecting any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), protecting any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and securing the crime scene. Interviews with staff found that they were able to articulate the steps required if they become aware of a sexual abuse. This same information is noted within the Coordinated Response Plan as well.

In interviews with staff, all reported that they are required to protect/separate the victim, preserve any forensic evidence (on the offender, perpetrator or in the area where the incident was alleged to have occurred). An interviews with two (2) contractor confirmed their knowledge and actions to protect the victim and notify the nearest security staff.

Based on the information discovered in the agency policies, observations, and information obtained through staff and offender interviews, the auditor has determined the facility meets the requirements of the 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that each

facility shall have a Coordinated Response Plan.

EMERGENCY OPERATION PLAN, Operating Procedure 075.1 (6/16): Requires the use of the Sexual Assault Response Checklist to guide initial coordinated response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership.

PREA Coordinated Response Plan was reviewed and was found to be facility specific. It includes steps for the First Responder, Supervisor, Evidence Collection, Medical, Mental Health, Investigator and PREA Compliance Manager. The Plan includes the Sexual Assault Victim Search/Evidence Collection Protocol. The Sexual Assault Response Checklist was provided to the auditor and this form documents initial information related to the response of an incident of sexual abuse, as well as names/phone numbers for appropriate communication of the events.

The Warden reports that the Facility PREA Compliance Manager ensures compliance with the Plan. The Coordinated Response Plan is a step-by-step plan instructions guide on evidence collection, document preparedness and review, and notification of administration, mental health, medical and investigators.

A review of the investigation files for sexual abuse that occurred shows compliance with the facility plan.

Based on the information discovered in the agency policies, observations, information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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

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The facility provided a memo, dated April 22, 2013, which states "In accordance with the Code of Virginia, collective bargaining is prohibited. Per 40.1-57.2, "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 agency 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."

This was confirmed with the Agency PREA/ADA Coordinator that collective bargaining is not utilized in VADOC.

Based on the information discovered in the Code of Virginia and conversation with the Agency PREA/ADA Coordinator, the auditor has determined the facility meets the requirements of the 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 residents 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other offenders and staff. Requires protections such as housing changes or transfers for offenders victims or abusers, removal of the alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation are available. Requires monitoring for a minimum of ninety (90) days, with periodic status checks, and provides protections for any other individual who cooperates with an investigation.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): Requires protections from retaliation for offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations.

CRITICAL INCIDENT PEER SUPPORT TEAM, Operating Procedure 145.5 (rev 2017): Requires that members of the Critical Incident Peer Support (CIPS) Team must be willing to respond to the emotional support needs for staff who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment.

The staff who conducts retaliation monitoring is the Facility PREA Compliance Manager. She utilizes a facility specific form to documents thirty (30), sixty (60) and ninety (90) day checks of victims, reporters, and others who express fear of retaliation. This form documents the date of the allegation, the date the investigation was closed, the outcome of the investigation, and the monitoring of disciplinary report, housing changes, program/job changes, and allows a section for comments such as continue monitoring or additional status checks. Additionally, she reports that she addresses pay reductions of offenders. For staff retaliation monitoring, she addresses disciplinary actions, lower than expected annual reviews, moves from post, and

attendance.

She reports that she meets with the victim, reporter or other person who expresses fear of retaliation within two (2) days unless they are out at the hospital. She follows up every thirty (30) days thereafter, or more frequently if the person requests or she notices changes. Additionally, as ADO, she tours the facilities and makes a point to have indirect contact with a person who is being monitored for retaliation. She reports that she would monitor a person beyond ninety (90) days, but would also address the underlying needs of the individual.

A review of her logs indicates that all six (6) allegations made within the past twelve (12) months included retaliation monitoring of the alleged victim either until the allegation was unfounded or at the ninety (90) day mark.

Based on the information discovered in the agency policies, documentation reviewed, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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

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MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires all offenders identified as HRSV or an alleged victim of sexual abuse shall be checked to determine the need for

continued separation from the general population. Requires that HRSV or offenders alleged to have suffered sexual abuse shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and a determination by the QMHP and Shift Commander must agree. Requires that the Regional PREA Analyst must be notified. Requires an assessment must be completed immediately, but no later than 24 hours. Requires a documented basis for the use of Special Housing and the reason no alternative is available.

TRANSFERS, FACILITY, REASSIGNMENTS, Operating Procedure 830.5 (rev 2014): Requires that offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers.

Warden's Memo, dated July 17, states no offender has been placed in the Restricted Housing Unit (RHU) as a result of being identified as HRSV or an alleged victim of sexual abuse. A review of the investigation files found that while an alleged victim was never placed in RHU, there is evidence that the facility may place the alleged perpetrator in RHU during the investigation.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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

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SPECIAL INVESTIGATIONS UNIT, Operating Policy 030.4 (rev 2015): Requires that all investigations shall receive special training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews. Requires that credibility of any person shall be assessed on an individual basis.

Prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Requires that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires substantiated allegations of criminal conduct be referred for prosecution. Requires that an investigation not stop should be alleged abuser or victim depart from the employment or control of the facility or agency.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires an administrative or criminal investigation be conducted in accordance with PREA standards. Requires the facility shall cooperate with SIU and shall remain informed as to the progress of the investigation. Requires the report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Requires all documentation be retained for five years after the alleged perpetrators release or employment ends.

Warden's Memo, dated July 17, 2017, states there were no sexual abuse investigations that were referred for prosecution in the past twelve (12) months.

The investigator who was interviewed reported that he has received specialized training in order to conduct PREA investigations. He reports that investigations begin immediately upon notification. Initial response by the investigator includes reviewing the method reported, interviewing the victim, ensure medical and mental health care is provided, gathering evidence, notifying the hospital, and making arrangements for a victim advocate if requested. He reports that evidence that may be collected include electronic video footage, clothing, medical records, witness statements, victim statement, alleged perpetrator statement, PERK (physical evidence recovery kit) results, and prior complaints. He reports that the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. He reports that all allegations are handled the same regardless how the information was initially reported. Referral to the SIU would follow any finding of a criminal nature or if staff is identified as the alleged perpetrator. He reports that the investigation does not end if the alleged perpetrator is released or terminates employment, or if the victim leaves the facility prior to completion of the investigation. When the case is referred to SIU, his role becomes a support staff to SIU.

The auditor reviewed six (6) investigation files and found evidence of compliance with the VADOC policy and the Investigators interview.

Based on the information discovered in the agency policies, observations, and information obtained through staff interview, the auditor has determined the facility meets the requirements of the 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.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): States that "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): States that "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev2016): States that a preponderance of evidence presented at a hearing shall be sufficient to support a finding of guilt.

During the interview with the Investigator, he reported that a preponderance of the evidence is used to determine the outcome of allegations of sexual abuse and sexual harassment. Per Warden's memo, July 17, 2017, the facility utilizes a preponderance of evidence to determine outcome of sexual abuse and sexual harassment allegations.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  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.*

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that the SIU will inform the Facility Unit Head of the outcome of an allegation and that the Facility Unit Head is to ensure notification is made to the offender.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that following an investigation, the offender will be informed as the outcome of the investigation. If the allegation was against a staff, the victim is to be notified of the outcome, whether the staff is no longer posted in the offender's unit or is employed at the facility, and whether the staff has been either indicted or convicted on a charge related to sexual abuse within the facility. If the allegation was against another offender, the victim is to be notified of the outcome and whether the offender has been indicted or convicted on a charge related to sexual abuse in the facility.

All investigations reviewed by the auditor contained a notification to the victim of the outcome of the investigation.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of 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.*

**RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS**, Operating Procedure 135.2 (rev 2013): Requires that any sexual misconduct be treated as a Group III offense subject to disciplinary sanctions up to and including termination. Requires that termination be the presumptive disciplinary sanctions for employees who have engaged in sexual abuse. Requires that all terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff, shall be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal.

**STANDARDS OF CONDUCT**, Operating Procedure 135.1 (rev 2016): Requires that staff who are terminated or who resign in lieu of termination for a violation of the sexual abuse or sexual harassment policies shall be informed of the DOC's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires that staff shall be subjected to the disciplinary sanctions up to and including termination for violation the DOC sexual abuse or sexual harassment policies. Requires that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Requires that violations of the DOC policies relating to sexual misconduct or

sexual harassment – other than actually engaging in sexual abuse – shall be 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.

The facility reported no staff have violated the agency sexual abuse or sexual harassment policies in the past 12 months. This was confirmed with Warden. A memo from the Warden, dated July 17 2017, confirms that there were no founded investigations that resulted in staff disciplinary action for a violation of the agency sexual abuse or sexual harassment policies.

A review of the six (6) investigations was conducted. The two (2) allegations against staff were allegations of sexual harassment and both closed as unfounded.

Based on the information discovered in the agency policies, observations, and interviews with staff, the auditor has determined the facility meets the requirements of 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.*

VOLUNTEER PROGRAM, Operating Procedure 027.1 (rev 2015): States that grounds for dismissal may be as a result of failure to comply with DOC procedures, state or federal laws, or unit rules. Requires that any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to licensing bodies. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): Requires that any contractor or volunteer who engages in sexual abuse of offenders shall be prohibited from contact with offenders and shall be reported to any relevance licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

A memo from the Warden, dated July 17, 2017, reports that there were no instances or reports whereby a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment agency policies and procedures. This was confirmed during an interview with the Warden.

A review of the six (6) investigations was conducted. There were no allegations of sexual abuse or sexual harassment against a volunteer or contractor.

Based on the information discovered in the agency policies, observations, and interviews with staff, the auditor has determined the facility meets the requirements 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)

- 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.*

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev2016): Requires a finding of guilt will only be based on the preponderance of the evidence presented at the Discipline Hearing. Requires that offenders who violate offense 106 (sexual assault upon or making forcible sexual advances toward an offender or non-offender) shall be referred to their counselor for reassessment of the offender's risk of sexual victimization and abusiveness. Requires that offenders charged with offense 121 (False statements or charges against an employee) shall be handed with utmost caution and fairness to avoid hindering the offenders' right to file complaints against employees, and prior to a finding of guilt an impartial third party will deter if there are any facts that could substantiated the statement or charge. Requires that reports of sexual abuse and offender grievance made in good faith shall not constitute falsely reporting an incident or lying, even if there is not enough evidence to substantiate the allegation. Requires that penalties for offenses 106 and 121 consideration shall be given to the nature and circumstance of the offense committed, the offender's disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories. Requires that offenders charged with offense 206 (Lying or giving false information to an employee) excludes disciplinary action if the report was made in good faith and that such a report shall not constitute falsely reporting even if the evidence does not substantiated the allegation. Requires that offenders charged with offense 233 (making sexual advances, either physical, verbal in nature, or in writing towards an offender or non-offender without their consent) shall be offered therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior if the facility has these services available.

GOOD TIME AWARDS, Operating Procedure 830.3 (rev2015): Requires that offenders identified as HRSA that does not comply with therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for the abuse shall be charged with an offense under 200.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that an offender may be charge with a disciplinary offense if it is determine a report of offender-on-offender sexual violence or employee sexual misconduct or harassment is found to be false. Requires that offenders shall not be charged for reports of sexual abuse made in good faith.

A memo form the Warden, dated July 17, 2017, states that there have been no reports alleging sexual abuse by an offender towards an offender, and therefore no disciplinary action has been taken. This was confirmed during the Warden's interview.

A review of the six (6) reports did not find any disciplinary action taken placed due to an offender-on-offender sexual abuse. There were indications of disciplinary action towards an alleged victim when it was determined that the allegation was fabricated. T

Based on the information discovered in the agency policies, observations, and staff interviews, the auditor has determined the facility meets the requirements of the 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?  Yes  No

#### 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

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**MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION**, Operating Procedure 730.2 (rev 2015): Requires that within 14 days of completion of the Classification Assessment, the QMHP will notify offenders identified as HRSA or HRSV of the availability for follow-up referrals with a mental health practitioner and any available treatment or programming. Requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, for the purposes of treatment plans, security and management decisions. Requires that medical and mental health staff obtain informed consent from offenders before reporting information about sexual victimization that did not occur in an institutional setting, unless the victim is under the age of 18.

**MANAGEMENT OF BED AND CELL ASSIGNMENTS**, Operating Procedure 425.4 (rev 2016): Requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners, and other staff as necessary, for the purposes of treatment plans, security and management decisions.

**HEALTH RECORDS**, Operating Procedure 701.3 (rev 2016): Requires that medical and mental health staff obtain informed consent from offenders before reporting information about sexual victimization that did not occur in an institutional setting, unless the victim is under the age of 18.

Interviews with medical staff and a mental health staff confirmed the referral process for offenders who report sexual victimization or are identified as being sexually abusive at intake or whenever information is reported is within fourteen (14) days. Staff who conduct the risk assessment also confirmed that notification to medical/mental health is made when an inmate reports a prior victimization. Medical and mental health staff were aware of the requirement for informed consent before reporting information about a sexual victimization that did not occur in an institutional setting. The Warden and Facility PREA Compliance Manager confirmed that persons under the age of 18 are not housed at this facility. Documentation of follow-up meetings were reviewed.

Based on the information discovered in the agency policies, observations, documents, information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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.*

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Policy 720.7 (rev 2016): Requires the timely, and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner. Requires that victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. Requires that treatment services are provided free of cost and regardless of whether the victim

identifies the abuser or cooperates with an investigation.

**MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION**, Operating Procedure 730.2 (rev 2015): Requires the timely, and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse.

**EMERGENCY OPERATION PLAN**, Operating Procedure 075.1 (6/16): Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner.

**PRISON RAPE ELIMINATION ACT (PREA)**, Operating Procedure 038.3 (rev 2016): Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner.

**CO-PAYMENT FOR HEALTH CARE SERVICES**, Operating Procedure 720.4 (2016): Requires that offenders are not to be assessed a co-payment charge for emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident.

Interviews with medical staff and mental health staff confirm that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical confirmed that services begin immediately upon notification and carry through any hospital orders, or medical practitioner follow-up care. If medical staff or mental health staff are not present, the Shift Commander would make appropriate notifications and following directives of medical staff regarding any forensic examination. The facility would follow the Coordinated Response Plan which includes notification to medical and mental health staff, as well as transporting the victim to a local hospital if the incident was reported in a timely manner that allowed for evidence collection.

Medical reported that the hospital would begin any sexually transmitted infection prophylaxis treatment/services. Mental health services begin when the victim is available and after medical care is first provided. Mental health staff report that they would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services.

There have been no allegations of sexual abuse at this facility during the reporting period where an inmate was transferred out to for a forensic examination. Medical staff confirmed they have not been made aware of any allegations.

In a review of the six (6) investigation files, the auditor saw documentation of the Coordinated Response Plan being followed and offenders referred to either medical or mental health staff for services.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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.)  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.)  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

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CO-PAYMENT FOR HEALTH CARE SERVICES, Operating Procedure 720.4 (2016): Requires that offenders are not to be assessed a co-payment charge for emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Policy 720.7 (rev 2016): Requires ongoing medical and mental health care for sexual abuse victims and abusers, including both evaluations and treatment. Requires, as appropriate, follow-up services, treatment plans and referrals. Requires services to be consistent with the community level of care. Requires pregnancy tests, as necessary, and timely access to all lawful pregnancy-related medical services. Requires offered tests for STD's as medically appropriate. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires ongoing medical and mental health care for sexual abuse victims and abusers. Requires medical and mental health evaluation and treatment. Requires, as appropriate, follow-up services, treatment plans and referrals. Requires services to be consistent with the community level of care. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with medical and mental health staff indicate that victims are offered a Sexual Assault Assessment, individual and group treatment, treatment plans, referral to the Psychiatrist, medications as ordered by the physician, laboratory testing for STD and HIV, treatment for trauma and sense of victimization, change in facility/environment, conducting risk assessments, follow-up mental health services, treatment plan if indicated and offender agreed, referral for continued treatment upon the offender's release, and any other services that are indicated or requested by the offender. The mental health staff reported that mental health evaluations of all known offender-on-offender abusers are offered treatment services within fourteen (14) days, and if a new report, a new mental health evaluation would be completed as quickly as possible. Mental health staff also reported that all offenders receive a mental health evaluation during their few weeks at the facility.

A review of files found that there were no known offender-on-offender abusers at the facility. A review of the six (6) investigative files found that there were no unsubstantiated or substantiated incidents of sexual abuse.



Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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.*

REPORTING SERIOUS OR UNUSUAL INCIDENTS, Operating Procedures 038.1 (rev 2015): Requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires an After Action Report/Improvement Plan may serve as the Review of the Incident in critical incidents. Requires a review team to consist of at least two (2) DOC employees and one (1) Administrative Duty Officer who solicits input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse incident reviews. Requires the review shall be completed and submitted within seven (7) working day of the initial Incident Report. Requires causal factors, methodology, review of all documents, interviews of participants/witnesses, examination of any physical evidence, examination of the area where the incident allegedly occurred, review of relevant operating procedures/training manuals/equipment operating manuals, and the development of an action plan to limit further incidents. Requires a brief summary of the incident, analysis of the causal factors and contributing circumstances, actions to prevent future incidents and submission to the Regional Office for review. Requires submission of the final report to the Regional PREA Analyst.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires submission to the Regional PREA Analyst within fourteen (14) days of the completion of the investigation or notification to the Regional PREA Analyst requesting an extension.

There were no allegations of sexual abuse in the past reporting period that required a sexual abuse incident review. In an interview with the Major, he reported that an incident review would be completed and would address motivation, physical barriers, staffing, investigations reports, visitation/phone calls, and camera placement. He reports that an Incident Review Team has not been conducted review at this facility since

2016 as there have been no substantiated or unsubstantiated investigations of sexual abuse in the past reporting period.

A review of the six (6) investigation files found that those identified as sexual abuse closed as unfounded, and therefore no Incident Review was required.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Requires annual aggregate of the sexual abuse data. Requires the collection of necessary data to respond to the DOJ – Survey of Sexual Violence. Requires that data will be collected from any private facility with which it contracts for the confinement of offenders. Requires the data be provided to the DOJ no later than June 30 of each year.

The auditor was provided with the 2014 and 2015 DOJ SSV-2 forms. The auditor was provided with the 2014, 2015, and 2016 annual reports. The reports reflect required information is gathered, maintained, and reported as required.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the 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.*

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the DOC to collect and review data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Requires the report to include comparison data and corrective actions from prior years. Requires the report is approved by the Director and made public. Allows the redaction of specific material and an indication of the material redacted.

The auditor was provided the 2014, 2015, and 2016 annual reports. The reports reflect comparison data and

corrective actions specific to VADOC facility and private facility as well as to the agency. The report was approved by both the Agency PREA Coordinator and the Agency Head.

Interview with the Agency Head found that the agency utilizes Incident Report, Critical Incident Debriefing and an After Action Report to assist with identifying the lessons learned and to obtain information on facility specific corrective action. The Agency PREA Coordinator reports that information is gathered and submitted to the public through an annual report that is available on the website, and includes comparison data and any facility modifications or agency policy changes. She also reports that the information is security retained and ongoing corrective action is tracked. The Facility PREA Compliance Manager reports that all information collected from Incident Review is forwarded to the Regional PREA Analyst.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the standard.

## 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.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall ensure that data collected of allegations of sexual abuse is securely retained, and makes information readily available to the public through an annual report on its website. Requires that before making the report public, the DOC shall remove all personal identifies. Requires the DOC to maintain this information for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

The auditor was provided the 2014, 2015, and 2016 annual reports for review.

In an interview with the Agency PREA Coordinator, it was reported that all information is securely maintained in a database where only the PREA unit has access. A review of the 2016 report finds that there is no personal identifiers within the report.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the standard.

## 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 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.*

In conversation with the Eastern Regional PREA Analyst who schedules all PREA audits for VADOC, she has reported that VADOC has conducted PREA audits for all facilities in the first reporting period, as well as has completed PREA audits in the first year of the second reporting period.

The auditor was offered and provided access to any and all areas of the facility, including closets, rooms, and external buildings. The auditor was provided any documentation requested with no hesitation on the part of VADOC. The auditor was provided a private room in order to conduct interviews with staff, contractors and offenders. Offenders were permitted to send confidential information or correspondence to the auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the facility.

## 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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The auditor has reviewed the VADOC website and all facilities have a PREA report present.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Bobbi Pohlman-Rodgers

11/03/2017

**Auditor Signature**

**Date**

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

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