

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility:		Deep Meadow Correctional Center and James River Work Center	
Physical address:		3500 Woods Way, State Farm, Virginia 23160	
Date report submitted:		April 11, 2014	
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Date of facility visit:		March 12 - 14, 2014	
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:		(804) 598-5503	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	X State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	x Prison	
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Agency Information			
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Governing authority or parent agency: (if applicable) (
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Agency Chief Executive Officer			

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Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE: The PREA Audit of the Deep Meadow Correctional Center (DMCC) and the James River Work Center (JRWC) was conducted from March 12 through March 14, 2014. (When referring to “the facility,” unless otherwise noted, this term is intended to include Deep Meadow Correctional Center and the James River Work Center.) The Designated Auditor, Charles Kehoe, was assisted by David Haasenritter, a Certified PREA Auditor.

The audit team wishes to extend its appreciation to Warden Harris Diggs and his staff for the professionalism, hospitality, and kindness they showed the audit team.

The audit team also wishes to compliment the DOC PREA Coordinator, Elizabeth Thornton and Regional PREA Analysts, Lawanda Long and Rose Durbin, for their outstanding work in organizing the electronic files that were provided to the auditors in advance of the audit. This enabled the audit to move forward very efficiently

The Virginia Department of Corrections PREA Coordinator, one of the Regional PREA Analysts, and the agency contract manager were interviewed by Mr. Haasenritter and Mr. Kehoe on December 16, 2013. Mr. Haasenritter conducted a telephone interview with a representative of the victim advocacy agency that provides emotional support services for offenders who have been sexually abused.

On December 30, 2013, the Designated Auditor, Charles Kehoe, interviewed the Director of Corrections, Mr. Harold Clarke.

Following the Entrance Meeting, the audit team was given a very thorough tour of the Deep Meadow Correctional Center and the James River Work Center. Following the tour, the audit team began the interviews and reviews of investigative files and other documents.

At least one offender from each housing unit was interviewed. Those interviewed were randomly selected, by the auditors, from a list of all the offenders in the facility. In addition, offenders who were identified as being in a designated group (i.e., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) were also interviewed.

At least 10, randomly selected, correctional officers and other identified specialized staff were interviewed, including the Warden, PREA Manager, Investigator, first responders, health care providers, and mental health professionals. Three volunteers and two contractors were also interviewed. In all, the auditors conducted 56 interviews

The audit found that, with the exceptions noted in this interim report, the Deep Meadow Correctional Center meets the vast majority of the PREA Prisons and Jail Standards. As will be noted in this report, the audit did find that not all offenders recall all the specifics of what was given to them during the

inmate orientation and education programs. For example, some offenders either did not know or they had forgotten that victim advocates are available for emotional support services related to sexual abuse, in spite of the fact that this information is provided in the PREA brochure and on the hotline. As with employees who receive regular training on PREA during muster and at the annual in-service training sessions, all offenders would greatly benefit from an annual PREA education refresher. Some additional issues that were identified during the audit were corrected immediately or shortly after the audit ended. In these circumstances, the audit team found that the facility now meets the standard.

The auditors were informed that cameras were being added to the food service storage and preparation area in response to an incident. Mirrors were also added in the same area. Additional cameras are being placed in the facility as dormitories are remodeled to accommodate fewer offenders. During the tour blind spots were identified and auditors were informed how these are being addressed as the renovations are made throughout the facility.

The audit team was impressed by how knowledgeable the correctional officers and other staff were about PREA, offender rights regarding PREA, first response, and evidence collection. There are a few staff who would benefit from a "refresher" training in specific areas, but the vast majority of staff clearly understand PREA and the agency's commitment to it. The auditors were impressed with the overall management of training records.

Health care and mental health services that are provided to the offenders at DMCC and JRCC are very professional. During interviews, the offenders often referred to how responsive the mental health professionals are when a request is made to see someone. This is especially valuable considering the older inmates who are assigned to the geriatric living unit.

When the on-site audit was completed, the audit team conducted an exit meeting. While the audit team could not give the facility a final finding, as there were some issues needing further documentation and clarification, the audit team did give an overview of the audit and thanked the Deep Meadow Correctional Center staff for their hard work and commitment to the Prison Rape Elimination Act.

Because the audit ended before volunteers and some correctional officers could be interviewed on the second shift, the designated auditor returned to the facility on March 18, 2014 and interviewed two correctional officers and three volunteers.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Deep Meadow Correctional Center is located on 5,000 acres of land, approximately 37 miles West of Richmond, Virginia in State Farm, Virginia in Powhatan County. This is a Security Level 2 facility (lower end of the security scale). The James River Work Center is located on the same property and is administered under the Warden Harris Diggs and his administrative team. It is a part of the Deep Meadow Correctional Center.

To be eligible for assignment to this facility, the offender must have no history of escape within the past 5 years and no history of disruptive behavior for the past 24 months. For an offender with a single life sentence, he must have reached his parole eligibility date.

The facility provides dining, recreation, health care and mental health services, academic and vocational programs, a faith-based reentry program, and a cognitive community program that also prepares offenders for reentry. DMCC also has a geriatric program for older offenders in the DOC.

At the time of the audit, the facility held approximately 650 offenders. There are a total of five open bay/dorm housing units. Unit 6B was undergoing renovation at the time and was not housing offenders. The facility does not have a special housing unit. Offenders requiring segregation are transferred to the Powhattan Correctional Center. Each general population building is divided into an A Unit and B Unit. Each unit houses between 70 and 75 offenders for a building total of approximately 150 offenders. The goal of the Department of Corrections is to reduce this facility's capacity. Renovations are underway to achieve this goal.

In addition to those buildings already mentioned, there is also a health care building, a mental health building, a program building, the dining hall an intake area, the Watch Office, and the administrative building. All the facilities were clean and orderly.

The James River Work Center has 278 beds . Offenders assigned to the facility are given work details. Several offenders work on the farm taking care of horses, a dairy herd and various crops. Others work at other locations providing maintenance and cleaning services for government buildings. The JRWC is an impressive program providing offenders meaningful work while saving thousands of tax dollars. The Thoroughbred Retirement Foundation at James River is a model program that enables offenders to care for retired thoroughbred horses and is an excellent example of corrections and community collaboration. Like DMCC, the JRWC was very orderly and clean.

Deep Meadow Correctional Center is accredited by the American Correctional Association

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	1
Number of standards met:	37
Number of standards not met:	3
Non-applicable:	2

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

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Virginia Department of Corrections has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Operating Procedure 038.3 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, other agency policies such as Operating Procedure 057.1 Personnel Records, supplement the main PREA policy. Agency policies and procedures were well organized and have been continually revised over the last few years as Virginia Department of Corrections has developed and implemented PREA guidance and procedures.

Ms. Elizabeth Thornton is the PREA Coordinator. She supervises three regional PREA Analysts; Ms. Rose Durbin is the regional PREA Analyst for the Deep Meadow Correctional Center. Ms. Lawanda Long is one of the other regional PREA Analyst, but also serves as the PREA audit coordinator. All three regional PREA analysts are active in managing the Virginia Department of Corrections PREA program. They conduct training and meetings to keep facility PREA compliance managers up to date on any changes and best practices. All are knowledgeable of PREA and the PREA standards, Ms. Durbin and Ms. Long are very knowledgeable and are actively involved in the PREA implementation process. Ms. Long is also a Certified PREA Auditor. Ms. Durbin claimed to have enough time to perform her PREA duties, and is very active at the facilities and not just a figure head from a regional office.

SGT Harrison is the Deep Meadow Compliance Manager and Institutional Investigator since October 2012. SGT Harrison claimed to have enough time to perform his PREA duties.

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

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Virginia Department of Corrections has one contracted facility. The Lawrenceville Correctional Center operated by the GEO Group Inc. In March 2013 its contract was amended to include entity's obligation to adapt and comply with PREA standards and the Virginia Department of Corrections responsibility to monitor GEO's compliance with PREA and any standards promulgated in furtherance of PREA. The Virginia Department of Corrections Operating Procedure 038.3 established the requirements in policy. Per conversation with Ms. Durbin and Ms. Long the process will be a mock PREA audit each year the contracted facility does not undergo an official PREA audit.

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Deep Meadow Correctional Center has developed a staffing plan and makes its best efforts to comply with the plan. The staffing plan is reviewed annually by the facility, region, and PREA Coordinator. The facility documents all deviations to the plan. Unannounced rounds are documented in logs, and are done randomly by Lieutenant and above staff. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring.

The facility is renovating housing areas to reduce the facility's capacity and to improve sight lines for officers. The team toured one of the housing areas being modified and the warden explained the changes. Additional cameras and mirrors are being added to the housing areas. In addition, cameras and mirrors are being installed in the kitchen and food storage areas in response to an incident. Security audits are conducted at every DOC facility annually which also helps to identify any monitoring or supervision issues.

§115.14 – Youthful Inmates

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

XX Not Applicable

Deep Meadow Correctional Center does not house any youthful offenders. Operating Procedure 038.3 and 425.4 covers the standard of separating youthful inmates. All youthful inmates are housed at Sussex 1 State Prison.

§115.15 – Limits to Cross-Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Deep Meadow Correctional Center does not conduct cross gender strip searches. Body cavity searches are only done by medically trained professionals per Operating Procedure 445.1.

Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks. Staff and inmates interviewed confirmed female staff are announced. Team observed female staff announce presence when they enter the housing unit. There is an exception, which are the unannounced supervisory checks. Opposite gender supervisors when making unannounced supervisory checks do not announce presence when they enter the housing unit per Operating Procedure 401.1 and a memorandum from the PREA Coordinator. Opposite gender staff should be announced once entering the housing area. The policy and procedures were changed on 20 March 2014 for opposite gender supervisors conducting unannounced rounds.

Operating Procedure 401.2 states "Staff of the opposite gender shall announce their presence when entering an offender housing unit. Staff of the opposite gender assigned to routine duties in an offender housing unit need announce their presence only once per shift the first time they enter each dormitory or housing pod." If they leave and no female correctional officer remains in the housing area, they should announce upon returning. The audit team recommended a plan of action that included updating OP 401.2, which was completed on 20 Mar 2014.

Per interviews pat down searches of transgender inmates are done by female staff doing the top and male staff doing the bottom of the inmate in accordance with Operating Procedure 445.1. No transgender inmates were present during the audit. Staff members interviewed knew and were comfortable with the procedures.

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

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks in English and Spanish. Hearing impaired inmates go to Powhatan Correctional Center and Fluvanna Correctional Center. Agency contracts for sign language and video remote interpreting services. Through the medical contract the agency also has a contract for other language interpretations, though it was not well known amongst staff. Auditors were told there is a contract with OPTIMAL for phone interpreters. Four staff speak Spanish and both inmates and staff stated inmates are not used as interpreters, especially if it is an issue with sexual abuse and sexual harassment. Staff on shift during interviews knew which staff members could speak Spanish.

§115.17 – Hiring and Promotion Decisions

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

This facility had not started doing background checks every five years prior to the audit. The background checks were previously done only when staff were hired, transferred, and promoted. The facility did conduct background check on all contractors. Background checks are documented.

Warden Diggs developed a plan during the audit to complete the background check within 30 days. The plan was to do all the staff regardless of when their last background checks had been completed. As of the date of this report, not all background checks had been reported as completed but are expected to be completed soon.

Applicants and employees have a continuing affirmative duty to disclose any sexual abuse in prison or other institution; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community by force or coercion or victim did not consent. Reviewed documents that demonstrated was done. Virginia DOC recently changed policy 057.1 to allow information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to be furnished to any institutional employer for whom the former employee has applied to work. The facility HR person did not know of the new policy and was provided a copy by the regional office before the audit was completed.

§115.18 – Upgrades to Facilities and Technology

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

Cameras have been requested for the kitchen and medical area with installation planned by April 2014. Mirrors were installed in September 2013 in the kitchen to counter blind spots in the storage area. The facility is renovating housing areas to improve line of sights for officers. The team toured one of the housing areas being modified, and the warden explained the changes. The changes will make a difference in the housing areas.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy and procedures outline evidence protocols and requirements for forensic medical exams. No outside agencies conduct investigations. Hospitals with SANE/SAFE are identified and are provided at no costs to the inmate when requested. No inmate has requested a forensic medical examination during the audit period. Action alliance trains Virginia DOC staff to be victim advocates. Victim advocates are on call and are not from facility victim is from. No victim advocates were required to date.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. The facility investigator initiates all investigations. SIU picks up on criminal cases and advises facility investigator on administrative investigations. All investigations are internal to DOC. The Auditor reviewed 15 investigations that had been conducted.

§115.31 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Virginia DOC provides all employees a three hour class which includes a video. In 2013 staff had to score 80% on a written exam to receive credit for PREA training. In 2014, there is no requirement for a test. Staff also acknowledge in writing their understand PREA. The acknowledgement form lists all the required areas of the standard. Review of the lesson plan demonstrates all the required areas are covered. All staff have been trained. Interviews of staff demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All contractors and volunteers 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.

Interviews of two contractors and three volunteers demonstrated their knowledge of PREA and their responsibilities and agency zero tolerance policy. The auditor reviewed contractor and volunteer training records, each have to sign a PREA Training Acknowledgement form.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

During intake inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. During facility orientation they receive additional training which consists of a video and additional information which expands on the previous information provided in the pamphlet and handbook. The inmates sign an acknowledgement of having received the training. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates.

During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy. The majority of offenders interviewed were substantially unaware of several critical pieces of PREA to include the difference between sexual abuse and sexual harassment. Some claim to be unaware that victim advocates are available for emotional support services related to sexual abuse. Some only recognize PREA training as the "candy bar video." The auditors recommend annual or refresher classes for the inmate population as done for staff.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

SIU trained Feb 11 – Feb 13, 2013

Training was developed by Moss Group. Two days of training with scenarios and far exceeds training requirements. SIU and facility investigator were trained Feb 11 – Feb 13, 2013.

§115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Medical staff do not conduct forensic medical examinations. Training records for medical staff demonstrated specialized and general PREA training was conducted. The auditors checked three training records.

§115.41 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. The screening is completed within 72 hours of arrival by policy and check of records. Screening information provided to mental health staff and records maintained with unit management team.

A new form was implemented in January 2014 that met all but one screening criteria (9)(d) inmates own perception of vulnerability. The inmate was never asked his own perception of vulnerability in the facility during the screen. On 14 March 2014 the policy was updated to include screening criteria d (9). On 28 March 2014, the auditors were provided screening documentation that confirmed inmates were being asked their own perception of vulnerability.

§115.42 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

XX Does Not Meet Standard (requires corrective action)

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. Housing and program assignments are done on a case by case basis.

The agency has a Gender Identity Disorder Committee led by Dr. Carey. The GID committee meets as needed and by email. The decision whether to place a transgender or intersex inmate in a male or female facility is based on biological sex (how you were born) unless reassignment surgery has been conducted at which time the offender would be moved to a facility of that sex. This method does not consider on a case by case basis whether a

placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Per follow-up interview with Dr. Carey, the Committee does use other factors, but these are not specified in the GID Committee Guideline. The Guideline states "In generally, offenders with the diagnosis of GID will be placed in facilities in accordance with their gender as determined by their external genitalia." It was also noted better records of the Committee meetings and decisions need to be documented.

At the time of the audit there was no transgender or intersex inmate in Deep Meadows Correctional Center.

§115.43 – Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after that.

Only Riverside Correctional Center houses Protective Custody inmates. Check of records demonstrated one inmate was moved to PC per his request.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The Virginia DOC and Deep Meadows Correctional Center provide multiple internal ways for inmates to report sexual abuse, sexual harassment and retaliation. The MOU allows for reporting to Action Alliance and that they will only forward immediately if victim agrees. Per the MOU, if not immediately reported it will be forwarded to DOC as part of the quarterly report. Per conversation with hotline; option includes outside reporting. A person will then take the information provided by the inmate, to include any request for follow-up actions and forward to the DOC. The inmate name will not be provided. Reports can also be taken through a third party, Deep Meadows Correctional Center had one third party report filed.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Virginia DOC Grievance Operating Procedures have been modified to address PREA standards. Per interview with the Warden, there has been no grievance submitted reference sexual assault, sexual harassment or retaliation for reporting an sexual incident.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Action Alliance is used for confidential reporting and outside confidential support services. Phone numbers and mailing addresses are provided to the inmate population on the PREA pamphlets they receive upon arrival to the facility. Recent flier added a PO Box address. Inmate interviews indicated some offenders did not know these outside support services were available.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The Virginia Department of Corrections Web site provides point of contacts and how to do a third party report. Third party reporting forms are in English and Spanish. The facility has received one third party report.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Staff and inmate interviews supported reporting and not discussing sexual abuse and harassment cases.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risks. There was no cases of an inmate who was subject to a substantial risks of imminent sexual abuse at Deep Meadows.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Operating Procedure 038.3 meets the requirements of the standard. One incident was reported at DMCC to the QMHP who reported it per procedure. There was documentation in the file that the matter was investigated by the other facility at the time the incident happened. This incident was reported to the facility in which the allegation was said to have happened by the PREA Manager. However, since talking to the Warden, the Warden reported that he will personally be making all future referrals in cases such as this, per the standard.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency's operating procedures meet the standard. (OP 030.4; 075.1; and 038.3)

Random interviews with staff at the DMCC confirm that the staff know what to do upon learning that an offender was sexually abused.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Operating procedures and the DMCC and JRWC PREA Plan meet the requirements of the standard. Interviews with staff confirmed they were knowledgeable about the PREA Plan and the coordinated duties and collaborative responsibilities.

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

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

XX Not Applicable

State employees in the Commonwealth of Virginia do not have collective bargaining rights per the Code of Virginia 40.1-57.2. As a result, there has been no collective bargaining agreement entered into since August 2012.

§115.67 – Agency protection against retaliation

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

The agency has an Operating Procedure 038.3 that protects inmates and staff who report sexual assault or sexual harassment. However, in Operating Procedure 130.1., it states:

“Employees and supervisors are charged with monitoring retaliation and shall report all incidents to the Special Investigations Unit who will review all allegations of retaliation and investigate as appropriate. (§115.67[a], §115.267[a]).”

The standard states “and shall designate which staff members or departments are charged with monitoring retaliation.” Operating Procedure 130.1. still needs to be updated.

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

Interviews with offenders and a review of the investigations confirms that the operating procedures are being followed.

§115.68 – Post-Allegation Protective Custody

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

OP 425.4 meets the requirements of the standard. No offenders were placed in protective custody following an allegation.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The DMCC Investigator (who also serves as the PREA Manager) conducts investigations within the facility. If an allegation appears to be criminal in nature, the Investigator will call upon the DOC Special Investigation Unit (SIU) to conduct the investigation. The SIU will provide technical assistance and support to the facility investigator for administrative investigations. The DOC SIU has full police powers. With the exception of recently hired investigators who are still in their field training, all SIU Investigators have received special investigation training.

Interviews with offenders confirmed that the DMCC Investigator does investigate every allegation.

Fifteen cases were reviewed.

All of the investigations were reviewed promptly, thoroughly, and objectively, including third-party and anonymous reports.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

A reviewed of DOC OP 130.1.9, 135.1.E and 861.1.11.b and interviews with the investigator and administrative staff confirm the DMCC meets the standard. One example of a terminated employee confirmed the practice.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

A review of OP 030.4 and OP 038.3 and a sample of the investigations completed indicated that offenders were informed of the outcome of the investigations. Confirmation was also received during offender interviews.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The DOC's Operating Procedures 130.1 and 135.1 meet the standard. A review of one investigation showed the employee was terminated and the matter was referred to the Commonwealth Attorney (prosecutor).

§115.77 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Operating Procedure 027.1 meets the requirements of the standard. Operating Procedure 130.1 was updated on 20 March 2014 designating the PREA Coordinator responsible to notify law enforcement and any relevant licensing body as applicable.

The Warden reported that have been no allegations of sexual abuse by contractors or volunteers.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Operating procedures 038.3, 820. 2, 830, and 861, confirm compliance with all parts of this standard. A review of investigations showed there was no documented inmate-on-inmate sexual abuse.

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

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

DMCC meets the requirements of the standard as confirmed by review of OP 425.4, 701.3 and 730.2 and staff and inmate interviews.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Review of operating procedures and interviews with staff and offenders confirm compliance. A memo from the Warden confirmed there were no sexual assaults and therefore access to emergency medical services were not needed or utilized. Some offenders did make use of the mental health services because of prior assaults.

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

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Review of operating procedures 720.1, 720.4, 720.7 and 730.2 and interviews with staff and inmates confirm compliance.

Standard 115.83 (e) is Not Applicable since this is an all male facility.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The review of specific incidents meets the requirements of the standard. In one specific case, the purchase order for new security mirrors was provided. However, the Report of Incident Review form (038_F3_6-13) does not indicate the date on which the investigation was concluded making it difficult to determine if the review occurred "within 30 days of the conclusion of the investigation." It is recommended that this information be added to the form.

§115.87 – Data Collection

XX Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument since 2008. The system is continuously improved. The system allows the agency to submit the annual DOJ Survey of Sexual Violence timely; and for use by the agency to monitor, trend and take corrective action.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Data is properly stored, maintained and secured. Access to data is tightly controlled.

AUDITOR CERTIFICATION:

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



Auditor Signature
Charles J. Kehoe,
Certified PREA Auditor

April 11, 2014

Date