

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 3, 2017

Auditor Information			
Auditor name: Jeff Kovar			
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Telephone number: 832-833-9126			
Date of facility visit: March 8-9, 2017			
Facility Information			
Facility name: Lunenburg Correctional Center			
Facility physical address: 690 Falls Road, Victoria, VA 23974			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 434-696-2045			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Dana Ratliffe-Walker			
Number of staff assigned to the facility in the last 12 months: 311			
Designed facility capacity: 987			
Current population of facility: 970			
Facility security levels/inmate custody levels: Level 2			
Age range of the population: 19-81			
Name of PREA Compliance Manager: LaCretia Watkins		Title: Institutional Program Manager	
Email address: Dana.Ratliffe-Walker@vadoc.virginia.gov		Telephone number: 434-696-4876	
Agency Information			
Name of agency: Virginia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 6900 Atmore Drive, Richmond, VA 23225			
Mailing address: <i>(if different from above)</i> P.O. Box 26963, Richmond, VA 23261-6369			
Telephone number: 804-674-3119			
Agency Chief Executive Officer			
Name: Harold Clarke		Title: Director	
Email address: Harold.Clarke@vadoc.virginia.gov		Telephone number: 804-887-8081	
Agency-Wide PREA Coordinator			
Name: Rose Durbin		Title: PREA/ADA Supervisor	
Email address: Rose.Durbin@vadoc.virginia.gov		Telephone number: 804-887-7921	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Lunenburg Correctional Center was conducted from March 8-9, 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

The auditor wishes to extend his appreciation to Warden Dana Ratliffe-Walker and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would like to recognize PREA Coordinator Rose Durbin, PREA Analyst Lawanda Long, and PREA Compliance Manager LaCretia Watkins for their hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor provided the facility with a Notification of Audit on January 4, 2017, and the auditor received documentation stating the notification was posted in all housing units and throughout the facility on January 6, 2017. The notification contained information on the upcoming audit and stated that any inmate with relevant information related to the facility's compliance with the U.S. Department of Justice PREA standards should mail the auditor at least 10 days prior to the onsite audit date (March 8, 2017). During the facility tour, the auditor observed the posting in all housing areas and throughout the facility.

Approximately two months prior to the onsite audit, the auditor provided the PREA Coordinator and PREA Analyst with access to the auditor's dataroom, which is used to upload and store documentation related to the audit. The PREA Coordinator and PREA Analyst uploaded their policies, as well as other relevant documents, into standard specific folders. Approximately four weeks prior to the onsite audit, the auditor was advised that all information had been uploaded and was provided with a completed copy of the facility's pre-audit questionnaire. The auditor reviewed the questionnaire, and provided the facility with a preliminary list of follow up questions based off of notes from his review. This review was provided to the facility the week prior to the onsite audit. During the onsite audit, the auditor took additional notes and requested additional information from the facility. Approximately two weeks after the onsite audit, the facility provided the auditor with responses to all follow up questions as well as supporting documentation for the responses.

An entrance meeting was held with the following persons: Rose Durbin-Statewide PREA Coordinator, Lawanda Long-PREA Analyst, Warden- Dana Ratliffe-Walker, Assistant Warden- Kemsy Bowles, Chief of Security- Michael Peebles, Unit Manager- Benjamin Dempsey, Unit Manager- Phyllis Speede, Unit Manager- Eliza Willis, Operations Manager- Adrian Sprague, PREA Compliance Manager- LaCretia Watkins, Human Resources Officer- Judy Fitzgerald, Health Services Administrator- Loretta Banks, Chief Psychologist- Diane Kennedy-Amos, Business Manager- Shelly Solomon, Institution Investigator- Alecia Crawley, Principal- Carl Newton, and Records Manager- Jean Anderson.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including: all housing units, Warehouse and Building Grounds, Operations Area, Visitation Area, Gymnasium, Outside Recreation, Programs Building, Barber Shop, Horticulture Buildings, Vocational Building, Kitchen, Bakery, Inmate Dining Hall, Officer Dining Hall, Property, Commissary, Laundry, Medical, Master Control, and Special Housing. During the tour, several informal interviews were conducted with inmates and staff throughout the facility.

On the first day of the site visit, the auditor provided the facility with a list of staff and inmates that were randomly selected to be interviewed. These inmates and staff were selected from rosters that were provided to the auditor during the pre-audit.

A total of 29 staff were interviewed with at least one staff member interviewed from each interview category that was applicable to the facility. Staff interviews were conducted on staff from both day and night shift (staff work 12 hour shifts).

A total of 19 inmates were interviewed with at least one inmate interviewed from each interview category that was applicable to the facility.

All interviews were conducted one at a time in a private and confidential manner.

Telephone interviews were conducted with the SAFE/SANE. The auditor was provided with the Agency Head interview notes from another certified auditor who recently conducted audits for the agency. These responses were used for this audit.

The count on the first day of the audit was 973. The count on the final date of the audit was 977.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with PREA Coordinator Rose Durbin, PREA Analyst Lawanda Long, and PREA Compliance Manager LaCretia Watkins. All concerns were addressed to the satisfaction of the auditor prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on March 9, 2017. The auditor gave an overview of the audit and thanked the staff for their hard work and commitment to the Prison Rape Elimination Act.

After the onsite audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard, and created a Final Report documenting the facility's compliance. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, onsite documentation review, information obtained through inmate and staff interviews, as well as visual observations during the facility tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

Location: State Route 49 outside Town of Victoria

Acreage: 110.8 Acres

Type of Facility: Medium Security Dormitory Institution

Security Level: Level 2

- Administration Building
- Seven (7) Housing Units
- 16 Bed Disciplinary Segregation Building and 8 Bed Jail Receiving Unit
- Programs Building/Offender Barber Shop/Institutional Attorney and Chaplain Offices
- Service Building/containing Food Service, Medical, Laundry, Property and Hearings
- Vocational Training Classrooms
- Industrial Shop-Virginia Correctional Enterprises (VCE)
- Warehouse/Maintenance Building (9,928 square feet)
- Warehouse #2 (9,736 square feet)
- Pole Barns (2)
- Green Houses (2)
- Division of Education (DOE), Horticulture Building, Classroom
- Inside Maintenance Shop
- Commissary

Physical Security:

- Double Perimeter Fence with Electronic Motion Detection
- Four (4) Watch Towers
- Video Surveillance

Employment-312 Classified Positions ranging in:

- Facility Management
- Correctional Security
- Business & Accounting Management
- Personnel Management
- Counseling
- Mental Health Care
- Postal Services
- Contract Providers: Armor Correctional Health Services and Keefe Commissary
- Food Service
- Inmate Records
- Warehouse
- Laundry
- Building Trades
- Clerical Support

Offender Programs and Treatment:

- Work
- Productive Citizenship
- Academic Education
- Vocational Training
- Drug/Alcohol Treatment/Program
- Group & Individual Counseling
- Library Services
- Pen Pals

- Awareness
- Family Violence & Healthy Relationships
- ReEntry Program/Cognitive Community
- Thinking for a Change (T4C)
- Religious
- Psychological
- Orientation
- Volunteer Programs
- Inmate Youth Connection
- Behavior Intervention Group
- Domestic Violence
- Relapse Prevention
- College Program

Industry:

- Specialized Furniture Products

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, as well as visual observations made by the auditor during the facility tour, the auditor has determined the following:

Number of standards exceeded: 3 (115.11, 115.16, and 115.21)

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 4):

“B. Zero Tolerance Policy

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. The DOC actively works to prevent, detect, report, and respond to any violation.

C. PREA Coordinators

1. The Director has designated an agency-wide PREA coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.
2. Regional level PREA Analysts have been designated to direct facility PREA activities.
3. Each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.”

Virginia Department of Corrections Operating Procedure 135.2- Rules of Conduct Governing Employees Relationships with Offenders states (Page 3):

“9. Sexual Misconduct

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

Additional Documentation/Observations from Facility Tour

The procedures above outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. These procedures include sanctions for those found to have participated in prohibited behaviors and include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The agency organizational chart shows the PREA Coordinator/ADA Supervisor reports directly to the Operations Manager-Support.

The facility organizational chart shows the PREA Compliance Manager holds the position of Institutional Program Manager and reports directly to the Chief of Housing and Programs.

During the onsite audit, the auditor discovered the agency has sent six staff to the Department of Justice Auditor training. The auditor was advised this is an example of the agency’s commitment to the Prison Rape Elimination Act.

Staff and Inmate Interviews

Both the PREA Coordinator and PREA Compliance Manager acknowledge they have sufficient time to manage their PREA responsibilities. The auditor was advised the PREA Coordinator has three PREA analysts to assist with PREA Compliance throughout the state. At the time of the audit, one of these positions was vacant; however, the agency is currently in the process of filling the position. In addition, the agency has a part-time hotline coordinator used to manage and log all calls that come in through the PREA hotline. The agency has 35 PREA Compliance Managers who manage PREA compliance at their facility. The state is divided into three regions and each PREA Analyst oversees PREA Compliance within their designated region. The PREA Coordinator, PREA Analysts, and PREA Compliance Managers meet annually to discuss any potential issues. Throughout the year, the PREA Coordinator maintains contact with the PREA Compliance Managers through email or phone.

Both inmate and staff interviews indicate a facility-wide awareness of the agency's zero tolerance policy.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility exceeds the above standard. This determination was made due to the following reasons:

- The agency has sent six staff to the Department of Justice Auditor training.
- In addition to the PREA Coordinator and PREA Compliance Manager, the agency has three Regional PREA Analyst positions who oversee PREA Compliance within their regions.
- The agency has a part-time PREA hotline coordinator who manages and logs all calls that go through the PREA hotline.
- Both inmate and staff interviews indicate a facility-wide awareness of the agency's zero tolerance policy.

Standard 115.12 Contracting with other entities for the confinement of 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 4):
"B. Zero Tolerance Policy

6. Through contracts and Board of Corrections operating standards, 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 the PREA standards."

Virginia Department of Corrections Operating Procedure 260.1- Procurement of Goods and Services states (page 8):

"n. 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 the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

- i. Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, will the DOC enter into a contract with any entity that fails to comply with these standards. In such a case, all unsuccessful attempts to find an entity in compliance with standards must be documented."

Additional Documentation/Observations from Facility Tour

The agency has entered into or renewed one contract for the confinement of inmates on or after August 20, 2012. This contract was with Lawrenceville Correctional Center. The auditor reviewed a copy of the contract and discovered language requiring Lawrenceville Correctional Center (GEO) to adopt and comply with the Federal Prison Rape Elimination Act. The auditor was provided with a copy of the PREA Audit Final Report for Lawrenceville Correctional Center who passed their audit on October 5, 2016.

Staff and Inmate Interviews

The agency does not have a designated agency contract administrator; however, the auditor was advised all contracts are monitored by the PREA Audit Report

PREA Coordinator and/or designee.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.13 Supervision and monitoring

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 401.2- Security Staffing states (Pages 4-5):

"H. Staffing Plan

2. Each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- a. Generally accepted detention and correctional practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from Federal investigative agencies
- d. Any findings of inadequacy from internal or external oversight bodies
- e. All components of the facility's physical plan (including "blind-spots" or areas where staff or offenders may be isolated)
- f. The composition of the offender population
- g. The number and placement of supervisory staff
- h. Institution programs occurring on a particular shift
- i. Any applicable State or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- k. Any other relevant factors

3. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

4. By January 31 of each year and more frequent if needed, each facility shall review any existing staffing plan and all post audits.

- a. This review shall assess, determine, and document whether adjustments are needed to:
 - i. The facility's established staffing plan
 - ii. The facility's deployment of video monitoring systems and other monitoring technologies
 - iii. The resources the facility has available to commit to ensure adherence to the staffing plan
- b. If the review indicates that the facility is not staffing to plan or staffing to post audits, the facility must provide a comprehensive written explanation as to why they are not able to staff to post audits and possible solutions to increase facility staffing levels.
- c. These comprehensive written explanations shall be provided to the Regional Operations Chief for review and forwarding to the Regional PREA Analyst."

Virginia Department of Corrections Operating Procedure 401.1- Development and Maintenance of Post Orders states (Page 3):

“e. Staff assigned to any post are prohibited from alerting other employees that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

4. Post Orders shall require that Lieutenants and above conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

- a. Supervisors are prohibited from notifying staff of unannounced rounds.
- b. Supervisors of the opposite gender shall announce their presence when entering an offender housing unit to conduct an unannounced round and document this announcement in the post log book.
- c. Unannounced rounds shall be conducted intermittently during the month and must be conducted on both night and day shifts.”

Virginia Department of Corrections Operating Procedure 401.3- Administrative Duty Coverage states (Page 4):

“C. Duties and Responsibilities of Administrative Duty Officers:

1. During the scheduled week, the ADO on call shall, at a minimum:
 - f. Facility ADO’s shall visit the facility at least once during the week of duty at a time other than the staff member’s normal working hours and days. These visits should occur at different times and days so that over several weeks of duty, each ADO will have visited the facility during all shifts and days on all days. ADO’s should:
 - iv. Conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds should be made intermittently during the month and can be scheduled as part of the 24 hour clock.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with a memo dated December 14, 2012 that was sent by the PREA Coordinator to all Wardens and Superintendents in reference to guidance for compliance with 115.13 (a)(b)(c).

The auditor was provided with facility staffing plans from 2016 and 2017. The staffing plan is based on 969 beds, while the average daily number of inmates since the last PREA audit is 934. There have been times when the facility staffed below the staffing plan. The facility has documented the following reasons: Short term disability, Call-Ins, Department Training, Staff Scheduled Off, and Positions held for Budget.

The auditor was provided with a sample of unannounced supervisor rounds which occurred on both day and night shift (facility operates on 12 hour shifts).

During the facility tour, the auditor reviewed several log books and confirmed unannounced supervisor rounds are occurring consistently on both day and night shift.

Staff and Inmate Interviews

During the interview with the Warden, the auditor confirmed the facility follows a staffing plan. Adequate staffing levels to protect inmates against sexual abuse are considered in this plan. The facility reviews the post audits and any deviations from the post audit assignment for that particular day in order to ensure an adequate number of staff are being utilized. Video monitoring and video placement is also a part of this plan. The staffing plan is documented with the Warden, PREA Compliance Manager, and PREA Coordinator. All aspects of 115.13 (a) are considered when determining staffing levels. The Assistant Warden and Major review compliance with the staffing plan on a daily basis. The Chief of Security, Assistant Warden, and PREA Compliance Manager review the staffing plan quarterly. All instances of non-compliance with the staffing plan are documented on the back of the daily duty roster.

During the interview with the PREA Coordinator, the auditor confirmed that every year, no later than January 31, the facilities are required to provide their staffing plan assessments to their Regional PREA Analyst. The PREA Analyst reviews this information and forwards it to the PREA Coordinator. The PREA Coordinator will then conduct a final review of the staffing plan and sign off of it. If there are any recommendations from the PREA Unit, this information would be forwarded back to the Warden.

During interviews with intermediate and higher-level staff, the auditor confirmed supervisors conduct unannounced rounds on a daily basis. These rounds occur on both day and night shift, and are documented in the supervisor log book (name, date, and time entering/exiting the housing unit). Unannounced supervisor rounds are documented in red ink. The auditor was advised staff change up their routine, and sometimes come through the back of the housing unit, in order to keep staff from knowing when they are coming. Supervisors also confirmed the Agency has a policy prohibiting staff from alerting other staff that unannounced supervisor rounds are occurring.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 6):

"4. Youthful Inmates

- a. A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.
- b. Direct supervision by facility staff is required at all times when a youthful inmate and an adult offender has sight, sound, or physical contact with one another.
- c. DOC provides specialized housing arrangements for youthful inmates to meet the requirements of this standard.
- d. Exigent circumstances may require removal to a special housing unit or restrictive housing unit at those institutions operating under the restrictive housing program."

Virginia Department of Corrections Operating Procedure 425.4- Management of Bed and Cell Assignments states (Page 3-4):

"D. Youthful Inmates

1. A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.
2. DOC provides specialized housing arrangements for youthful inmates to meet the requirements of this standard. 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.
3. Exigent circumstances may require removal to a Special Housing Unit."

Additional Documentation/Observations from Facility Tour

The auditor was provided with documentation from the Warden stating that no youthful offender has been housed at the facility during this audit review period.

During the onsite visit, the auditor discovered no youthful inmates were being housed at the facility.

Staff and Inmate Interviews

Interviews with staff indicate youthful inmates are never housed at Lunenburg Correctional Center.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained

through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.15 Limits to cross-gender viewing and searches

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 445.1- Employee, Visitor, & Offender Services states (Pages 12-14):

“A. Searches of offenders

1. May be conducted by trained DOC staff at any time whether or not criteria for reasonable belief exists. The DOC shall train security 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.
3. A transgender or intersex offender shall not be searched or physically examined for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined through conversation with the offender, a review of the medical record, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
9. Female offenders may be frisk searched by trained female corrections staff only.
 - a. Male staff may conduct frisk searches for female offenders only when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative.
 - i. Approval must be obtained from the Shift Commander prior to conducting the search with notification to the Administrative Duty Officer and the Regional PREA Analyst.
 - ii. An Internal Incident Report must be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents.
 - b. 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.
2. Strip searches shall be conducted by trained DOC employees of the same gender as the offender being searched. Transgender and intersex offenders expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review.
3. Strip searches of offenders by opposite gender staff may only be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative.
 - b. Approval must be obtained from the Shift Commander prior to conducting the search with notification to the Administrative Duty Officer and the Regional PREA Analyst.
 - c. An Internal Incident Report must be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents.
4. Only a medical practitioner may conduct probes of the body cavities of the offender.

6. An Internal Incident Report in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents shall be written to include documentation of:
 - e. Identification of staff conducting and present during the search.”

Virginia Department of Corrections Operating Procedure 401.2- Security Staffing states (Page 4):

“3. Housing Supervision

b. Facility procedures and practices shall 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.

c. Staff of the opposite gender shall announce their presence when entering an offender housing unit. These announcements shall be documented in the log book.”

Virginia Department of Corrections Operating Procedure 801.1- Facility Physical Plant & Sanitation states (Page 3):

“12. Facility procedures and practices shall 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.”

Virginia Department of Corrections Operating Procedure 401.1- Development of Maintenance of Post Orders states (Page 3):

“15. All post orders contain general instructions similar to the following, and others deemed important by Facility Unit Head:

d. Staff of the opposite gender shall announce their presence when entering an offender housing unit.”

Virginia Department of Corrections Operating Procedure 720.2- Medical Screening, Classification, and Levels of Care states (Page 6):

“9. 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.”

Virginia Department of Corrections Operating Procedure 350.2- Training and Development states (Page 9):

“8. Security Staff

a. All new Corrections Officers (and any other offender care workers at Detention/Diversion Centers) receive at least 120 hours of training (in addition to orientation) during their first year of employment. At a minimum this training covers the following areas:

xiv. Cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any cross-gender strip or cross-gender visual body cavity searches of inmates conducted at the facility.

The facility does not house female inmates; therefore, 115.15 (b)-1 through 115.15 (4) are not applicable to the facility.

There have not been any searches of transgender or intersex inmates that were for the sole purpose of the determining the inmate’s genital status that were conducted at the facility within the past 12 months.

The auditor was provided with copies of the post log books and viewed documentation of “female on the floor” announcements.

The auditor was provided with PREA training Powerpoints, testing materials, and staff training logs. The Powerpoints included specific information on searching transgender and intersex inmates. The auditor was advised 100% of all staff have received this training.

During the facility tour, the auditor observed staff announcing “female on the floor” prior to female staff entering the housing units.

Staff and Inmate Interviews

During interviews with a random sample of staff, many staff were unfamiliar with the current agency policy regarding searches of transgender/intersex inmates. Prior to the completion of the Final Report, the auditor was provided with a refresher training memo about the agency policy on transgender/intersex searches, that was sent and discussed with all security staff. In addition, the auditor was provided with staff signature sheets that documented their receipt and understanding of the refresher training.

During interviews with a random sample of staff and inmates, the auditor confirmed female staff regularly announce “female on the floor” prior to entering a housing unit. Inmates acknowledged female staff give them privacy in the shower and restroom areas and never see inmates when they are in a state of undress.

During an interview with a transgender inmate, the auditor was advised by the inmate that all of her searches were related to security and no staff had ever made her feel as though she was being searched for the sole purpose of determining her genital status.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

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

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 7-8):

“7. Offenders with disabilities and offenders who are limited English proficient.

- a. The DOC shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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.
 - i. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
 - ii. The DOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision.
 - iii. The DOC is not required to take actions that it can demonstrate or would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the American with Disabilities Act, 28 CFR 25.164.
- b. The DOC shall 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 offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- c. The DOC shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-responder duties under 115.64, or the investigation of the offender’s allegations.”

Additional Documentation/Observations from Facility Tour

The facility acknowledged if exigent circumstances existed, they would document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

The auditor was provided with inmate PREA educational brochures that were printed in both English and Spanish.

The auditor was provided with inmate PREA educational brochures that were transcribed into braille that are used to educate the visually impaired.

The auditor was provided with a contract with Optimal Phone Interpreters which expires on November 24, 2017. This would be used to communicate and educate inmates that speak a foreign language.

The auditor was provided with a contract with Purple Communications for Sign Language translation.

The auditor was advised there have been no instances within the past 12 months where an inmate interpreter was used to translate for a sexual abuse investigation.

Staff and Inmate Interviews

During an interview with the Agency Head, the auditor confirmed the agency has established multiple procedures to provide disabled inmates 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. Inmates with special needs are identified during initial orientation. Inmates who are developmentally disabled have staff who are assigned to assist them, and they are housed in specialized units where they can be protected and their needs can be met. Several facilities within the agency have mental health units. Inmates with visual impairments or hearing impairments have their specific needs met. PREA information is available in Braille for visually impaired inmates. Staff interpreters and/or the language line would be utilized for inmates who speak a foreign language.

During the site visit, the auditor interviewed one inmate who was visually impaired and another inmate who was limited English speaking. The visually impaired inmate confirmed the facility provides PREA education to inmates who are visually impaired. He acknowledged being shown the PREA video on a large screen and stated he was aware of how to report sexual abuse (#55). The auditor conducted the interview with the limited English speaking inmate utilizing the Language Line. The facility demonstrated the ability to connect with an interpreter without any issues. Once the interpreter was on the phone, the staff left the office and the auditor was able to effectively communicate with the limited English speaking inmate. This inmate confirmed he has received information on the facility's rules against sexual abuse and sexual harassment. He stated he has read the PREA posters and PREA brochures that are written in Spanish. The auditor was advised that if he ever had any questions about his rights, he would be able to communicate with Spanish speaking staff.

During interviews with a random sample of staff, the auditor confirmed staff were aware of the agency policy prohibiting them from using inmate interpreters to translate for sexual abuse victims absent exigent circumstances. Staff acknowledged they would use a staff interpreter or someone from the Language Line. Staff confirmed that there have been no instances in which inmate interpreters have been used for this reason.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility exceeds this standard for the following reasons:

- The auditor was provided with inmate PREA educational brochures that were printed in both English and Spanish.
- The auditor was provided with inmate PREA educational brochures that were transcribed into braille that are used to educate the visually impaired.
- The auditor was provided with a contract with Optimal Phone Interpreters which expires on November 24, 2017. This would be used to communicate and educate inmates that speak a foreign language.
- The auditor was provided with a contract with Purple Communications for Sign Language translation.
- The auditor was advised there have been no instances within the past 12 months where an inmate interpreter was used to translate for a sexual abuse investigation.

- During the site visit, the auditor interviewed one inmate who was visually impaired and another inmate who was limited English speaking. The visually impaired inmate confirmed the facility provides PREA education to inmates who are visually impaired. He acknowledge being shown the PREA video on a large screen and stated he was aware of how to report sexual abuse (#55). The auditor conducted the interview with the limited English speaking inmate utilizing the Language Line. The facility demonstrated the ability to connect with an interpreter without any issues. Once the interpreter was on the phone, the staff left the office and the auditor was able to effectively communicate with the limited English speaking inmate. This inmate confirmed he has received information on the facility’s rules against sexual abuse and sexual harassment. He stated he has read the PREA posters and PREA brochures that are written in Spanish. The auditor was advised that if he ever had any questions about his rights, he would be able to communicate with Spanish speaking staff.

Standard 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)
- Does Not Meet Standard (requires corrective action)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 102.2- Recruitment, Selection & Appointment states (Page 5):
 “8. Eligibility

- a. The DOC shall not hire or promote anyone for a position that may have offender contact who has been:
 - i. Engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 - ii. 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
 - iii. Civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
- b. The DOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders.
- c. The DOC must ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph a. of this section, in written applications or interviews for hiring or promotions.”

Virginia Department of Corrections Operating Procedure 102.3- Background Investigation Program states (Page 4-5):

“10. The DOC shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who:

- a. 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)
- b. Has been civilly or administratively adjudicated to have engaged or 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.

11. The DOC shall 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 offenders.

12. Before hiring new employees who may have contact with offenders, the DOC shall:

- a. Perform a criminal background records check
- b. 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.

13. All DOC facilities shall perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. All DOC community based administrative offices should perform a criminal background records check before enlisting the services of any contractor who will have unescorted contact with offenders.

14. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination.

15. The DOC shall conduct criminal background records checks at least every five years of current employees and contractors. A criminal background record check will be conducted annually for sensitive specialist assignments.

- a. The Human Resources Officer for each organizational unit shall ensure criminal background records checks are conducted and documented as required.
- b. The Human Resources Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted.”

Virginia Department of Corrections Operating Procedure 260.1- Procurement of Goods and Services states (Page 8-9):

“ii. The DOC shall not enlist the services of any contractor who may have contact with offenders who:

- a. 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).
- b. Has been civilly or administratively adjudicated to have engaged or 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.

iii. The DOC shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with offenders.

iv. The DOC shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders.”

Virginia Department of Corrections Operating Procedure 040.1- Litigation states (Page 2-3):

“2. Employees charged 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 immediately if received during normal working hours, or the next work day if received during non-working hours.

3. Employees who are convicted of a criminal offense or a moving traffic violation of any kind shall inform their organizational unit head immediately if received during normal working hours or the next working day if received during non-working hours.

4. 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 threats of force, coercion, or if the victim did not consent or was unable to consent) shall inform their organizational unit head immediately if received during normal working hours or the next working day if received during non-working hours. Notification shall be documented on a Criminal Offense/Moving Traffic Violation Notification 040_F1.

B. Employment Actions

2. Failure to report or material omissions regarding charges or 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.”

Virginia Department of Corrections Operating Procedure 057.1- Personnel Records states (Page 4):

“9. Information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer for whom which the employee has applied to work provided the request is written.”

Virginia Department of Corrections Operating Procedure 135.1- Standards of Conduct states (Page 11):

“ii. 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.”

Virginia Department of Corrections Operating Procedure 145.2- Employee Performance Management states (Page 4-5):

“2. Each employee shall be required to complete Section I of Employee Self-Assessment 145_F6 to document a response to the following questions:

- a. Have you ever engaged or attempted to engage in sexual abuse in an institutional setting; for example, prison, jail, juvenile facility?
- b. Have you ever 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?
- c. Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described above)?
- d. The employee’s signature documents that the employee has been reminded that there is a continuing affirmative duty to disclose any such misconduct.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there were 69 staff hired by the facility who may have contact with inmates. All 69 of these staff went through a criminal background records check prior to employment.

The auditor was provided with a sample of criminal background records check (VCIN) log books for new employees, current employees, employees going up for a promotion, and contractors.

Staff and Inmate Interviews

During an interview with Human Resources staff, the auditor confirmed a criminal background check is conducted on all newly hired employees and all employees considered for promotion. The facility also conducts criminal background checks for contractors who may have contact with inmates. The facility considers prior 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. A VCIN is conducted on all employees once every five years. This is also done for promotions, transfers, and newly hired employees. The facility asks all applicants and employees who have contact with inmates about previous misconduct in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The auditor was advised that this was part of the application template. Any staff member that answered affirmatively to any of the misconduct questions would automatically be disqualified. The facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

Human Resources staff were unfamiliar as to whether or not they could disclose information on substantiated allegations of sexual abuse or sexual harassment on former employees to facilities that are not a part of the Department of Corrections. This was discussed with the PREA Coordinator during the site visit. Prior to the completion of the Final Report, this staff member received refresher training on the agency’s policy which authorizes Human Resources to provide this information to any outside agency. The auditor was provided with a signature sheet documenting the refresher training.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.18 Upgrades to facilities and technologies

- 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)

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

corrective actions taken by the facility.

Supporting Policies

Virginia Department of Corrections Operating Procedure 801.1- Facility Physical Plant and Sanitation states (Page 2):

“4. The effect of the facility’s design, acquisition, expansion, or modification on the facility’s ability to protect the offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility.

5. For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect offenders from sexual abuse.”

Additional Documentation/Observations from Facility Tour

The agency/facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since the last PREA Audit.

The agency/facility is currently in the process of replacing the old cameras with new cameras.

During the onsite tour, the auditor confirmed cameras are placed in a manner to eliminate blind spots. The auditor noted the cameras enable privacy in the shower and restroom areas.

During the onsite tour, the auditor pointed out two inmate restrooms in the kitchen area that had solid doors that inmates had access to. The auditor discussed his concerns with facility staff that this area is a potential blind spot. Prior to the completion of the Final Report the facility created a window in the door so staff have the ability to see inside this area when they are making their rounds. The auditor was provided with photo documentation showing these modifications have been made.

During the onsite tour, the auditor discussed concerns of inmates being left unattended on the second floor of the VCE Building. Prior to the completion of the Final Report, the auditor was provided with a memo sent to all staff advising them to make a minimum of 30 minute rounds in this area. The auditor was provided with copies of the post log book showing these rounds are now being conducted and documented every 30 minutes.

Staff and Inmate Interviews

During an interview with the Administrative staff, the auditor confirmed the facility is currently in the process of upgrading all of the cameras in the facility. The auditor was advised staff positioned the new cameras in a manner to eliminate any potential blind spots.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.21 Evidence protocol and forensic medical examinations

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 10):

“7. Evidence Protocol and Forensic Medical Examinations

- a. SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- b. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011.
- c. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview.
- d. With the victim’s consent, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (PERK kit recommended). Although it is recommended that a PERK kit is collected within 72 hours, it should be used beyond that time whenever there is a possibility of evidence remaining.”

Virginia Department of Corrections Operating Procedure 720.7- Emergency Medical Equipment and Care states (Page 5-6):

“a. A history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender for this examination.

- i. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A qualified DOC Mental Health/ counseling staff member or a qualified community-based staff member shall be 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.”

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 13):

“4. Offender Victim Advocate

- a. The DOC shall attempt to make available to the victim a victim advocate from a rape crisis center.
- b. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A qualified DOC staff member or a qualified community-based staff member shall be 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.”

Virginia Department of Corrections Operating Procedure 730.2- Mental Health Services: Screening, Assessment, and Classification states (Page 7):

“q. The DOC shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DOC shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with an MOU between the agency and Mountain States Health Alliance. This MOU was for PREA Forensic Nurse Examiner Services and expires on August 31, 2017. Forensic examinations would be conducted at an outside facility.

The auditor was provided with an incident report documenting an allegation of sexual abuse. The incident report documents that the alleged victim was offered to be transported to the hospital for a PERK kit, but refused treatment.

The auditor was advised there were no forensic medical examinations conducted during the past 12 months.

The auditor was provided with an MOU between the agency and Virginia Sexual & Domestic Violence Action Alliance which expires on April 30, 2017. In addition, the auditor was provided with an on-call schedule for volunteer victim advocates for the Central Region.

Staff and Inmate Interviews

During interviews with Random Staff, the auditor confirmed staff were familiar with the agency’s protocol for collecting usable physical evidence if an inmate were sexually abused. Staff also were aware that only staff who have received specialized training, such as the

institutional investigator, were permitted to conduct sexual abuse investigations.

During an interview with SAFE/SANE staff, the auditor was advised forensic examinations would be conducted at VCU Health Hospital in Richmond, VA. The SANE staff advised the hospital has nine SANEs on staff at the hospital, and stated someone is always on call and able to conduct forensic examinations 24 hours a day, 7 days a week. The auditor was advised there has never been any instances when one of the SANE staff was not available to be called out to conduct an examination.

During an interview with the PREA Compliance Manager, the auditor was advised that if requested by the victim, a victim advocate from Action Alliance would be notified, and they would accompany and provide emotional support, crisis intervention, information, and referrals to the victim during the forensic medical examination process and investigatory interviews. The auditor was advised the agency has an MOU with Action Alliance. The Agency ensures the victim advocates are qualified to provide such services.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility exceeds the above standard. This determination was made due to the following reasons:

- The auditor was provided with an MOU between the agency and Virginia Sexual & Domestic Violence Action Alliance which expires on April 30, 2017. In addition, the auditor was provided with an on-call schedule for volunteer victim advocates for the Central Region. The auditor acknowledges that having both an MOU with an outside agency as well as an on-call schedule for volunteer victim advocates who are available to respond exceeds standards.
- During an interview with SAFE/SANE staff, the auditor was advised forensic examinations would be conducted at VCU Health Hospital in Richmond, VA. The SANE staff advised the hospital has nine SANEs on staff at the hospital, and stated someone is always on call and able to conduct forensic examinations 24 hours a day, 7 days a week. The auditor was advised there has never been any instances when one of the SANE staff was not available to be called out to conduct an examination.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 11):

"3. Investigation

- a. An administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment.
- b. Initial investigation may be conducted by the facility investigator.
 - i. Unless it is quickly and definitely determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit.
 - ii. The facility shall document all such referrals.
- c. The Special Investigations Unit (SIU) shall conduct investigations into criminal behavior, procedural or administrative violations, or employees misconduct affecting the operations of the DOC. The Chief of the Special Investigations Unit or a designee shall

- review the nature of the allegations received to determine if an investigation is warranted.
- d. Upon notification of an allegation of sexual abuse or misconduct, investigative staff shall follow Operating Procedure 030.4, Special Investigations Unit.”

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 3):

“3. The SIU is authorized to:

- b. Conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this operating procedure.”

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 5):

“9. The SIU has the authority to conduct investigations into all incidents noted below:

- k. Allegations of sexual abuse or sexual harassment.”

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 9-10):

“G. Prison Rape Elimination Act (PREA) Investigations

1. The Facility Unit Head shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

4. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit who has the legal authority to conduct criminal investigations.

- 5 SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations.

- a. In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include:
 - i. Techniques for interviewing sexual abuse victims.
 - ii. Proper use of Miranda and Garrity warnings.
 - iii. Sexual abuse evidence collection in confinement settings.
 - iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with a sample of sexual abuse and sexual harassment investigations.

During the past 12 months, the facility received eight (8) allegations of sexual abuse and/or sexual harassment. All eight (8) of these allegations were investigated administratively and all investigations have been completed. None were investigated criminally.

During the pre-audit, the auditor located the policy stating referrals of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website (<https://vadoc.virginia.gov/about/procedures/documents/030/038-3.pdf>).

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigations.

Staff and Inmate Interviews

During an interview with the Agency Head, the auditor confirmed the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The Agency has a Special Investigation Unit (SIU) who have law enforcement authority that are responsible for investigating crimes within Department of Corrections facilities. The DOC provides multiple venues for inmates to report sexual abuse, including; reporting to facility staff, grievances, sexual abuse hotline, external advocates, and third-party reports. When SIU receives an allegation, the Chief of Correctional Operations is also notified. The process begins wherever the allegations is made and moves up or down the chain accordingly. When an allegation is received, the Warden, Institutional Investigator, PREA Analyst, and SIU (when criminal) are notified. The PREA Unit ensures that the victim is protected and all protocols are followed. If another agency calls the Director’s Office and makes an allegation or a report, the process is handled the same way. If information is reported about abuse that allegedly occurred in jails and/or other state systems, these allegations are passed on to the respective authority.

During an interview with the facility investigator, the investigator confirmed that all allegations that involve potentially criminal conduct are

referred to SIU.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.31 Employee training

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 102.6- Staff Orientation states (Page 4):

“6. Prison Rape Elimination Act (PREA) Orientation-Employees

- a. The agency shall train all employees who may have contact with offenders on:
 - i. Its zero-tolerance policy for sexual abuse and sexual harassment;
 - ii. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - iii. Offenders' right to be free from sexual abuse and sexual harassment;
 - iv. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - v. The dynamics of sexual abuse and sexual harassment in confinement;
 - vi. The common reactions of sexual abuse and sexual harassment victims;
 - vii. How to detect and respond to signs of threatened and actual sexual abuse;
 - viii. How to avoid inappropriate relationships with offenders;
 - ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
 - x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- b. Such training shall be tailored to the gender of the offenders at the employees's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.
- c. The agency shall document through employee signature or electronic verification that employees understand the training they have received.”

Virginia Department of Corrections Operating Procedure 350.2- Training and Development states (Page 11-12):

“9. Prison Rape Elimination Act (PREA) In-service

- a. In-Service training programs shall include refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover the following areas:
 - i. Its zero-tolerance policy for sexual abuse and sexual harassment.
 - ii. How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

- iii. Offenders' right to be free from sexual abuse and sexual harassment.
 - iv. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 - v. The dynamics of sexual abuse and sexual harassment in confinement.
 - vi. The common reactions of sexual abuse and sexual harassment victims.
 - vii. How to detect and respond to signs of threatened and actual sexual abuse.
 - viii. How to avoid inappropriate relationships with offenders (Operating Procedure 130.1, Rules of Conduct Governing Employees Relationships with Offenders)
 - ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders.
 - x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- b. Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall 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.
 - c. The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

10. Security Staff In-Service

- a. Corrections Officers (and any offender care workers at Detention/Diversion Centers) shall receive at least 40 hours of training annually. This training shall include at a minimum the following areas:
 - iii. Supervision of offenders including training on current DOC sexual abuse and sexual harassment policies and procedures.”

Additional Documentation/Observations from Facility Tour

All 311 staff currently employed at the facility have been trained and/or retrained on PREA.

Between trainings the agency provides employees who may have contact with inmates with information about current policies regarding sexual abuse and harassment.

Refresher training is provided annually.

The auditor received a sample of training rosters, staff signature logs, training agenda and curriculum, and post tests from new hires and current employees.

During the onsite audit, the auditor randomly selected nine staff and requested documentation of their background investigations. The facility was able to provide documentation showing all nine staff received a background investigation.

Staff and Inmate Interviews

During interviews with Random Staff, staff confirmed they received basic PREA training as a new hire. Staff also confirmed they receive PREA training annually during their in-service training. Staff advised training consists of both computer and classroom training. Staff confirmed that their training went over all the requirements under 115.31. In addition to the computer and classroom training, staff indicated that supervisors regularly discuss the agency zero tolerance policy in shift briefing.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.32 Volunteer and contractor training

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 027.1- Volunteer Program states (Page 7):

“4. Volunteers who will have no offender contact other than under close direct supervision of a corrections employee or a trained Volunteer should be provided:

- a. Rules for Volunteers 027_F3
- b. A guide to Maintaining Appropriate Boundaries with Offenders (see Operating Procedure 038.3, Prison Rape Elimination Act (PREA) as notification of the DOC’s zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents.
- c. Receipt and understanding of these materials will be documented by the volunteer’s signature on the Rules for Volunteers.

5. Prior to assignment, volunteers who will have significant contact with offenders under general supervision of a corrections employee or a trained volunteer or volunteers who will be providing supervision to other volunteers shall receive orientation and training to DOC Operating Procedures, including but not limited to:

- f. Prison Rape Elimination ACT (PREA) (Operating Procedure 038.3)
 - i. The Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
 - ii. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with offenders, but all volunteers who have contact with offenders shall be notified of the DOC’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- g. A briefing on security procedures, privacy laws, chain of command, basic knowledge of criminal behavior, and other related topics, as pertinent and applicable.
- h. Rules for Volunteers 027_F3
- i. Completion of orientation/training will be documented by the volunteer’s signature on the “Rules for Volunteers.”

Virginia Department of Corrections Operating Procedure 102.6- Staff Orientation states (Page 4):

“7. Prison Rape Elimination Act (PREA) Training- Volunteers and Contractors

- a. The agency shall ensure 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, detection, and response policies and procedures.
- b. 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 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 informed how to report such incidents.
- c. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.
- d. Long-term, full-time contract staff with offender contact (such as privatized medical provider staff) shall comply with the same orientation and training requirements as equivalent DOC employees.”

Virginia Department of Corrections Operating Procedure 350.2- Training and Development states (Page 8):

“e. Contractors and volunteers with the DOC 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.

- i. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact with offenders shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- ii. The facility shall maintain documentation confirming that volunteers and contractors understand the training they have received.

- iii. See Operating Procedure 027.1, Volunteer Program, for guidance on volunteer training.
- iv. See Operating Procedure 160.1, Staff Orientation, for guidance on contractor training.”

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 6):

“f. All contractors and volunteers with the DOC 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.

- i. 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 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 informed how to report such incidents.
- ii. See Operating Procedure 027.1, Volunteer Program, for guidance on volunteer training.
- iii. See Operating Procedure 160.1, Staff Orientation, for guidance on contractor training.
- iv. At a minimum, such persons should be provided with a copy of the brochure A Guide to Maintaining Appropriate Boundaries with Offenders (see Attachment 4).”

Additional Documentation/Observations from Facility Tour

The auditor was provided with a contractor/volunteer PREA outline, samples of contractor/volunteer acknowledgment sheets, and a training Powerpoint and an educational brochure.

The auditor confirmed that 100% of all contractors and volunteers have received PREA training.

Staff and Inmate Interviews

During interviews with contractors and volunteers, the auditor was advised that all contractors and volunteers are trained on their responsibilities regarding sexual abuse/harassment prevention, detection, and response, per agency policy and procedure. Contractors and volunteers stated their training consisted of both only and classroom training, which included PREA training. The contractors and volunteers interviewed confirmed they have been notified of the agency’s zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.33 Inmate education

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 4-5):
 “D. Prevention

- 1. Offender Training

- a. When an offender enters a DOC facility from a jail, the offender shall receive information explaining the DOC's zero-tolerance policy for sexual abuse and sexual harassment and instruction on how to report incidents or suspicions of sexual abuse or sexual harassment. This information shall be communicated verbally and in writing, in language clearly understood by the offender.
 - i. Immediately upon intake to DOC, the offender shall receive an initial PREA training, utilizing the Preventing Sexual Abuse & Sexual Assault- Trainer Outline- Intake (see Attachment 2a). The offender will watch Section 1 of the PREA: What You Need to Know video and a copy of the Sexual Assault Awareness and Prevention brochure (see Attachment 1, Attachment 1S for Spanish version, or Attachment 1H for hearing impaired) that includes the Sexual Assault Hotline number will be provided.
 - ii. Within 10 days of arrival, the offender shall receive a comprehensive PREA training, utilizing the Preventing Sexual Abuse & Sexual Assault- Trainer Outline- Comprehensive (see Attachment 2b) including use of the videos PREA: What You Need to Know and Breaking the Silence of Offender Sexual Abuse.
 - iii. Facilities shall make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender.
 - iv. The offender shall document receiving the Sexual Assault Awareness and Prevention brochure and both the Preventing Sexual Abuse and Sexual Assault Trainings (Intake and Comprehensive) by signing the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training 038_F4 (Spanish 038_F4S). The signed Acknowledgement will be uploaded as an external document in VACORIS, identified as a Special Entry Note.
 - v. It is mandatory that offenders attend both trainings. Offenders refusing shall be charged with Offense Code 200, per Operating Procedure 861.1, Offender Discipline, Institutions.
- b. Information shall include the following topics:
 - i. Definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and offenders.
 - ii. DOC Zero Tolerance Policy
 - iii. Prevention/Intervention
 - iv. Self-protection
 - v. Reporting sexual abuse/assault
 - vi. Treatment and counseling
 - vii. Offender telephone sexual abuse Hotline Number #55
- c. Offenders received from another DOC facility via transfer will be provided a copy of the Sexual Assault Awareness and Prevention brochure (see Attachment 1, Attachment 1S for Spanish version, or Attachment H for hearing impaired) that includes the Sexual Assault Hotline number. If the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training 038_F4 (Spanish 038_F4S) is not found in VACORIS, the offender shall be provided the comprehensive PREA training as described above for a new intake.
- d. In addition to providing such education, each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbook, or other written formats."

Virginia Department of Corrections Operating Procedure 810.2- Transferred Offender Receiving and Orientation states (Page 5):
 "6. Prison Rape Elimination Act (PREA) offender training and information shall be presented and documented in accordance with Operating Procedure 038.3, Prison Rape Elimination Act (PREA).

- a. An offender received from another DOC facility via transfer will be provided a copy of the Sexual Assault Awareness and Prevention brochure that includes the Sexual Assault Hotline Number.
- b. If documentation of Preventing Sexual Abuse and Sexual Assault Training is not found in the offender's record, the offender shall be provided the PREA training as described for a new intake.
- c. Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats."

Additional Documentation/Observations from Facility Tour

All 669 inmates who were booked in within the past 12 months received this information during intake. Comprehensive education was provided within 30 days of intake to all 669 inmates who were booked into the facility within the past 12 months and were housed longer than 30 days.

The auditor was provided with a sample of inmate acknowledgement forms that documented PREA education. These acknowledgements were signed during the intake process. The auditor was provided with the Offender Orientation Handbook and was given a sample of

Offender Orientation signature sheets.

The auditor was provided with PREA educational brochures that were written in English and Spanish.

During the onsite audit, the auditor selected a random sample of 20 inmate PREA education records and discovered 19 of these inmates had documentation of receiving initial PREA education within 72 hours of intake (one inmate received their initial education approximately five days after intake). All 20 inmates received comprehensive education within 30 days of intake.

Staff and Inmate Interviews

During an interview with intake staff, the auditor confirmed inmates are given information on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment within 24 hours of intake. Intake staff meet face-to-face with each inmate and provide orientation on the agency's policies and procedures. After orientation, intake staff conduct a brief question and answer session with each inmate to ensure they understand the information that was provided. Within seven days of intake, inmates receive formal orientation and watch the "Breaking the Silence" PREA video. Upon intake, all inmates are tracked in order to ensure all inmates receive initial and formal education. The facility has a dedicated PREA channel that displays the PREA video. Counselors also speak with the inmates and have the inmates sign off, acknowledging the education they received.

During interviews with random inmates, the auditor confirmed inmates receive initial PREA education which consists of receiving a brochure and speaking with intake staff about the agency's policies. Inmates stated within a week, they receive formal comprehensive education and watch a PREA educational video.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.34 Specialized training: Investigations

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 9-10):

"5. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations.

- a. In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include:
 - i. Techniques for interviewing sexual abuse victims.
 - ii. Proper use of Miranda and Garrity warnings.
 - iii. Sexual abuse evidence collection in confinement settings.
 - iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- b. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators."

Virginia Department of Corrections Operating Procedure 350.2- Training and Development states (Page 14):

“6. PREA Investigators

- a. Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations.
- b. In addition to the general PREA training provided to all employees, facility investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include:
 - i. Techniques for interviewing sexual abuse victims.
 - ii. Proper use of Miranda and Garrity warnings.
 - iii. Sexual abuse evidence collection in confinement settings.
 - iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- c. See Operating Procedure 030.4, Special Investigations Unit for guidance on the requirements for PREA Investigations.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with the training curriculum, training Powerpoints, and training certificates.

There are two investigators currently employed at the facility who have completed the required training.

Staff and Inmate Interviews

During an interview with the facility investigator, the auditor confirmed investigators receive specialized training in conducting sexual abuse investigations in confinement settings. Training is provided at the academy for all investigative staff and consists of an overview of the agency’s PREA policies, what to look for, how to collect evidence, and response procedures to an incident of sexual abuse. Training topics included; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administration or prosecution referral.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.35 Specialized training: Medical and mental health care

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 701.1- Health Services Administration states (Page 8)-

“9. The Health Authority and/or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receives specialized training in:

- a. How to detect and assess signs of sexual abuse and sexual harassment.

- b. How to preserve physical evidence of sexual abuse
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”

Virginia Department of Corrections Operating Procedure 720.7- Emergency Medical Equipment and Care states (Page 5)-

“2. All health care providers shall be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence.”

Virginia Department of Corrections Operating Procedure 102.6- Staff Orientation states (Page 4)-

“8. Prison Rape Elimination Act (PREA) Training- Medical and mental health care practitioners shall also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner’s status in the DOC.”

Virginia Department of Corrections Operating Procedure 350.2- Training and Development states (Page 12)-

“11. Non-Security Staff In-Service

- a. Non-Security employees, employees of other agencies, and contractors’ employees who work in DOC facilities shall complete In-Service training as determined and required by this operating procedure (see Training Matrix).
- b. Medical and mental health care practitioners shall also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner’s status in the DOC.”

Additional Documentation/Observations from Facility Tour

100% of all medical and mental health care practitioners have received this specialized training.

Agency medical staff at this facility do not conduct forensic medical examinations.

The auditor was provided with a sample of PREA Medical-Mental Health specialized training logs, in-service training logs, signed acknowledgement forms, orientation agenda, and testing materials.

Staff and Inmate Interviews

During interviews with medical and mental health staff, the auditor confirmed that all forensic examinations would be conducted at Virginia Commonwealth University (VCU) or Medical College of Virginia (MCV). Both medical and mental health staff confirmed they receive training annually on the agency’s sexual abuse and sexual harassment policies. Training consists of watching PREA videos as well as an online module taken through the National Institute of Corrections (NIC). At the end of the training, medical and mental health staff are required to complete an examination over the material.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.41 Screening for risk of victimization and abusiveness

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 730.2- Screening, Assessment, and Classification states (Page 3-5)-

“B. Intersystem Transfers: Intake at Reception and Classification Centers, Parole Violator Units, and Detention/Diversion Centers

1. An intake mental health screening will be performed by health-trained staff or qualified health care personnel upon the offender’s arrival at a Reception and Classification Center (see Transfer Screening above).
2. If mental health concerns arise from the screening, institutional nursing staff will follow the Guidelines to Access Emergency Mental Health Services (see Attachment 1). Community Corrections facilities will follow Emergency Mental Health Services for Detention & Diversion Centers (see Attachment 3).
3. Mental Health Appraisal (Institutions only)
 - a. In addition to the mental health screening, all intersystem (i.e., new to DOC) transfers into DOC institutions will also undergo a mental health appraisal by a Qualified Mental Health Professional (QMHP).
 - b. Offenders will be interviewed within the following time frames:
 - i. A newly received offender who is prescribed psychotropic medication for a mental disorder will be interviewed by the QMHP within one working day of admission to a Reception and Classification Center or Parole Violator Unit.
 - ii. Offenders who are not prescribed psychotropic medication will be interviewed by the QMHP within 14 days of admission to the Reception and Classification Center or Parole Violator Unit.
 - c. The QMHP will document the results of the mental health appraisal on the Mental Health Appraisal (DOC MH 17) 730_F17 and assign the offender a Mental Health Classification Code. Instructions for completing the Mental Health Appraisal (DOC MH 17) can be found in Attachment 2. If there is documented evidence of a mental health appraisal within the previous 90 days, a new appraisal is not required, except as determined by the QMHP. The mental health appraisal includes:
 - i. Assessment of current mental status and condition
 - ii. Assessment of current suicidal potential and person-specific circumstances that increase suicide potential.
 - iii. Assessment of violence potential and person-specific circumstances that increase violence potential.
 - iv. Review of available historical records of inpatient and outpatient psychiatric treatment.
 - v. Review of history of treatment with psychotropic medication.
 - vi. Review of history of psychotherapy, psycho-educational groups, and classes or support groups.
 - vii. Review of history drug and alcohol treatment.
 - viii. Review of educational history.
 - ix. Review of history of sexual abuse-victimization and predatory behavior
 - x. Assessment of drug and alcohol abuse or addiction
 - xi. Use of additional assessment tools, as indicated.
 - xii. Referral to treatment, as indicated.
 - xiii. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

C. Intra-system Transfers: Offenders Transfer from One DOC Facility to Another

1. All offenders will receive a medical and mental health screening by health trained staff or qualified health care personnel upon arrival to a facility (see Transfer Screening above).
2. If mental health concerns arise from the screening, institutional nursing staff will follow the Guidelines to Access Emergency Mental Health Services (see Attachment 1). Community Corrections facilities will follow Emergency Mental Health Services for Detention & Diversion Centers (see Attachment 3).

D. Evaluations and Assessments

1. High Risk Aggressor (HRSA) or High Risk (HRSV)
 - a. All offenders designated as High Risk Sexual Aggressor (HRSA) or High Risk Sexual Victim (HRSV) by the Classification Assessment shall be referred to QMHP staff for assessment and follow-up. (see Operating Procedure 801.1, Offender Reception & Classification, and Operating Procedure 810.1, Transferred Offender Receiving and Orientation).
 - b. An offender’s risk level shall 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.”

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Institutions states (Page 6):

“106.

- a. Sexual assault upon or making forcible sexual advances toward a non-offender
- b. Sexual assault upon or making forcible sexual advances toward an offender

Offenses 106a and 106b- An offender convicted of sexual assault and any offender victims should be referred to their counselor for reassessment of the offender's risk of sexual victimization or abusiveness. At the discretion of the Hearings Officer, a conviction of Offenses 233a and 233b may also warrant referral."

Virginia Department of Corrections Operating Procedure 810.1- Offender Reception and Classification states (Page 5-6)-
 "F. Reception

1. A counselor or other non-clerical reception center staff shall assess all offenders during reception for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.
 - a. The assessment shall be completed and approved within 7 hours of arrival at the facility.
 - b. Reception center staff will interview and evaluate all incoming offenders for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the Classification Assessment in VACORIS and available offender records.
 - c. In order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates, responses to Classification Assessment questions regarding an offender's risk of sexual victimization and abusiveness shall only be disseminated in accordance with this operating procedure."
 - g. Offenders may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the Classification assessment interview.
 - h. Within 21 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since intake screening.
 - i. The PREA Reassessment 810_F1 shall be completed no sooner than 14 days and no later than 21 days after the offender's arrival at the facility.
 - ii. Completion of the Reassessment must be documented as a Special Entry into the Facility Notes section of VACORIS.
 - iii. The PREA Reassessment will be scanned and uploaded as an external document to the corresponding Special Entry note."

Virginia Department of Corrections Operating Procedure 810.2- Transferred Offender Receiving and Orientation states (Page 2-3)-
 "3. A counselor or other non-clerical facility staff shall assess all offenders upon transfer from one DOC facility to another for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.

- a. The assessment shall be completed and approved within 72 hours of arrival at the facility.
- b. Staff will interview and evaluate all incoming offenders for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the Classification Assessment in VACORIS and available offender records.
- c. In order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates, responses to Classification Assessment questions regarding an offender's risk of sexual victimization and abusiveness shall only be disseminated in accordance with this operating procedure.
- g. Offenders may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the Classification Assessment interview.
- h. Within 21 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening."

Additional Documentation/Observations from Facility Tour

The auditor was advised that all 512 inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay was 72 hours or more) were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

The auditor was advised that 323 out of 512 inmates entering the facility (either through intake or transfer) within the past 12 months were rescreened for risk of sexual victimization or risk of sexually abusing other inmates within 30 days of their entry into the facility. The auditor was advised that on January 14, 2016, a guidance memorandum was distributed and discussed with staff. Within a few months of this memo, changes were implemented and 30 day reassessments were being conducted between 14 to 21 days (per agency policy). Since

this time, all reassessments have been conducted within 30 days.

The auditor was provided with a sample of completed screening forms and has determined the instrument asks all required questions and is objective.

During the onsite audit, the auditor randomly selected 20 inmates to review their risk screening documentation. Only 17 of these inmates were booked into the facility within the past 12 months. Of these 17 inmates, all 17 inmates had documentation of receiving an initial risk screening within 72 hours of intake. 16 out of 17 inmates had documentation of receiving a 30 day risk screening, within 30 days of intake. One inmate did not have documentation of a 30 day screening; therefore, the facility conducted this reassessment during the site visit.

Staff and Inmate Interviews

During an interview with one of the staff responsible for conducting risk screenings, the auditor confirmed that all inmates are screened upon admission or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. This typically occurs within the first 24 hours, but no longer than 72 hours of arrival. The risk screening instrument is an objective instrument consisting of mostly yes/no questions that are asked about the inmate's risk level. Inmates are typically reassessed within 14 to 21 days of intake. Inmates are never disciplined for refusing to answer any questions pertaining to the screening. Agency policy outlines who is permitted access to risk screening information.

During interviews with staff responsible for risk screening, PREA Coordinator, and PREA Compliance Manager, the auditor was advised that the staff authorized to have access to risk screening information include; the Warden, PREA Compliance Manager, Institutional Programs Manager, Unit Managers, Classification, PREA Unit, Medical, and Mental Health Staff.

During interviews with random inmates, the auditor confirmed inmates were screened upon intake and rescreened within 2-4 weeks after intake. Inmates also acknowledged they are asked these questions annually.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 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)
- Does Not Meet Standard (requires corrective action)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 425-4 Management of Bed & Cell Assignments states (Page 2-3):

"3. Use of Offender Screening Information

- a. Institutional staff shall use information from the Classification Assessment (see Operating Procedure 810.1, Offender Reception and Classification) to determine appropriate housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.
- b. Staff shall make individualized determinations about how to ensure the safety of each offender.
- c. Housing and bed assignments for transgender or intersex offenders shall be made on a case-by-case basis and shall take into consideration whether a placement would ensure the offender's health and safety and whether placement would present

management or security problems.

- i. A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration.
- ii. When an offender indicates they are transgender or intersex during the Classification Assessment or at any time during their incarceration, a "six month follow up" alert shall be placed in VACORIS. A Counselor or the staff member completing the Classification Assessment shall add the alert and notify mental health staff by email.
- iii. Lesbian, gay, bisexual, or intersex offenders shall not be placed in a dedicated housing unit or wing solely on the basis of such identification or status."

Virginia Department of Corrections Operating Procedure 841.2- Offender Work Programs states (Page 3):

"2. The institution Work PAR should be responsible for:

- j. Reviewing the Classification Assessment in VACORIS, and ensuring that those offenders at high risk of being sexually victimized are separated from those at high risk of being sexually abusive."

Virginia Department of Corrections Operating Procedure 730.2- Screening, Assessment, and Classification states (Page 5-6):

"D. Evaluations and Assessments

- f. Mental Health staff shall pull a custom report in VACORIS in the months of January and July in order to complete a six month follow-up to monitor and assess current level of functioning, risk, and needs for offenders who are designated HRSA or HRSV.
- j. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the QMHP will provide relevant results of the screening to the classification officer who will determine placement on a case-by-case basis to best ensure the offender's health and safety, consider what programming is available at each site, and whether the placement would present management or security problems."

Virginia Department of Corrections Operating Procedure 830.5- Transfers, Facility Reassignments states (Page 8):

"d. High Risk Sexual Victim (HRSV) or Sexual Abuse Victim

- i. The facility shall make individualized determinations about how to ensure the safety of each offender.
- ii. In deciding whether to assign a transgender or intersex offender to a Protective Custody Unit, the facility shall consider on a case-by-case basis whether this placement would ensure the offender's health and safety, and whether the placement would present management or security problems.
- iii. A transgender or intersex offender's own views with respect to their own safety shall be given serious consideration."

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 7):

"6. Use of Offender Screening Information

- a. The DOC shall use information from the offender's Classification Assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.
- b. The DOC shall make individualized determinations about how to ensure the safety of each offender.
- c. Specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by Mental Health staff with Gender Dysphoria shall be made by the Gender Dysphoria Committee.
- d. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.
- e. Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender.
 - i. The Institutional Program Manager (IPM) or designated staff for facilities without an IPM shall pull the Facility Offender Alert custom report from VACORIS in the months of January and July in order to complete a six month reassessment of housing and programs for all transgender and intersex offenders.
 - ii. The staff member must meet with the offender to discuss their program and housing needs and to ensure their current assignments are still appropriate.
 - iii. A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration.
 - iv. A note shall be placed in VACORIS indicating "six month housing and program assignment reassessment completed" and documenting any necessary action taken regarding changes to housing and programs.
 - v. The IPM or designated staff shall refer the offender to QMHP for follow-up, as needed.
 - vi. All reassessments shall be completed by the last day of the designated months.

- f. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.
- g. The DOC shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings, solely on the basis of such identification or status.”

Virginia Department of Corrections Operating Procedure 810.1- Offender Reception and Classification states (Page 5-6):

“e. The DOC shall use information from the Classification Assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

- i. When an offender indicates they are transgender or intersex during the Classification Assessment or at any time during their incarceration, a “six month follow up” alert shall be placed in VACORIS. A Counselor or the staff member completing the Classification Assessment shall add the alert and notify mental health staff by email.
- iii. Staff shall document their perception of whether or not an offender appears to be gender nonconforming in the comments section by utilizing one of the below statements.
 - (a) I perceive the offender to be gender non-conforming
 - (b) I do not perceive the offender to be gender non-conforming.”

Virginia Department of Corrections Operating Procedure 810.2- Transferred Offender Receiving and Orientation states (Page 2-3):

“e. The DOC shall use information from the Classification Assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

- i. When an offender indicates they are transgender or intersex during the Classification Assessment or at any time during their incarceration, a “six month follow up” alert shall be placed in VACORIS. A Counselor or the staff member completing the Classification Assessment shall add the alert and notify mental health staff by email.
- iii. Staff shall document their perception of whether or not an offender appears to be gender nonconforming in the comments section by utilizing one of the below statements.
 - (a) I perceive the offender to be gender non-conforming
 - (b) I do not perceive the offender to be gender non-conforming.”

Additional Documentation/Observations from Facility Tour

During the onsite audit, the auditor was provided with a sample of risk screenings. There were six inmates identified as being at high risk sexual victimization (HRSV) and no inmates identified as being at high risk sexual aggressor (HRSA). The facility has a database that is used to track inmates identified as (HRSV) and (HRSA) so that they are never placed in the same housing unit.

Staff and Inmate Interviews

During an interview with the PREA Compliance Manager, the auditor confirmed inmates are screened. Any inmate determined to be high risk sexual victimization (HRSV) are housed in separate housing units from inmates identified as being at high risk sexual aggressor (HRSA). The auditor was advised the facility is not subject to any consent decree, legal settlement, or legal judgement requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. Such inmates would be housed in general population. Transgender or intersex inmates would be treated as any other inmate and would have access to all regular programs and privileges. Housing would be determined based on a collaborative review based on several factors. The PREA Unit would review the inmate’s statue as well as their medical and mental health status, and make a decision in an effort to best protect the inmate. Transgender or intersex inmates would typically be placed near the front of the housing unit, near the officer’s station. In determining programs and housing, the facility would consider; whether the placement would ensure the inmate’s health and safety, whether the placement would present management or security problems, as well as the inmates’ views with respect to his or her own safety. Transgender and intersex inmates are reviewed every six months. Transgender and intersex inmates are afforded the opportunity to shower separately from other inmates.

During interviews with staff responsible for risk screening, the auditor confirmed inmates are screened to identify those who are HRSV and HRSA. The auditor confirmed the programming and housing assignments are reassessed for transgender or intersex inmates every six months. Transgender or intersex inmates’ own views with respect to their own safety are given serious consideration. Such inmates are given the opportunity to shower separately from other inmates.

During an interview with a transgender inmate, the inmate advised she identified as being female and stated she remembered being asked several screening questions. The inmate stated she has only been searched by staff when the search was related to security needs. She advised she is housed in general population and has never been housed in segregated housing. The inmate confirmed her preference is to be

housed in a male institution. The inmate stated when she showers, all other inmates stay out of the shower area and afford her privacy.

During an interview with the PREA Coordinator, the auditor was advised the agency houses lesbian, gay, bisexual, transgender, or intersex inmates in general population and not in dedicated facilities, units, or wings solely based on their sexual orientation, genital status, or gender identity. The agency monitors facilities to ensure such inmates are not being segregated solely for these reasons.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.43 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 425.4- Management of Bed and Cell Assignments states (Page 5):
“c. All offenders identified as HRSV or an alleged victim of sexual abuse shall be reviewed to determine whether there is a continuing need for separation from general population and listed on the Special Housing Status Review Report.”

Virginia Department of Corrections Operating Procedure 425.4- Management of Bed and Cell Assignments states (Page 14):
“2. When Mental Health or Medical staff determine that an offender should be placed in special housing to protect the offender or the general population they may request to the Shift Commander that the offender be placed on General Detention.

- a. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Shift Commander that there is no available alternative means of separation from likely abusers. The Regional PREA Analyst must be notified.
 - b. If the institution cannot conduct an assessment immediately, the Shift Commander may place the offender in special housing in General Detention for no more than 24-hours while completing the assessment.
 - c. The institution must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged.
4. For an offender identified as HRSV or an alleged victim of sexual abuse who has been assigned to Special Housing without their consent, Mental Health staff shall advise the ICA on whether the offender can be released to general population or whether they must be assigned to Segregation and/or transferred to the DOC Protective Custody Unit (see Operating Procedure 830.5, Transfers, Facility Reassignments).
- a. Involuntary assignment to Segregation shall only be made until an alternative means of separation from likely abusers can be arranged.
 - b. The ICA must clearly document the basis from the institution's concern for the offender's safety and the reason why no alternative means can be arranged.
 - c. This assignment shall not ordinarily exceed a period of 30 days.
 - d. Offenders shall have access to programs, privileges, education, and work opportunities to the extent possible while ensuring their safety. If access is more restrictive than for others in their housing status, staff shall document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations on the Special Housing: Denial of Activity or Service

Virginia Department of Corrections Operating Procedure 830.5- Transfers, Facility Reassignments states:

“5. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent by the ICA unless it has been determined that there is no available alternatives means of separation from likely abusers. (see Operating Procedure 425.4, Management of Bed and Cell Assignments).

- a. The ICA must clearly document on the Institutional Classification Authority Hearing report the basis for the institution’s concern for the offender’s safety and the reason why no alternative means of separation can be arranged.
- b. Involuntary assignment to segregation shall only be made until an alternative means of separation from likely abusers can be arranged.
- c. This assignment to segregation shall not ordinarily exceed a period of 30 days.
- d. Mental Health staff shall advise the ICA on whether the offender can be released to General Population or whether they must be assigned to Segregation and/or transferred to the DOC Protective Custody Unit.
- e. The Regional PREA Analyst must be notified of this assignment and kept informed of any changes in the offender’s status.”

Virginia Department of Corrections Operating Procedure 810.1- Offender Reception and Classification states (Page 8-9):

“f. Offenders identified as HRSV shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternatives means of separation from likely abusers.

- i. If the facility cannot conduct an assessment immediately, the Shift Commander may place the offender in Special Housing on General Detention for no more than 24-hours while completing the assessment.
- ii. The facility must clearly document the basis for the facility’s concern for the offender’s safety and the reason why no alternative means of separation can be arranged.”

Virginia Department of Corrections Operating Procedure 810.2- Transferred Offender Receiving and Orientation states (Page 3):

“f. Offenders identified as HRSV shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abuses.

- i. If the facility cannot conduct an assessment immediately, the Shift Commander may place the offender in Special Housing on General Detention for no more than 24-hours while completing the assessment.
- ii. The facility must clearly document the basis for the facility’s concern for the offender’s safety and the reason why no alternative means of separation can be arranged.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any inmates at risk of sexual victimization who were held in involuntary segregated housing.

Staff and Inmate Interviews

During an interview with the Warden, the auditor confirmed that agency has a policy prohibiting staff from placing inmates at high risk for victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. If an inmate were housed in involuntary segregated housing for this reason, they would only be housed until alternative means of separation from likely abusers could be arranged. Typically, an inmate would not be housed in involuntary segregated housing for no more than 72 hours.

During an interview with staff who supervise inmates in segregated housing, the auditor was advised inmates housed in involuntary segregated housing for risk of sexual victimization would not have access to programs, privileges, or work opportunities, but would have access to education and religious services. The auditor was advised the facility would document any opportunities that were limited, the duration of the limitations, as well as the reasons for such limitations. Such inmates would only be housed in involuntary segregated housing until alternative means of separation from likely abusers could be arranged. Staff stated they had no knowledge of an inmate ever being housed in involuntary segregated housing for this reason, but stated they would only be housed there for a short period of time. An initial review is conducted on all segregated inmates within seven days. All inmates housed in segregated housing also undergo reviews every 30 days.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained
PREA Audit Report

through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.51 Inmate reporting

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 8):

“E. Detection and Reporting

1. Offender Responsibilities

- a. 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. An offender may report such incidents 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 Number #55, or in writing using an Offender Request (see Operating Procedure 801.6, Offender Services) or Informal Complaint (see Operating Procedure 866.1, Offender Grievance Procedure).
- b. An offender who is sexually assaulted shall immediately notify staff that a sexual assault has occurred. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports as an Internal Incident Report with PREA checked in the description field in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents.
- c. Offenders who observe, are involved in, or have knowledge or suspicions of a sexual assault or unauthorized relationship shall immediately notify staff.
- d. The agency shall also provide at least one way for offenders to report abuse or harassment to public or private entity or office that is not part of the agency, and that 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.
- e. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders.”

Virginia Department of Corrections Operating Procedure 801.6- Offender Services states (Page 3):

“3. Offender Request Alleging Sexual Abuse and Sexual Harassment

- a. The Offender Request is one internal way that offenders can privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- b. Staff shall accept any report of PREA related issues submitted and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. If applicable, an internal incident report checked PREA shall be submitted in accordance with Operating Procedure 038.1 Reporting Serious or Unusual Incidents.”

Virginia Department of Corrections Operating Procedure 803.3- Offender Telephone Service states (Page 6):

“5. PREA/Sexual Abuse Hotline is available by dialing #55 at any time the offender telephones are available.”

Virginia Department of Corrections Operating Procedure 866.1- Offender Grievance Procedure states (Page 2):

“C. Grievances Regarding Sexual Abuse and Sexual Harassment

1. The Offender Grievance Procedure is one of the multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. See Operating Procedure 038.3, Prison Rape Elimination Act (PREA), for additional reporting information.
2. Staff shall accept any report of PREA related issues made through the Offender Grievance Procedure and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.”

Virginia Department of Corrections Operating Procedure 866.1- Offender Grievance Procedure states (Page 12):

“D. Intake

2. Staff shall accept any report of PREA related issues made through an Emergency Grievance and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. The facility PREA Compliance Manager shall notify the Regional Analyst.”

Virginia Department of Corrections Operating Procedure 866.1- Offender Grievance Procedure states (Page 7-8):

“F. Informal Complaints Related to Sexual Abuse or Sexual Harassment

2. Staff shall accept any report of PREA related issues made through an Informal Complaint and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.
3. The facility PREA Compliance Manager shall notify the Regional PREA Analyst.

B. Intake

2. Staff shall accept any report of PREA related issues made through a Regular Grievance and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. The facility PREA Compliance Manager shall notify the Regional PREA Analyst.”

Virginia Department of Corrections Operating Procedure 038.1- Reporting Serious or Unusual Incidents states (Page 4):

“c. Staff shall accept reports more verbally, in writing, anonymously, and from third parties and shall promptly document verbal reports as an Internal Incident Report with PREA checked in the description field.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with a copy of an MOU with Action Alliance that expires on April 30, 2017. The MOU states Action Alliance will provide hotline reporting for sexual assaults.

The auditor was provided with a copy of the PREA brochure used to educate inmates. The PREA brochure contains information on how to report sexual abuse, including the #55 hotline number, as well as a mailing address inmates can use to report sexual abuse.

Virginia Department of Corrections does not house inmates who are detained solely for civil immigration purposes; therefore, 115.51 (b)-2 is not applicable.

Staff are required to document verbal reports immediately upon receipt of the information.

Information on how staff privately report sexual abuse is in the staff training curriculum and is also posted in staff break rooms.

Staff and Inmate Interviews

During interviews with random staff, the auditor confirmed staff were aware of how to privately report sexual abuse and sexual harassment of inmates (through the staff hotline). Staff confirmed inmates can call the PREA hotline (#55). Staff confirmed inmates can report sexual abuse verbally, in writing, anonymously, or through a third party. Staff acknowledged they would document verbal reports immediately.

During interviews with random inmates, the auditor confirmed inmates were aware of how to report sexual abuse (by calling #55 or by telling staff). Inmates were aware they could make anonymous reports. Inmates also confirmed they were able to make reports of sexual abuse or sexual harassment in person, in writing, or through a third party.

During an interview with the PREA Compliance Manager, the auditor was advised the agency established an external entity that inmates could use to make a private report. This was established through Action Alliance (#55 hotline). Any inmate could contact Action Alliance

and make a report. Typically, within the same day, this report would be forwarded back to the agency to be investigated.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.52 Exhaustion of administrative remedies

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 9):

“g. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. See Operating Procedure 866.1, Offender Grievance Procedure and Operating Procedure 866.2, Offender Complaints, Community Corrections.

h. Third Party Assistance

- i. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.
- ii. If a third party files such a request on behalf of an offender, 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 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.
- iii. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.”

Virginia Department of Corrections Operating Procedure 866.1- Offender Grievance Procedure states (Page 2-3):

“3. Each institution shall ensure in its Implementation Memorandum that:

- a. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.
- b. Such grievance is not referred to a staff member who is the subject of the complaint.”

Virginia Department of Corrections Operating Procedure 866.1- Offender Grievance Procedure states (Page 7-8):

“F. Informal Complaints Related to Sexual Abuse or Sexual Harassment

1. An offender is not required to use the informal complaint process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

- c. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse.

3. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing offender grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of

offenders.

- a. Third party filing of a request for administrative remedies relating to allegations of sexual abuse should be submitted through the facility PREA Compliance Manager.
- b. If a third party files such a request on behalf of an offender, the institution will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and will also require the alleged victim to personally pursue any subsequent steps in the grievance process.”

Virginia Department of Corrections Operating Procedure 866.1- Offender Grievance Procedure states (Page 11-12):

“3. Specific Time Limits- Time limits for responses at each level for regular grievances are as follows:

- Level I 30 calendar days
- Level II 20 calendar days
- Level III 20 calendar days

4. Authorized Continuances- A regular grievance may be continued up to 30 calendar days beyond the specified time limits at any level of the procedure for good reason(s).

- a. The offender must be notified in writing of the continuance prior to the expiration of the specified time limit at any level and provided a date by which a decision will be made.
- b. Grievances should be completed as soon as the reason justifying the continuance has ended or is no longer applicable.
- c. Total continuances on a grievance that alleges sexual abuse will not exceed 70 days.

5. Expiration of a time limit (to include any authorized continuance) at any stage of the process shall be considered a denial and shall qualify the grievance for appeal to the next level of review.

VII. Emergency Grievances

A. Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm. It is the duty of all corrections employees to be responsive to emergency grievances.

4. After receiving an Emergency Grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the employee receiving it shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Administrative Duty Officer or Shift Commander to provide the response within 8 hours. The initial response and final agency decision 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.”

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Insitutions states (Page 8):

“121. False statements or charges against an employee-

Due to the sensitive nature of this offense, it is important that it is handled with utmost caution and fairness to avoid hindering the offender’s right to file complaints against employees. The purpose of this offense is to prevent offenders from fabricating charges against corrections employees.

Before this offense can be brought, there must be an investigation by an impartial third party to determine that there are any facts that could substantiate the statement or charge. The investigation should include, but is not limited to, interviewing the offender who made the allegation and the employee who is the subject of the allegation.

The employee who is the subject of the statement/charge will not be the Reporting Officer.

This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Insitutions states (Page 10):

“206. Lying or giving false information to an employee

This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred.

Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to

substantiate the allegation.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any grievances or emergency grievances filed that alleged sexual abuse.

Staff and Inmate Interviews

During the onsite audit, there were no inmates who reported sexual abuse that were housed at the facility.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.53 Inmate access to outside confidential support services

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 13):

“c. Offender access to outside confidential support services

- i. Offenders may contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for contact information for access to outside victim advocates for emotional support services related to sexual abuse.
- ii. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- iv. The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA Coordinator.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with a PREA education brochure and Sexual Assault Awareness brochure, which contain the phone number and mailing address to outside confidential support services.

The auditor was provided with an MOU with Action Alliance. The MOU states Action Alliance will provide a sexual abuse hotline.

During the onsite audit, the auditor expressed concerns that the new camera technology captured the phone area and that the inmates should be made aware that phone calls are subject to video monitoring. Prior to the completion of the final report, the facility posted signs in all phone areas reminding the inmates that all phone calls are subject to video monitoring. The signs further state that any inmate wishing to make an anonymous report may do so in writing.

Staff and Inmate Interviews

During interviews with random inmates, many inmates were unfamiliar with outside victim services that were available to inmates who are sexually abused. Many inmates stated they felt as though the facility would provide this information to any inmate who needed it. During the onsite tour, the auditor confirmed that information on outside victim advocate services is posted in the housing units and is also available in the PREA Brochures. In addition, any inmate who uses the telephone hears an automated recording discussing outside victim services that are available through Action Alliance. Since these services are readily available to all inmates, the auditor has determined the facility meets this portion of the standard.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.54 Third-party reporting

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 9):
"i. The Department of Corrections public website provides contact information on how to report sexual abuse and sexual harassment on behalf of an offender."

Additional Documentation/Observations from Facility Tour

The auditor viewed the agency website and discovered contact information that the public can use to file third-party reports on behalf of inmates.

The auditor was provided with third-party reporting forms (English and Spanish) that can be used to file third-party reports on behalf of inmates.

Inmates can also file third-party reports through the PREA hotline (#55) that is established through Action Alliance.

Staff and Inmate Interviews

Staff and inmates were familiar with who to make third-party reports of sexual abuse and sexual harassment.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.61 Staff and agency reporting duties

- 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)

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

Virginia Department of Corrections Operating Procedure 038.3- Sexually Abusive Behavior Prevention & Intervention states (Page 9):

“2. Staff Responsibilities

- a. Any employee, volunteer, or contractor shall immediately report to his or her supervisor or the officer in charge 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 DOC; 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. If applicable, an incident report shall be submitted in compliance with Operating Procedure 038.1 Reporting Serious or Unusual Incidents.
- b. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions.
- c. Employees, volunteers, and contractors shall report to the supervisor, Organizational Unit Head or officer in charge any suspicion or knowledge of other staff, volunteer or contractor fraternization with offenders. (see Operating Procedure 130.1, Rules of Conduct Governing Employees Relationships with Offenders (to be re-issued as Operating Procedure 135.2)
- d. If the alleged victim is under the age of 18, aged, incapacitated, or offenders who are receiving services from a DOC 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.”

Virginia Department of Corrections Operating Procedure 038.1- Reporting Serious or Unusual Incidents states (Page 4-5):

“7. Reporting of Sexual Misconduct

- a. Any employee, volunteer, or contractor 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 a facility, whether or not it is part of the DOC; 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. If applicable, an Internal Incident Report shall be submitted with PREA checked in the description field.
- b. Apart from reporting to designated supervisors or officials any information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions.”

Virginia Department of Corrections Operating Procedure 720.7- Emergency Medical Equipment and Care states (Page 5):

“3. At the initiation of services, medical and mental health practitioners shall be 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.”

Virginia Department of Corrections Operating Procedure 720.2- Medical Screening, Classification, and Levels of Care states (Page 3):

“2. 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 Medical or Mental Health Screening, Appraisal, or Examination.”

Virginia Department of Corrections Operating Procedure 730.2- Mental Health Services: Screening, Assessment, and Classification states (Page 6-7):

“2. Sexual Assault Assessment

- c. Upon receipt of 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; 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, the QMHP will immediately notify the Facility Unit Head of the allegation, unless the referral is from the Facility Unit Head.”
- j. At the initiation of services, before beginning the Sexual Assault Assessment, the QMHP will advise the offender of the

practitioner’s duty to report, and the limitations of confidentiality (see Operating Procedure 730.6, Mental Health Services: Confidentiality) and that such information may be available to the facility administration in the context of an investigation.”

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 9):

“G. Prison Rape Elimination Act (PREA) Investigations

3. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be immediately reported to the facility designated investigator who will conduct an initial investigation and will immediately notify the PREA Analyst of the allegation.”

Virginia Department of Corrections Operating Procedure 801.6- Offender Services states (Page 1):

“A. Access to Services

1. Offender Request Alleging Sexual Abuse and Sexual Harassment
- c. Information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with documentation from Sexual Assault Assessment Reports documenting the receipt of the report and the referral for investigation. The auditor was also provided with documentation of the investigative report for this allegation.

Staff and Inmate Interviews

During an interview with random staff, the auditor confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

During interviews with medical and mental health staff, the auditor confirmed medical and mental health staff disclose the limitations of confidentiality and their duty to report prior to providing any services. Medical and mental health staff confirmed they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. There was one incident where an inmate reported to medical staff directly that they were sexually abused. This information was immediately forwarded to the Watch Commander.

During an interview with the Warden, the auditor confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

During an interview with the PREA Coordinator, the auditor confirmed the facility does not house youthful inmates; however, state law and agency policy requires the agency report this information to the Department of Social Services.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff and interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.62 Agency protection duties

- 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)

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

corrective actions taken by the facility.

Supporting Policies

Virginia Department of Corrections 038.3- Prison Rape Elimination Act (PREA) states (Page 4):

“B. Zero Tolerance Policy

5. When a facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender”

Virginia Department of Corrections 425.4- Management of Bed and Cell Assignments states (Page 2):

“A. Assessment and Screening

- c. Offenders who are subject to a substantial risk of imminent sexual abuse, or are considered to be at risk for additional sexual victimization shall be referred to the QMHP who will immediately consult with the Facility Unit Head or designee to recommend immediate action to protect the offender.”

Virginia Department of Corrections 730.2- Mental Health Services: Screening, Assessment, and Classification states (Page 7):

“1. When staff learns that an offender is subject to a substantial risk of imminent sexual abuse, or is considered to be at risk for additional sexual victimization, the QMHP will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect the offender.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, the facility has not had any offenders that were subject to a substantial risk of imminent sexual abuse.

Staff and Inmate Interviews

Staff interviews indicate the facility takes protective action to protect inmates who are subject to a substantial risk of imminent sexual abuse. Staff would immediately move the inmate to a secure location and notify a supervisor. If appropriate, staff would move the inmate to another housing unit. The inmate would only be placed in segregated housing if they requested such protection, or if it was determined that there was no alternative housing available.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.63 Reporting to other confinement facilities

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 6-7):

“5. Offender Screening- In accordance with Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, Operating Procedure 810.1, Offender Reception & Classification, and Operating Procedure 810.2, Transferred Offender Receiving and

Orientation, offenders will be screened for potential vulnerability to sexual assault, or tendencies to act out with sexually aggressive behavior at intake, transfer, and as needed while incarcerated.

- a. Upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
- b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- c. The Facility Unit Head shall document that it has provided such notification.
- d. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.”

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 9):

“G. Prison Rape Elimination Act (PREA) Investigations

2. When the Facility Unit Head receives notifications from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA standards.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there has been one allegation received that an inmate was abused while confined at another facility. A notification was provided to the PREA Coordinator and to the facility where the abuse allegedly occurred within 72 hours of receiving the information.

In the past 12 months, there have not been any allegations of sexual abuse the facility received from other facilities.

Staff and Inmate Interviews

Staff interviews indicate when they receive allegations from other facilities about incidents that occurred within their facility, the investigators would investigate the allegation the same as allegations they receive directly.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.64 Staff first responder duties

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 10):

“2. Staff Responsibilities

b. Staff first responder duties

- i. Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:
 - (a) Separate the alleged victim and abuser
 - (b) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
 - (c) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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
- (d) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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
- ii If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 5-6):

“10. The Organizational Unit Head or the individual in charge at the scene of a serious incident shall take appropriate action necessary to protect physical evidence and crime scenes until released to the responding Special Agent.

- c. Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:
 - i. Separate the alleged victim and abuser
 - ii. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
 - iii. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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
 - iv. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.”

Virginia Department of Corrections Operating Procedure 075.1- Emergency Operations Plan states (Page 6-7):

“14. Sexual Assault Response Checklist 038_F6 should guide initial coordinated response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

- a. Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:
 - i. Separate the alleged victim and abuser
 - ii. Ensure the victim is escorted to the facility medical unit as soon as possible to provide appropriate assessment and treatment per Medical and Nursing Guidelines and Operating Procedure 720.7, Emergency Medical Equipment and Care
 - iii. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facility’s designated medical and mental health practitioner.
 - iv. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
 - v. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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
 - vi. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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
- b. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there was one allegation that an inmate was sexually abused. The alleged victim was separated from the alleged abuser when this information was reported.

In the past 12 months, there was only one allegation where staff were notified within a time period that still allowed for the collection of physical evidence. For this instance, the first security staff member to respond to the report:

- (1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence.
- (2) Requested 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.
- (3) Ensured 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.

In the past 12 months, there was one allegation made where a non-security staff member was the first responder. In this case, the non-

security staff member:

- (1) Requested that the alleged victim not take any actions that could destroy physical evidence.
- (2) Notified security staff.

The auditor was provided with the following documentation for the above mentioned allegation: PREA Protocol Initial Contact Sheet, Incident Report, and Investigative Report. The investigation mentioned above was unsubstantiated.

Staff and Inmate Interviews

Staff interviews indicate staff were aware of what to do if they were the first person to be alerted that an inmate has allegedly been the victim of sexual abuse. Staff would move the victim away from the abuser, notify their supervisor, secure the scene, take the inmate to medical for an examination, document the information in a written report, and take steps to preserve evidence.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.65 Coordinated response

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 10):

"1. Each facility shall develop a written institutional plan (see Sexual Assault Response Checklist 038_F6) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership."

Virginia Department of Corrections Operating Procedure 075.1- Emergency Operations Plan states (Page 6):

"14. Sexual Assault Response Checklist 038_F6 should guide initial coordinated response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership."

Additional Documentation/Observations from Facility Tour

The auditor was provided with a copy of the Sexual Assault Response Checklist which documents pertinent information related to the response to the incident.

The auditor was provided with a memo from the Warden to all Lunenburg Correctional Center staff. The memo was dated January 30, 2016 and outlined specific responsibilities for first responder security staff, supervisors, security search/evidence collection, medical, mental health, investigators, and PREA Compliance Manager.

Staff and Inmate Interviews

During an interview with the Warden, the auditor confirmed the facility has a plan to coordinate actions among staff first responders, PREA Audit Report

medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 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)

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

Supporting Policies

N/A

Additional Documentation/Observations from Facility Tour

The auditor was provided with a memo dated April 22, 2013, which stated:
"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."

Staff and Inmate Interviews

Staff interviews indicate the agency does not have collective bargaining agreements.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 13-14):

“5. Protection against Retaliation

- a. All staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff.
 - i. Allegations of retaliation shall be reported through the same methods as available for reporting sexual abuse or sexual harassment.
 - ii. Such allegations shall be investigated as for an allegation of sexual abuse.
- b. The DOC shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- c. For at least 90 days following a report of sexual abuse, the DOC shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation.
 - i. Items to be monitored include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
 - ii. The DOC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- d. In the case of offenders, such monitoring shall also include periodic status checks.
- e. If any other individual who cooperates with an investigation expresses a fear of retaliation, the DOC shall take appropriate measures to protect that individual against retaliation.
- f. The DOC’s obligation to monitor shall terminate if it determines that the allegation is unfounded.”

Virginia Department of Corrections Operating Procedure 135.2- Rules of Conduct Governing Employees Relationships with Offenders states (Page 5):

“5. All offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff.”

Virginia Department of Corrections Operating Procedure 145.5- Critical Incident Peer Support Team states (Page 3):

“C. Selection Criteria for CIPS Team Members

9. Candidates must be willing to respond to:

d. Emotional support services for staff who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with a copy of the PREA Compliance Manager’s Retaliation Monitoring Log. The log shows documentation of retaliation monitoring dating back to 2014. The log documents retaliation monitoring at 30 days, 60 days, and 90 days.

In the past 12 months, the facility has not had any documented incidents of retaliation.

Staff and Inmate Interviews

Staff interviews indicate the PREA Compliance Manager monitors retaliation for up to 90 days. Staff advised the PREA Compliance Manager would conduct an initial meeting with the victim within 72 hours of the abuse being reported, and would follow up with them at 30 days, 60 days, and 90 days. Retaliation may be monitored beyond 90 days, if warranted. If a staff member was involved, the staff member would be separated from the inmate and may receive disciplinary action commensurate with the type of behavior taken. If an inmate retaliates against another inmate, they would be kept separate from one another. Other options to protect against retaliation include protective custody and/or transfer to another facility.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 425.4- Management of Bed and Cell Assignments states (Page 5):
“c. All offenders identified as HRSV or an alleged victim of sexual abuse shall be reviewed to determine whether there is a continuing need for separation from general population and listed on the Special Housing Status Review Report.”

Virginia Department of Corrections Operating Procedure 425.4- Management of Bed and Cell Assignments states (Page 14):
“a. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Shift Commander that there is no available alternative means of separation from likely abusers. The Regional Analyst must be notified.
b. If the institution cannot conduct an assessment immediately, the Shift Commander may place the offender in special housing on General Detention no more than 24-hours while completing the assessment.
c. The institution must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

3. The Mental Health or Medical staff causing the offender to be placed in General Detention should advise the ICA whether the offender should be assigned to Segregation or released to general population on review of the General Detention status.

4. For an offender identified as HRSV or an alleged victim of sexual abuse who has been assigned to Special Housing without their consent, Mental Health staff shall advise the ICA on whether the offender can be released to general population or whether they must be assigned to Segregation and/or transferred to the DOC Protective Custody Unit (see Operating Procedure 830.5, Transfers, Facility Reassignments).

- a. Involuntary assignment to Segregation shall only be made until an alternative means of separation from likely abusers can be arranged.
- b. The ICA must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means can be arranged.
- c. This assignment shall not ordinarily exceed a period of 30 days.
- d. Offenders shall have access to programs, privileges, education, and work opportunities to the extent possible while ensuring their safety. If access is more restrictive than for others in their housing status, staff shall document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations on the Special Housing: Denial of Activity or Service 425_F3.”

Virginia Department of Corrections Operating Procedure 830.5- Transfers, Facility, Reassignments states (Page 8):
“5. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent by the ICA unless it has been determined that there is no available alternative means of separation from likely abusers (see Operating Procedure 425.4, Management of Bed and Cell Assignments).”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there has been one allegation of sexual abuse. The offender that reported this allegation was placed in special housing due to mental health reasons and later transferred considering the input of mental health, offender, investigator, and Central Regional PREA Coordinator. The auditor was provided with documentation of this inmate's Institutional Classification Authority Hearings, which documented the reasoning for the inmate's housing location.

Staff and Inmate Interviews

Staff interviews indicate the agency has a policy prohibiting placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from likely abusers. If an inmate were to be held in involuntary segregated housing for this reason, they would be moved as soon as less restrictive housing became available. Staff who supervise inmates in segregated housing confirmed victims would only be placed in involuntary segregated housing if the victim requested it, or if there were no alternative means of separation from likely abusers. The auditor was advised an inmate could be transferred to another facility, if there was a need for further protection.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.71 Criminal and administrative agency investigations

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 030.4-Special Investigations Unit states (Page 9-10):

- “5. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations.
6. All investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
8. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
9. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
10. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
11. Administrative investigations
 - a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
12. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
13. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

14. The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 11-12):

“e. All case records associated with claims of sexual abuse or sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment or counseling shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

3. Investigation

a. An Administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment.

f. During the investigation of sexual abuse, the facility shall cooperate with SIU and shall endeavor to remain informed about the progress of the investigation.

v. The investigative report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, no allegations were referred for criminal prosecution.

Staff and Inmate Interviews

Staff interviews indicate investigative staff received training on conducting sexual abuse investigations in confinement settings. Training topics include: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. A standard of preponderance of evidence is used to substantiate allegations of sexual abuse and sexual harassment. Facility investigators conduct administrative investigations and SIU would conduct criminal investigations. Facility investigators would work in tandem with SIU and assist SIU in any way possible.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.72 Evidentiary standard for administrative investigations

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 135.2- Rules of Conduct Governing Employees Relationships with Offenders states (Page 3):

“v. A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

Virginia Department of Corrections Operating Procedure 135.1- Standards of Conduct states (Page 12):

“3. A preponderance of the evidence shall be used as the standard in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Institutions states (Page 32):
“b. A preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt.”

Additional Documentation/Observations from Facility Tour

The auditor reviewed a sample of investigations and determined a preponderance of evidence is used when determining whether or not an allegation will be substantiated.

Staff and Inmate Interviews

During an interview with the facility investigator, the auditor confirmed a preponderance of evidence is the standard of evidence used to substantiate allegations.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.73 Reporting to 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 12-13):

“i. Reporting to offenders

i. Following an investigation into an offender’s allegation that he or she suffered sexual abuse in a DOC facility, the investigator in charge shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

ii. Following an offender’s allegation that a staff member has committed sexual abuse against the offender, the DOC shall subsequently inform the offender (see Attachment 3, Response to Offender PREA Allegation- Sample Letters) whenever:

- (a) The DOC has determined that the allegation is unfounded;
- (b) The DOC has determined that the allegation is unsubstantiated;
- (c) The staff member is no longer posted within the offender’s unit;
- (d) The staff member is no longer employed at the facility;
- (e) The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (f) The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

iii. Following an offender’s allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim (see Attachment 3, Response to Offender PREA Allegation- Sample Letters) whenever:

- (a) The DOC has determined that the allegation is unfounded;
- (b) The DOC has determined that the allegation is unsubstantiated;
- (c) The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

(d) The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

iv. All such notifications or attempted notifications shall be documented and sent to the offender in the same manner as legal mail (See Operating Procedure 803.1, Offender Correspondence for legal mail requirements).

v. DOC's obligation to report under this standard shall terminate if the offender is released from DOC custody."

Virginia Department of Corrections Operating Procedure 030.4- Special Investigations Unit states (Page 10):

"15. Upon completion of the investigation, SIU should report to the Facility Unit Head to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."

Additional Documentation/Observations from Facility Tour

Outside agencies are not responsible for conducting sexual abuse investigations for the agency/facility.

In the past 12 months, there has been one criminal and/or administrative sexual abuse investigation, and two criminal and/or administrative sexual harassment investigations. Notifications were provided to the alleged victim at the conclusion of all three investigations.

In the past 12 months, there have not been any substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in the facility.

Staff and Inmate Interviews

Staff interviews confirm staff notify any inmate who makes an allegation of sexual abuse whenever the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The offender notification letters are sent as legal mail and are documented through the offender's signature of receipt.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.76 Disciplinary sanctions for staff

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 135.2- Rules of Conduct Governing Employees Relationships with Offenders states (Page 3):

"9. Sexual Misconduct

i. Sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1, Standards of Conduct.

ii. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

iii. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reporting to any relevant licensing bodies by the DOC PREA Coordinator, and to law

enforcement agencies, unless the activity was clearly not criminal.”

Virginia Department of Corrections Operating Procedure 135.1- Standards of Conduct states (Page 6):

“d. Staff who are terminated, or who choose to resign in lieu of termination, for violation of the DOC 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.”

Virginia Department of Corrections Operating Procedure 135.1- Standards of Conduct states (Page 10):

“i Staff shall be subject to disciplinary sanctions up to and including termination for violating DOC sexual abuse or sexual harassment policies.

ii. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

iii. Disciplinary sanctions for violations of 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.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any staff from the facility who have violated agency sexual abuse or sexual harassment policies.

Staff and Inmate Interviews

N/A

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, the auditor has determined the agency/facility meets the above standard.

Standard 115.77 Corrective action for contractors and volunteers

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 027.1-Volunteer Program states (Page 9):

“a. 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 relevant licensing bodies.

b. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual or sexual harassment policies by a volunteer.”

Virginia Department of Corrections Operating Procedure 135.2- Rules of Conduct Governing Employees Relationships with Offenders states (Page 3):

“iv. Any contractor or volunteer who engages in sexual abuse of offenders shall be prohibited from contact with offenders and 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. The DOC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Staff and Inmate Interviews

During an interview with the Warden, the auditor was advised that any contractor or volunteer that violated agency sexual abuse policies would be required to leave the facility immediately, pending the outcome of the investigation. If the act was criminal, the agency would seek prosecution. The auditor was advised the facility has not had any such examples within the past 12 months.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.78 Disciplinary sanctions for 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Institutions states (Page 2):

"IV. Disciplinary Procedure
A. The Disciplinary Procedure

1. Although strict rules of evidence do not apply, sufficient evidence must be presented at the hearing to support a finding of guilt.
2. A finding of guilt will only be based on the preponderance of the evidence presented at the Disciplinary Hearing."

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Institutions states (Page 6):

"106.

- a. Sexual assault upon or making forcible sexual advances toward a non-offender
- b. Sexual assault upon or making forcible sexual advances toward an offender.

Offenses 106a and 106b- An offender convicted of sexual assault and any offender victims should be referred to their counselor for reassessment of the offender's risk of sexual victimization and abusiveness. At the discretion of the Hearings Officer, a conviction of Offenses 233a and 233b may also warrant referral."

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Institutions states (Page 8):

"121. False statements or charges against an employee

Due to the sensitive nature of this offense, it is important that it is handled with utmost caution and fairness to avoid hindering the offender's right to file complaints against employees. The purpose of this offense is to prevent offenders from fabricating charges against corrections employees.

Before this offense can be brought, there must be an investigation by an impartial third party to determine that there are any facts that could

substantiate the statement or charge. The investigation should include, but is not limited to, interviewing the offender who made the allegation and the employee who is the subject of the allegation.

The employee who is the subject of the statement/charge will not be the Reporting Officer.

This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Institutions states (Page 15):

“G. In determining the appropriate penalty, consideration shall be given to the nature and circumstances of the offense committed, the offender’s disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories.”

Virginia Department of Corrections Operating Procedure 861.1- Offender Discipline, Institutions states (Page 10-11):

“Category II Offenses

206. Lying or giving false information to an employee

This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred.

Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

209. Engaging in sexual acts with others by consent

This offense codes does not apply to any sexual act involving an employee.

233.

- a. Making sexual advances, either physical, verbal in nature, or in writing toward a non-offender without their consent
- b. Making sexual advances, either physical, verbal in nature, or in writing toward an offender.”

Virginia Department of Corrections Operating Procedure 820.2- Reentry Planning states (Page 4):

“ii. Facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in such interventions as a condition of access to programming or other benefits.

iii. Offenders that do not comply with therapy, counseling, or other interventions should be charged with offense code 200 in accordance with Operating Procedure 861.1, Offender Discipline, Institutions or offense code 217 in accordance with Operating Procedure 861.2 Offender Discipline, Community Corrections Facilities.”

Virginia Department of Corrections Operating Procedure 830.3- Good Time Awards states (Page 6):

“b. An offender identified as a High Risk Sexual Aggressor (HRSA)(see Operating Procedure 810.1, Offender Reception and Classification) that does not comply with therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse should be charged with offense code 200 in accordance with Operating Procedure 861.1, Offender Discipline, Institutions.”

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 8-9):

“f. An offender who makes a report of offender-on-offender sexual violence or employee sexual misconduct or harassment that is determined to be false, may be charged with a disciplinary offense if it is determined the report was made in bad faith following consultation with the PREA Analyst.

- i. Offenders shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred.”

Additional Documentation/Observations from Facility Tour

The agency prohibits all sexual activity between inmates. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

In the past 12 months, there have not be any administrative or criminal findings of guilt for inmate-on-inmate sexual abuse that has occurred

at the facility.

Staff and Inmate Interviews

During an interview with the Warden, the auditor was advised that any inmate who violated the agency sexual abuse policies would receive an institutional infraction. This inmate may be subject to special housing and/or receive an increased security level. If the act was criminal, SIU would conduct the investigations and file charges when appropriate. Any sanctions imposed would be proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Mental disability and/or mental illness is also considered when determining sanctions.

During interviews with mental health staff, the auditor was advised the facility offers anger management, Sex Offender Awareness Programs, and Thinking for a Change programs. If an inmate fails to participate in a mandated program, staff would be informed and consider this refusal for the inmate's suitability to future programs.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 730.2- Mental Health Services: Screening, Assessment, and Classification states (Page 5-6):

"d. In institutions, within 14 days of completion of the Classification Assessment, the QMHP will notify offenders identified as HRSA or HRSV of the availability of a follow-up meeting with a mental health practitioner and relevant available treatment and programming. Notification will be documented on the Prison Rape Elimination Act (PREA) QMHP Follow-up 730_F28.

h. 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, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

i. Medical and mental health practitioners shall obtain informed consent (Consent for Release of Information 050_F14 or Consent for Release of Confidential Health and/or Mental Health Information 701_F8) from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18."

Virginia Department of Corrections Operating Procedure 425.4- Management of Bed and Cell Assignments states (Page 3):

"5. 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, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."

Virginia Department of Corrections Operating Procedure 701.3- Health Records states (Page 5):

"e. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual

victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with a sample of PREA QMHP Follow-up forms used to document Mental Health Referrals.

The auditor was provided with a sample of Mental Health Services Limits to Confidentiality form used prior to an inmate receiving mental health services.

In the past 12 months, there has been one inmate that has disclosed prior victimization during screening who was offered a follow-up meeting with a medical or mental health practitioner. This is 100% of all inmates that have disclosed prior victimization during screening. The auditor was provided with documentation of this mental health referral during the site visit.

Staff and Inmate Interviews

Staff interviews indicate inmates who disclose sexual victimization at risk screening are offered a follow-up evaluation with medical and/or mental health staff. Those inmates who have previously perpetrated sexual abuse are also offered follow-up evaluations. Follow-up mental health evaluations occur within 24-72 hours of the screening.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.82 Access to emergency medical and mental health services

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 720.7- Emergency Medical Equipment and Care states (Page 5):

“C. Sexual Abuse/Assault Response (See Operating Procedure 038.3, Prison Rape Elimination Act (PREA))

1. Access to emergency medical services

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

b. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

c. Offender victims of sexual abuse while incarcerated shall be 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.

d. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

Virginia Department of Corrections Operating Procedure 730.2- Mental Health Services: Screening, Assessment, and Classification states

(Page 6):

“i. Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement.”

Virginia Department of Corrections Operating Procedure 038.3- Prison Rape Elimination Act (PREA) states (Page 10):

“iv. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facilities designated medical and mental health practitioner.”

Virginia Department of Corrections Operating Procedure 075.1- Emergency Operations Plan states (Page 6):

“iii. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facility’s designated medical and mental health practitioner.”

Virginia Department of Corrections Operating Procedure 720.4- Co-Payment for Health Care Services states (Page 5):

“15. 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 any investigation arising out of the incident.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with Mental Health Services Sexual Assault Assessment forms used to document the mental health treatment provided to victims of sexual abuse.

Staff and Inmate Interviews

Staff interviews indicate inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Typically, this occurs immediately. The nature and scope of these services determined according to their professional judgement. Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 720.7- Emergency Medical Equipment and Care states (Page 6):

“7. Ongoing medical and mental health care for sexual abuse victims and abusers

- a. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
- b. The evaluation and treatment of such victims shall 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.
- c. The facility shall provide such victims with medical and mental health services consistent with the community level of care.
 - d. Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
 - e. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
 - f. Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
 - g. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

Virginia Department of Corrections Operating Procedure 730.2- Mental Health Services: Screening, Assessment, and Classification states (Page 7):

“p. Ongoing medical and mental health care for sexual abuse victims and abusers

- i. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
- ii. The evaluation and treatment of such victims shall 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.
- iii. The facility shall provide such victims with medical and mental health services consistent with the community level care.
- iv. All prisons shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.”

Virginia Department of Corrections Operating Procedure 720.4- Co-Payment for Health Care Services states (Page 5):

“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 any investigation arising out of the incident.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with sample documentation of Mental Health Services Sexual Assault Assessment form which documents the mental health treatment that is provided to inmate victims of sexual abuse.

Staff and Inmate Interviews

During interviews with medical and mental health staff, the auditor was advised that evaluation and treatment of victims include initial stabilization, basic examination, vital signs, mental health referrals, and continuity of care if the inmate is transferred or released. Medical and mental health services are consistent with community level care. Staff advised there would be a mental health evaluation conducted on all victims and abusers. This would be conducted as soon as practical once the facility is made aware of the incident.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.86 Sexual abuse incident reviews

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3-Sexually Abusive Behavior Prevention & Intervention states (Page 14):
“6. The facility shall 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. The sexual abuse incident review will be documented on a Report of Incident Review 038_F3. The facility shall complete a Report of Incident Review at the conclusion of every investigation into an allegation of sexual harassment where the allegation has been determined to be substantiated. (see Operating Procedure 038.1, Reporting Serious or Unusual Incidents)

- a. The facility shall provide a copy of the completed Report of Incident Review 038_F3 to the Regional PREA Analyst within 14 calendar days of completion of the investigation.
- b. If the facility determines that the Report of Incident Review 038_F3 will not be completed within 14 calendar days, the Regional PREA Analyst shall be contacted to discuss an extension.”

Virginia Department of Corrections Operating Procedure 038.1- Reporting Serious or Unusual Incidents states (Pages 8-9):

“H. Review of Incidents

1. Incident Types for Review:

- c. A sexual Incident review shall be conducted 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.
- d. A sexual harassment incident review shall be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation has been determined to be substantiated.
- e. Other incidents deemed to need a critical review as determined by the Unit Head, Regional Administrator, Regional Operations Chief, or Chief of Corrections Operations.
- f. For Critical Incidents where the Incident Command System is implemented, the After Action Report/Improvement Plan may serve as the Review of Incident.

2. Conduct of Review:

- a. The Review Team should consist of at least 2 DOC employees designated by the Unit Head.
- b. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews.
- c. The review should begin as soon as practical after the incident and a Report of Incident Review 038_F3 submitted within 7 working days of the initial Incident Report. Follow-up reports may be submitted if all information is not available within 7 working days.

3. Review Elements:

- g. Why did it happen? (causal factors)
 - i. Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility.
 - ii. Assess the adequacy of staffing in that area during different shifts.
 - iii. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

4. Review Methodology:

- a. Review of Incident Report, investigation reports, and any other available documentation
- b. Interview participants and witnesses
- c. Examine any physical evidence
- d. Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may have contributed to the incident.
- e. Review relevant operating procedures, training manuals, equipment operating manuals, safety program guides, etc.
- f. Develop the unit’s action plan to limit future incidents
- g. The review of incident will be documented on a Report of Incident Review 038_F3.

5. Report of Incident Review 038_F3

- a. Provide a brief summary of the incident; clarify the original Incident Report as needed.
- b. Provide an analysis of the causal factors and contributing circumstances
- c. Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training.
- d. Develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement, or shall document its reasons for not doing so.
- e. Submit to the Regional Office for review by the Regional Administrator and/or Regional Operations Chief. A copy of all Report of Incident Reviews for sexual abuse and sexual harassment shall be submitted to the Regional PREA Analyst as provided in Operating Procedure 038.3, Prison Rape Elimination Act (PREA).”

Additional Documentation/Observations from Facility Tour

In the past 12 months, the facility has conducted only one sexual abuse incident review. The auditor was provided with documentation of this review. The review consisted of a summary of the incident, outlined causal factors and contributing circumstances that led to the incident, steps that could be taken to limit the occurrence or reduce the severity of future incidents, as well as the proposed corrective action plan. The auditor was provided with a memo from the meeting which showed the Warden, Assistant Warden, PREA Compliance Manager, medical and mental health, and the Sergeant were all part of the incident review. The auditor verified this review occurred within 30 days of the completion of the investigation. The facility implemented the proposed corrective action.

Staff and Inmate Interviews

During an interview with the Warden, the auditor confirmed the facility has a sexual abuse incident review team that consists of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health professionals.

During an interview with a member of the sexual abuse incident review team, the auditor was informed the reviews primarily consist of the Warden, Assistant Warden, Mental Health staff, Investigator, and PREA Compliance Manager. The review team reviews the incident in an effort to improve their policies and practices. The review team:

- Considers whether the incident was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

During an interview with the PREA Compliance Manager, the auditor confirmed the facility prepares a report of its findings from reviews including any determinations and recommendations for improvements. The PREA Compliance Manager forwards the report to the Warden, and then the Agency for their review. Once the review has been submitted to the Agency, the facility implements the recommendations for corrective action.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.87 Data collection

- 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)

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

Supporting Policies

Virginia Department of Corrections 038.3- Prison Rape Elimination Act (PREA) states (Page 14):

"H. Data Collection

1. The DOC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized PREA Audit Report

instrument and set of definitions.

2. The agency shall aggregate the incident-based sexual abuse data at least annually.
3. The incident-based data collected shall 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.
4. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
5. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.
6. Upon request, the DOC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.
7. Data Review for Corrective Action”

Additional Documentation/Observations from Facility Tour

The auditor was provided with annual Bureau of Justice Statistics SSV-2 forms for 2014 and 2015.

The auditor was provided with annual reporting summaries for 2014 and 2015. All information required to be collected by the PREA standards has been collected.

Staff and Inmate Interviews

N/A

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, the auditor has determined the agency/facility meets the above standard.

Standard 115.88 Data review for corrective action

- 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)

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

Supporting Policies

Virginia Department of Corrections 038.3- Prison Rape Elimination Act (PREA) states (Pages 14-15):

“7. Data Review for Corrective Action

a. The DOC shall review data collected and aggregated pursuant to this operating procedure in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- i. Identifying problem areas
- ii. Taking corrective action on an ongoing basis
- iii. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

b. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the DOC’s progress in addressing sexual abuse.

c. The DOC report shall be approved by the Director and made readily available to the public through its website.

d. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with annual reporting summaries for 2014 and 2015. All information required to be collected by the PREA standards has been collected. The reports include a comparison to the previous year's data and includes corrective actions specifically to each facility, as well as the agency as a whole. The report was signed off on and approved by the Agency Head and PREA Coordinator.

The auditor reviewed the agency website and discovered the agency data collection reports are published and available to the public.

Staff and Inmate Interviews

Staff interviews indicate after an assault has occurred, there is a Critical Incident Debriefing and an After Action Report. The Regional Operations Chief, the Warden, ranking correctional officers, and the Chief of Correctional Operations meet and discuss the incident and what could have been done to prevent the incident from happening again. The report is sent to the Director and the Chief of Correctional Operations and the two other Regional Operations Chiefs as a "lessons learned" document. In addition, the DOC aggregates data regarding all assaults and looks for trends across the DOC and down to specific institutions. This information is shared with the Director, Chief of Correctional Operations, and the Regional Administrators. In addition, the PREA staff review all incidents involving sexual assaults or sexual harassment. If the report indicates a need to change policy or procedure, the appropriate change is made and communicated to all applicable DOC employees. All reports come to the Director for review and his approval before they are sent out publicly. Once approved, the reports are posted on the agency's website (<http://vadoc.virginia.gov/about/facts/prea/2014-prea-annual-report.pdf>). All personal identifiers are redacted.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.89 Data storage, publication, and destruction

- 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)

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

Supporting Policies

Virginia Department of Corrections Operating Procedure 038.3 Prison Rape Elimination Act (PREA) states (Page 15):

"8. Data storage, publication, and destruction

- a. The DOC shall ensure that data collected of allegations of sexual abuse at facilities under its direct control are securely retained.
- b. The DOC shall 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.
- c. Before making aggregated sexual abuse data publicly available, the DOC shall remove all personal identifiers.
- d. The DOC shall maintain this sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise."

Additional Documentation/Observations from Facility Tour

N/A

Staff and Inmate Interviews

Staff interviews confirm the agency data collected is retained on a secure data base that only the PREA Unit has access too.

Final Determination

Based on the information discovered in the agency's policies, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Jeff Kovar

April 3, 2017

Auditor Signature

Date