PREA AUDIT REPORT ☐ INTERIM ■ FINAL

ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

BJA Bureau of Justice Assistance U.S. Department of Justice

Auditor Information				
Auditor name: Kevin M. Maurer				
Address: P.O. Box 4068, Deerfield Beach, FL 33442				
Email: kevin.maurer@us.g4s.com				
Telephone number: 954-790-3735				
Date of facility visit: 09/21/2015				
Facility Information				
Facility name: Patrick Henry Correctional Unit				
Facility physical address: 18155 A.L. Philpott Highway, Ridgeway, VA 24148				
Facility mailing address: *(if different from above)* P.O. Box 1050, Ridgeway, VA 24148				
Facility telephone number: 276-957-2234				
The facility is:	☐ Federal	■ State	☐ County	
	☐ Military	☐ Municipal	☐ Private for profit	
	☐ Private not for profit			
Facility type:	■ Prison	☐ Jail		
Name of facility's Chief Executive Officer: Garrett Williams				
Number of staff assigned to the facility in the last 12 months: 47				
Designed facility capacity: 138				
Current population of facility: 128				
Facility security levels/inmate custody levels: High 1				
Age range of the population: Adult 20 - 62				
Name of PREA Compliance Manager: Joseph Bateman		**Title:**	Major	
Email address: joseph.bateman@vadoc.virginia.gov		**Telephone number:**	276-957-7813	
Agency Information				
Name of agency: Virginia Department of Corrections				
Governing authority or parent agency: *(if applicable)*				
Physical address: 6900 Atmore Drive, Richmond, VA 23225				
Mailing address: *(if different from above)* P.O. Box 26963, Richmond, VA 23261				
Telephone number: 804-674-3119				
Agency Chief Executive Officer				
Name: Harold Clarke		**Title:**	Director	
Email address: harold.clarke@vadoc.virginia.gov		**Telephone number:**	804-887-8085	
Agency-Wide PREA Coordinator				
Name: Elisabeth Thornton		**Title:**	Corr Ops Admin	
Email address: elisabeth.thornton@vadoc.virginia.gov		**Telephone number:**	804-887-8085	

AUDIT FINDINGS

NARRATIVE

The Patrick Henry Correctional Unit was audited on September 21, 2015 by DOJ Auditor Kevin Maurer. A review of the pre-audit documents was completed prior to the on-site audit. Present during the initial briefing was Lawanda Long, Eastern Regional Analyst; Rose Durbin, PREA Supervisor; Major Joseph Bateman, PREA Compliance Manager; Major Rob Byrd; Lt. Homer Jessee; and Sgt. Connie Hairston.

A facility tour was conducted, which included all buildings of the facility and the outside grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted in all housing units as well as other locations frequented by offenders. Additionally, the facility has permanent notice of reporting sexual abuse painted on the walls within the housing units.

Interviewees were identified from a list of staff and offenders. The interviews included 10 offenders and 10 staff which included all shifts. Additionally, 12 specialized staff interviews were conducted. There had been 1 report of alleged PREA incidents. It resulted in an administrative investigation, and not referred for a criminal investigation. There were no offenders who identified with being LGBTI. All required policies, documentation, reports, logs and files were checked for compliance with PREA Standards.

It should be noted that the staff of Patrick Henry Correctional Unit and the Virginia Department of Corrections were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a Department as well as a facility level.

DESCRIPTION OF FACILITY CHARACTERISTICS

It is the mission of Patrick Henry Correctional Unit to enhance public safety by controlling and supervising sentenced offenders in a humane, cost-efficient manner, consistent with sound correctional principles and constitutional standards. Patrick Henry Correctional Unit also provides an opportunity for assigned offenders to work the road as coordinated with Virginia DOT, and to participate in other work, educational, and treatment programs.

Patrick Henry Correctional Unit is located approximately seven miles west of the city of Martinsville, Virginia. It is a Level I "minimum security" facility consisting of two large dormitory housing units, with an assigned capacity of 138 male offenders. There are a total of 42 full-time staff members, including 33 security personnel, a Registered Nurse, two certified Counselors, a Food Service Manager, and administrative staff. There is also one part time Administrative Assistant and one part time Correctional Officer.

The institution provides offender highway labor to Henry, Patrick, and Carrol Counties, in a cooperative effort with the Virginia Department of Transportation. The offender labor force, which is comprised of two work crews with eight men each, provides a valuable service of general roadway maintenance throughout the two counties, in addition to other special work projects within the local community. There are a variety of work opportunities available to offenders within the institution and on its property, including general sanitation, food service, building maintenance projects, laundry service, and general grounds and garden upkeep.

With the assistance of professional staff and volunteers, there are a variety of treatment program opportunities available to the offenders population. Patrick Henry Correctional Unit ensures that all offenders have equal access to work and program opportunities, without regard to the offenders' race, religion, national origin, disability, or political views. The following program services are available to any interested participant: Thinking for a Change/ Substance Abuse; Religious Programs & Services; Narcotics Anonymous/Alcoholics Anonymous; Recreational Programs and Events; GED, Book Program, & Literacy Classes; PREPs Class; Vocational Electrical Class; Roads to Success / Ready to Work; and Serve Safe Certification Program.

The primary objective of Patrick Henry Correctional Unit is to help ensure the safety and security of the community by maintaining the custody and control of sentenced offenders, while at the same time providing rehabilitative services and programs that will hopefully foster more positive avenues of personal growth and development for the offender.

SUMMARY OF AUDIT FINDINGS

On September 21, 2015, Patrick Henry Correctional Unit had its on-site PREA Audit completed. The results of the audit indicate that the facility is in full compliance with PREA Standards, and a final report is being issued.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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.

There is a written policy addressing zero tolerance toward sexual abuse and sexual harassment. Policy 038.3 addresses this in detail and was last revised on 2/4/14. This policy outlines the implementation of the agency's approach to the preventing, detecting, and responding to sexual abuse and harassment. Policy 130.1 addresses the rules of conduct between employees and offenders and became effective on 8/2/13. This policy defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions.

Elisabeth Thornton, the state agency PREA coordinator, is in a dedicated position and reports sufficient time and authority to the development and implementation of agency efforts in PREA compliance. She has three regional PREA analysts to provide additional over-site of all state correctional facilities.

Major Joseph Bateman, is the facility PREA manager. He reports 20% of his workload is PREA related.

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)

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There is one contracted prison in the Virginia Department of Corrections. Policy 260.1 identifies that all contracts for the confinement of DOC offenders shall include requirements of the entity's obligation to adopt and comply with PREA standards, as well as provide for the agency contract monitoring to be conducted.

Operated by the GEO Group, Inc. is the Lawrenceville Correctional Center. The last contract amendment was in March 2015 and included a requirement to adapt and comply with PREA standards. Additionally, the contract requires state agency monitoring of PREA compliance. Per conversation with the PREA analysts, this will occur as mock audits each year.

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)

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Policy 401.2 requires all facilities shall have a staffing plan that takes into consideration all 11 requirements of the PREA standard; requires documentation and justification of deviations of the plan; and requires an annual review of the existing staffing plan and all post audits. This facility staffing plan identifies assigned posts and emergency/relief posts. Deviations are documented on the Duty Roster each day and each shift.

Policy 401.3 addresses the requirement of the Facility ADO's to conduct and document unannounced rounds intermittently during the month. Policy 401.1 addresses that staff are prohibited from alerting other staff of supervisory rounds. A review of the logbook entries found that these rounds are conducted at random on all shifts.

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.

N/A - Youthful offenders are not held at Patrick Henry Correctional Unit. Per memo from Elisabeth Thornton, dated 2/12/13, all youthful offenders shall be housed at Sussex I State Prison.

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.

Policy 445.1 addresses cross-gender strip searches which are prohibited unless there is an immediate threat to the safe, secure, orderly operation of the facility, and there is no other available alternative. Policy 445.1 addresses the limits of cross-gender frisk searches for female offenders. This does not apply to this facility as this is a male facility. This policy also notes that only medically trained professionals are permitted to conduct body cavity searches. All cross-gender searches shall be documented on an Internal Incident Report as per policy 445.1. Policy 720.2 allows only for the identification of the transgender or intersex offenders genital status to be determined through means other than a strip search by non-medical staff.

Policy 801.1 notes procedures and practices to enable offenders to shower, perform bodily functions, and change clothing without non-medical staff or staff of the opposite gender viewing, except in exigent circumstances or where viewing is incidental to routine cell checks. This process includes the announcing of opposite gender staff onto the housing unit, as well as documenting the announcement in the central control logbook. A review of the logbook shows documented announcements.

Policy 350.2 addresses required staff training for cross-gender frisk searches and searches of transgender and intersex offenders. During the audit, no intersex or transgender offenders were housed at this facility.

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)

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Policy 038.3 addresses the agency's commitment to provide offenders with disabilities, or who are limited English proficient, appropriate means to participate in all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This commitment prohibits the use of resident interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties or the investigation of the offender's allegations.

The agency has an MOU with Purple Language for the provision of Sign Language Translation and Video Remote Interpreting for deaf or hard of hearing offenders. Additionally, other interpreter services are available from Green Rock Correctional Center.

Signage and orientation material is presented in English and Spanish. There are systems in place to provide staff assistance for limited English proficient offenders, as identified. The agency would, if necessary, have these documents interpreted into other languages as the need arose.

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.

Policies address all components of this standard. Policy 030.3 confirms the commitment to not hire or promote any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or 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 The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor. This policy also addresses required background screenings to be conducted prior to any new staff having contact with offenders or before enlisting the services of any contractor who many have contact with offenders. There is a provision for background checks to be completed every five (5) years. Policy 040.1 and 260.1 confirms the failure of a staff, or a contractor, to report when charged or found liable in any civil or disciplinary proceedings of having engaged or attempted to engage in sexual activity. Failure to report or material omissions regarding charges or convictions of sexual abuse or sexual harassment is grounds for termination. Policy 057.1 requires Virginia DOC to provide information on substantiated allegations of sexual abuse or harassment involving an employee to any institutional employer who provides a written request. Policy 170.1 allows for the questioning of an applicant or employee about previous misconduct.

Hiring and promotions policies and practices include specific interview questions as required by the standard, and has a commitment to not hire or promote any person who has engaged in sexual abuse in an institution; or 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. The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor.

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.

The facility has recently had additional cameras installed. Meetings regarding modifications are documented.

All current camera views were observed by the auditor.

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.

The Virginia DOC is responsible for investigating allegations of sexual abuse. Policy 030.4 requires the use of a uniform evidence protocol that is developmentally appropriate for youth. The Sexual Assault Victim Search/Evidence Collection Protocol shall be followed for all investigations into allegations of sexual abuse.

Policy 720.7 allows for the facility to offer a victim a forensic medical examination that is performed by a SAFE or SANE examiner at no cost to the victim. It also requires a victim advocate to be provided upon request. Patrick Henry Correctional Unit has an MOU with Mountain State Health Alliance SAFE/SANEs. Additionally, there is an MOU with the Virginia Sexual & Domestic Violence Action Alliance for victim advocacy services. Advocates may, as requested, accompany victims at forensic exams, during investigations and may also include follow-up visits or communications with the victim.

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.

Policy 030.4 addresses administrative and criminal investigations. The DOC Special Investigations Unit (SIU) conducts administrative and criminal investigations after an internal investigation at the facility level has definitely determined the allegations is not unfounded. SIU have statutory authority to conduct investigations. They will confirm with the Commonwealth Attorney's Office which has the authority to prosecute.

The agency conducts both administrative and criminal investigations. Criminal investigations are conducted through the Special Investigative Unit (SIU), who will confirm with the Commonwealth Attorney's Office regarding prosecution. There was one allegation of sexual abuse/harassment in the past 12 months. It did not require the use of SUI for criminal investigation.

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)

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Policy 160.1 requires all new staff to receive PREA Orientation which includes all ten items identified in the standard prior to assuming any job duties with a unit.

Policy 350.2 requires annual training of all staff in PREA, which includes all ten items as identified in the standard.

Agency training for employees includes all ten required items of the standard. The facility reports that 100% of the staff have been trained. Staff interviews confirm training and the training topics.

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)

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Policy 160.1 requires all volunteers and contractors that have contact with offenders are trained on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures. And, at a minimum, will be notified of the zero –tolerance policy and how to report. The agency maintain documentation of the training or confirmation of receiving the zero-tolerance policy and how to report.

All volunteers and contractors that have contact with offenders are trained on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures. And, at a minimum, will be notified of the zero –tolerance policy and how to report. The agency maintains documentation of the training or confirmation of receiving the zero-tolerance policy and how to report. The agency provided signed copies of the training certification for a sample of contractors and volunteers.

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)

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Policy 038.3 requires all offenders upon admission be given the Sexual Assault Awareness and Prevention brochure (English or Spanish), and that within ten (10) days of arrival shall receive comprehensive education including the video "PREA - What you need to know". The offender is required to sign the Training form at the completion of the video and the facility maintains a copy of the offender Institutional Record.

Policy 810.2 requires all offenders having been transferred to receive a copy of the brochure. If there is no documentation of having received the PREA comprehensive training completed at a prior DOC facility, the facility shall repeat the education with the offender. Once completed, a copy will be placed in the offender's Institutional Record.

All offenders are provided PREA information (Sexual Abuse Brochure) on admission to the facility, as well as a comprehensive education within 10 days of their arrival. There is information available throughout the facility in order to keep offenders educated after their admittance into the facility, such as posters, handbooks, and brochures.

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)

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Policy 030.4 and 350.2 require SIU investigators to receive additional training regarding PREA; specifically, techniques for interviewing sexual abuse victims; proper us of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecution. This is a two and one half day training that covers all material as required and additional material. Additionally, this training covers not only PREA investigative courses, but all PREA standards. SUI Investigators and the facility PREA investigator have completed the 2-1/2 day training as required by the standard and policy and this training is documented.

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)

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Policy 160.1 requires medical and mental health care practitioners to receive training mandated for employees or for contractors and volunteers, depending upon the practitioner's status.

Policy 701.1 requires all full and part-time medical and mental health staff who work regularly in DOC receive specialized training in the detection and assessment of signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional response to sexual abuse and sexual harassment victims, and the reporting of allegations or suspicions of sexual abuse and harassment. Training sign-in sheets confirm training.

All medical and mental health practitioners have received initial mandated training based upon contact with offenders. Specialized training is also completed and documented. No forensic examinations are conducted on site. These are conducted at the hospital.

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)

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Policy 810.1 requires an initial assessment be completed within 72 hours by the reception center staff. That any offender who scores as a High Risk Sexual Victim (HRSV) and/or High Risk Sexual Aggressor (HRSA) will be referred to the facility Senior QMHP for follow-up. The policy also requires a 30-day reassessment based upon any additional and relevant information that may have been received. This policy identifies that sensitive information is not disseminated outside of the persons who are identified in policy and that no offenders will be disciplined for refusing to answer a questions or for not disclosing complete information. Policy 810.2 mirrors 810.1 in these areas for transferred offenders.

Policy 730.2 identifies that 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. When identified as HRSV or HRSA, the QMHP will meet with the offender within 14 days of identification make available medical and mental health treatment if wanted.

The screening tool considers all identified criteria as per the standard. The agency uses a scoring system to identify a known victim, potential victim or a non-victim, as well as a known sexual aggressor, potential sexual aggressor or a no current indicator of sexual aggressor. Identification of HRSV or HRSA is determined through an objective screening tool. For HRSA, the PREA Coordinator stated that the automatic HRSA trigger question is "Does the offender have a history of institutional sexual disciplinary offense."

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)
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Policy 425.5 identifies the steps taken by the facility to utilize the Classification Assessment as a tool to make individualized determinations of housing and bed assignments while keeping the goal of separating high risk victims from high risk sexual aggressors. This policy also addresses the placement of transgender or intersex offender on a case-by-case basis keeping in mind the offenders views to their own safety as well as the safety of the facility.

Policy 730.2 requires mental health staff to conduct 6 months reviews of any transgender or intersex offender to ensure appropriate housing and programming is in place. Policy 841.2 identifies the steps for work placement by the Work Program Assignment Reviewer for offenders who are identified as HRSA or HRSV. Policy 038.3 addresses transgender and intersex offenders being allowed to shower separately from other offenders.

Cell assignment is made using the VACORIS system which allows for the identification offenders with similar criminal and institutional histories to be seen side by side on the computer screen. Housing decisions are made by the cell assignment committee.

Housing decisions for transgender or intersex offenders are based strictly on the offender's view of their safety and the safety of the facility. At the time of the audit, there were no identified transgender or intersex offenders at Patrick Henry Correctional Unit.

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)

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Policy 425.4 allows for special housing for offenders who are identified as HRSV or who alleged to have suffered sexual abuse with the victims consent, unless there are no other alternative means of separation from likely abusers. The facility may hold an offender only up to 24 hours is special housing only if an assessment was not completed immediately upon arrival or new information obtained.

Policy 830.5 allows for 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. The placement of an offender under this policy requires clear documentation of the basis and normally would not extend beyond 30 days. Reviews by mental health staff of offenders under this policy are done weekly for 8 weeks, and then every thirty days if needed.

Policy allows for special housing for offenders who are identified as HRSV or who alleged to have suffered sexual abuse with the victims consent, or when there is no alternative placement available to separate the victim from the subject. The facility removes the victim from the area to ensure the safety of the reporter and in order to conduct an investigation.

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)

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Policy 038.1 identifies staff accepts allegations of sexual abuse or sexual harassment that are made verbally, in writing, anonymously, and from third parties and shall prepare an Internal Incident Report. Policy 801.6 offers the offenders the use of the Offender Request where a report of sexual abuse or sexual harassment and retaliation by other offenders or staff can be reported privately. Policy 803.3 identifies that offenders have the ability to use a dedicated hotline when the offender telephones are available by dialing #55. Policy 866.1 identifies the Offender Grievance Procedure is one of the internal methods available for offenders to privately report sexual abuse/harassment, retaliation or staff neglect/violation of responsibilities.

The facility accepts multiple ways for offenders to report sexual abuse or sexual harassment which includes an Offender Request, Offender Grievance, or the Hotline. There is a MOU established with Action Alliance which allows offenders to dial #55 on the offender phones and privately and anonymously report to an outside agency. Contact with Action Alliance was made and the auditor was informed that all calls are then forwarded back to the state agency PREA Coordinator's office for follow-up only if agreed upon by the caller. Action Alliance staff did report that they maintain a list of calls that is provided quarterly to the state agency. During interviews, both staff and offenders confirmed that the various methods of reporting are known, including contacting the outside abuse agency, and allegations are responded to as identified in policy.

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.

Policy 866.1 addresses the all components of the PREA standard regarding exhaustion of administrative remedies. The policy addresses: staff are not to respond to grievances written about them; offenders are not disciplined for filing in bad faith; an informal complaint process is not required prior to filing a grievance; and there is no time limit on grievances regarding an allegation of sexual abuse. The grievance system allows for third-party reporting and assistance in completion of grievance paperwork. Reponses to regular grievances are based on level. The total time allowed for the final agency decision is 70 days (Level I – 30 days; Level 2 – 20 days; Level 3 – 20 days) with an extension of a 30 day period at each level that requires the offender be notified of the delay.

The policy also addresses emergency grievances for alleging a substantial risk of imminent sexual abuse. The policy requires notification to both the Facility Unit Head and the PREA Compliance Manager. A first response within eight (8) hours is expected from the ADO or Shift Commander.

offenders have access to both the grievance system and the emergency grievance system without stipulations of using the informal process first. Grievances are not turned into nor answered by a staff who is the subject of the grievance. Grievances are handled within required timeframes. Emergency grievances of a substantial risk of imminent sexual abuse are addressed within eight (8) hours. All delays of the responses required documentation. Third party persons are allowed to assist with preparing grievances.

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.

The agency has an MOU with VA Sexual & Domestic Violence Action Alliance to provide confidential support services. Information for offenders is provided through brochures which list the mailing address and two phone numbers (800 number and #55). The handbook identifies monitoring of these through the description of telephone calls and mail; and instructions on how to call them on the phone is posted in each pod. Additionally, this facility has permanently painted the information on the walls of each unit near the phones.

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.

The agency offers four ways of third-party reporting of sexual abuse and sexual harassment. The Virginia DOC website identifies the e-mail of the director for electronic correspondence, the e-mail of the PREA Grievance Office for electronic correspondence, a phone number to the Confidential Reporting Hotline, and forms in both Spanish and English that can be printed, filled out and mailed. offender and staff interviews note that they are aware of third-party reporting.

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.

Policy 38.1 requires all employees, volunteers or contractors to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation for reporting or staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. This policy also addresses the prohibition of revealing information to a person who is not a part of investigation, treatment or management of the particular incident or victim/subject.

Policy 720.2 requires all medical and mental health professionals at initiation of services to disclose their duty to report and the limitations of confidentiality.

Policy 030.4 requires that all allegations of sexual abuse and sexual harassment be reported to the facility designated investigator for initial investigation and notification to the PREA analyst.

All employees, volunteers or contractors to immediate report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation for reporting or staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. The policy addresses confidentiality of the information and with whom information may be shared.

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.

Policy 425.4 requires immediate referral and consult with the Facility Unit Head regarding action to be taken when an offender is at substantial risk of imminent sexual abuse or further victimization.

The agency has in place steps to take in the event an offender is at substantial risk of imminent sexual abuse or further victimization including mental health consult and the Facility Unit Head to determine housing interventions or other actions as identified. It is clear through interviews with both the staff and offenders that the agency will immediately relocate a potential victim. There were no instances of this policy being implemented during the past 12 months.

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.

Policy 030.4 requires the Facility Unit Head to ensure an investigation is initiated when an offenders reports prior sexual abuse at another facility.

Policy 038.3 requires the head of the facility to immediately notify the head of the facility or the appropriate office of the agency when an alleged prior abuse had occurred.

The policies meet the requirement of the standards in regards to reporting prior institutional sexual abuse to the facility head or appropriate office of the agency when identified.

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.

Policy 030.4 identifies steps to be taken immediately when there is an allegation of sexual abuse that includes separating the victim from the subject, preserving and protecting the scene, and ensuring both the victim and the subject do not take any actions that could destroy physical evidence upon their bodies.

Policy 075.1 identifies the presence and use of the facility specific checklist that details out steps for any responder to include the above noted steps and further includes moving the victim to the medical department for assessment and treatment and to notify mental health. If the first person to respond is not a trained first responder, they are to protect and separate the victim from the subject and notify administration.

Policies detail all required steps of the standard. A facility specific checklist is available that includes all steps identified above, as well as notification requirements to the investigator, Unit Head, ADO, the taking of photographs and transport to local hospital for forensic evidence collection. This check list identifies those persons responsible for specific tasks and requires each person to sign off that the task has been completed. Staff interviewed are aware of the necessary steps for responding to an allegation of sexual abuse. There have been no reported allegations that required first responder duties.

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.

Policy 075.1 details the presence and use of the facility specific checklist for responding to an allegation of sexual abuse.

The facility has a Sexual Assault Checklist that details all the steps to be taken in the event of an allegation of sexual assault. Additionally, the facility has a PREA Management Plan that is specific to the facility that details all steps to be taken in the event of an allegation of sexual assault. Staff interviewed are aware of the necessary steps for a coordinated response.

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.

N/A - Collective bargaining in Virginia is prohibited by §40.1-57.2.

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.

Policy 075.5 identifies the Crisis Response Team as the emotional support service for staff who fear retribution or retaliation for reporting or cooperating with sexual abuse or sexual harassment investigations.

Policy 130.1 provides protection measure for offenders and staff who report sexual abuse or sexual harassment or who cooperate with an investigation or who may fear retaliation by other offenders or staff.

Policy 038.3 provides multiple protections measures that mirror the standard, as well as monitoring of the conduct and treatment of offenders or staff who have reported sexual abuse or cooperated in an investigation each month for 90 days, or longer if necessary. This policy also includes the requirement of periodic status checks for offenders.

The agency has identified services, protections, and monitoring for any staff or offender who reports sexual abuse or sexual harassment, or who cooperates in an investigation. The Facility PREA Manager and the Grievance Officer are the designated persons to conduct monitoring. Monitoring is to be for a minimum of 90 days and shall occur every 30 days. There were no instances of reported retaliation in the past 12 months.

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.

Policy 830.5 provides provisions for the use of segregation only in the event that the victim requests or that it has been determined that there is no other available means of separation from the likely abuser. Any use of segregation for this purpose requires an Institutional Classification Authority Hearing report which documents the details of reasons for the use of segregation. This policy limits the use of segregation for this purpose to not ordinarily exceed 30 days. Additionally, mental health will recommend appropriate release from segregation or transfer to a Protective Custody Unit.

Policy 425.4 requires the use of a Special Housing Review Report for any offender placed in segregation that continues to be maintained in this unit. In addition, the segregation area may be used for no longer than 24-hours in the event that a moved is deemed necessary prior to an assessment being completed.

The agency has a method of providing post-allegation protective custody that may use segregation as an intermediate tool pending release or transfer to a Protective Custody Unit. No segregation for a victim of sexual abuse or HRSV has been used to date.

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.

Policy 030.4 identifies that allegations of sexual abuse and sexual harassment are investigated by the agency internal SIU investigators who have received specialized training, and that such investigations shall be conducted promptly, thoroughly, and objectively. This policy also details the collection of evidence, interviews with alleged victim and suspected perpetrators and witnesses and shall review prior complaints and report involving the same suspected perpetrator. The policy also addresses credibility of the alleged victim, suspect or witnesses and includes that all efforts are documented in a written report. Those allegations where the investigation identifies potential criminal conduct shall be referred for prosecution. It also addresses the departure of the alleged abuse is not a reason to stop the investigation.

The policy complies with all aspects of the standard. There is a system in place to conduct investigations of sexual abuse and sexual harassment once identified by the Facility PREA Investigator. One incident was reported of sexual harassment and an administrative investigation was conducted. There were no reports of criminal investigations in the past 12 months.

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.

Policy 130.1, 135.1 and 861.1 state that a preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt in an investigation.

The policies meet the requirement of the standard. The Facility PREA Investigator stated the same during the interview.

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.

Policy 030.4 requires the SIU to notify the Facility Unit head as to the determination of any allegation.

Policy 038.3 requires that at the conclusion of an investigation the investigator in charge shall inform the offender as to the determination using the Offender PREA Allegation Letter, and requires notification of certain information if the allegation was against staff or another offender as per the standard.

There were no reported investigations of alleged offenders sexual abuse in the past 12 months.

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.

Policy 130.1 details consequences of staff and offender relationships. In the event of sexual misconduct, termination is the presumptive disciplinary action for those who have engage in sexual abuse. Additionally, if the staff resigns prior to the conclusion and eventual termination, the incident shall be reported to any relevant licensing bodies and law enforcement agencies, unless the activity was clearly not criminal.

Policy 135.1 advises staff of the requirement for any violation of the sexual abuse or sexual harassment policies to be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal.

The agency policies comply with the PREA standards. There were no staff who violated agency sexual abuse or sexual harassment policies in the past 12 months.

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.

Policy 027.1 details possible grounds for volunteer dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally, allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer.

Policy 130.1 details possible grounds for volunteer or contractor dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally, allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

The agency policy meets all of the requirements of the standard with regards to corrective action for contractors and volunteers. There have been no instances of a volunteer or contractor dismissed under this 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.

Policy 820.2 requires offenders who are found guilty of a disciplinary or criminal offense for sexual abuse shall be offered therapy, counseling or other interventions if they are offered at the facility. Offenders that do not comply with required services as noted previously shall be charged in accordance with Policy 861.1 or .2.

Policy 861.1 details the Disciplinary Hearing Procedure that encompasses the requirements of the standard in full. There is consideration given based on the identification of any mental disabilities or mental illness and the requirement of participation in various therapy or counseling sessions. If the investigation finds that an unfounded allegation was made on good faith, the offender cannot be disciplined. All findings of consensual sexual contact between an offender and a staff member shall not result in offender discipline unless the offender sexually assaults the staff member.

The policies contain all requirements of the standard. There have not been any offender on offender sexual abuse or offender on staff sexual abuse reported that required disciplinary sanctions for offenders.

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.

Policy 730.2 identifies the process for the QMHP to follow up with an offender who is identified as HRSA or HRSV during the assessment. Any information obtained during the screening related to a sexual victimization or abusiveness that occurred in an institutional setting is limited to those staff necessary to direct treatment plans and security and management decision. Additionally, all practitioners are required to obtain informed consent from offenders before reporting information about a prior sexual victimization that did not occur in an institutional setting.

The policies meet all requirements of the standard including the need for follow-up referrals, privacy of information, and informed consent. Interviews with specialized staff confirm the requirement for informed consent. Samples reviewed showed that QMHP follow-ups were conducted within 48 hours of referral and are well documented.

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.

Policy 075.1 requires that if no medical or mental health staff is on duty when there is an allegation, that the first responders shall take preliminary steps to protect the victim and contact the facility's designated medical and mental health practitioner.

Policy 720.4 requires emergency services to be provided regardless if the victim identifies the subject or cooperates with any portion of the investigation.

Policy 720.7 provides for emergency services in a timely, unimpeded manner; as well as the requirements for emergency contraception and STD treatment. All of this is offered at no cost to the offender.

All agencies policies provide for the requirements of this standard. There are additional provisions in place to address any needs at a later date as per the interview with medical staff. No emergency medical or mental health services were needed for offenders during the past 12 months.

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.

Policy 720.7 requires the medical and mental health evaluation and treatment, as appropriate to all offenders who have been victimized in any institutional setting. This shall include assessment, treatment plans, follow-up services and referrals. These services shall be provided at a level consistent with community care. Victims of sexual abuse while incarcerated shall be offered STD testing and treatment as appropriate. All treatment services offered under this policy shall be free of charge to the victim regardless of the identification of the perpetrator or cooperation in any investigation.

Policy 720.4 addresses the requirement that all emergency and ongoing treatment for victims of sexual abuse while incarcerated shall be offered free of cost to the victim.

All policies address the components of the standard. Interviews with medical and mental health staff indicate that these services are available at no cost to the offender. The Sexual Assault Response Checklist is used for allegations of abuse at the housing facility includes a referral to the mental health staff for evaluation. Additionally, the Sexual Assault Assessment is completed by the QMHP and details the necessity of further services and treatment as identified during the evaluation. There have been no reported sexual assaults at Patrick Henry Correctional Unit in the past 12 months.

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.

Policy 038.1 requires that a Review Team shall be conveyed to review all instances of sexual abuse and sexual harassment. The review shall begin as soon as possible after completion of the investigation, and a formal report shall be submitted within seven days. The policy addresses members of the review team and the specifics as required by the standard.

The policy addresses all requirements of the standard. There is a specific form, Report of Incident Review, which is required to be completed and contains all elements of the standard. There was one instance of an administrative investigation of alleged sexual harassment completed at the facility.

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.

Policy 038.3 addresses the collection of accurate and uniform data for every allegation of sexual abuse at facilities under their direct control. The collection shall also include any privatized facility that is contracted by the agency.

The state agency collects information from all facilities regarding allegations of sexual abuse utilizing a standardized instrument. This system for collection of information is used to assist in the preparation of the DOJ Survey of Sexual Violence as well as assisting the agency in addressing trends and the need for corrective action.

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.

Policy 038.3 identifies a data review process with corrective action. The review includes identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings and corrective actions for each facility – and as a whole for the agency. Policy requires a comparison of the current data with prior years, and that this report is made public through the agency website. Redaction of certain information is made along with a statement about the nature of the material redacted.

The policy addresses all requirements of the standard, including identification of corrective actions for each facility as well as the agency as a whole. This report is available on the agency website.

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.

Policy 025.3 addresses retention of records for 10 years after the date of the initial collection and that data must be under the direct control of the agency.

All indicators are that the data collected is maintained with the direct control of the agency and that records are maintained for the minimum of 10 years.

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.

Kevin M. Maurer 10/18/2015

Auditor Signature Date