

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



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

<b>Name of facility:</b>	Rustburg Correctional Unit #9		
<b>Physical address:</b>	479 Camp Nine Road Rustburg, Virginia 24588		
<b>Date report submitted:</b>	5/15/14		
<b>Auditor Information      Diane Lee – The Nakamoto Group</b>			
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<b>Date of facility visit:</b>	May 5 and 6, 2014		
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	434-332-7354		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>	Howard Ferguson	<b>Title:</b> PREA Compliance Manager/CO	
<b>Email address:</b> Howard Ferguson@vadoc.virginia.gov		<b>Telephone number:</b>	434-332-7354
<b>Agency Information</b>			
<b>Name of agency:</b>	Virginia Department of Corrections		
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>	Commonwealth of Virginia		
<b>Physical address:</b>	6900 Atmore Drive, Richmond, VA 23261		
<b>Mailing address:</b> <i>(if different from above)</i>	PO Box 26963, Richmond, VA 23261		
<b>Telephone number:</b>	804-674-3000		

<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	Harold Clarke	<b>Title:</b>	Director
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE:

The site visit for PREA audit of the Rustburg Correctional Unit # 9 was conducted on May 5-6, 2014 to determine compliance with the 2012 Prison Rape Elimination Act standards. Prior to the audit, the auditor interviewed the Agency Director, Harold Clarke, and the state PREA Coordinator, Elizabeth Thornton, at the Virginia Department of Corrections headquarters in Richmond, Virginia. During the audit, the auditor toured the facility and conducted formal staff and inmate interviews. The auditor interviewed 10 inmates (10 random inmates from all of the housing units). In addition, the auditor questioned 18 staff and officers, (8 specialized staff and 10 random Correctional Officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Superintendent, PREA compliance manager, health care administrator, facility investigator, human resource manager, training officer, teacher and counselor.

An entrance meeting was held with the following persons in attendance: Superintendent R. W. Mitchell, Major M. Shupe and Joseph Parks, Regional PREA Analyst. Also present during the first day were Jerome Walus and Vickie Kennedy, Case Management Counselors from Cold Springs Correctional Center and Work Center.

There are currently 147 Level 1 male inmates assigned to the facility. Following the entrance meeting, I toured the facility from 8:30 a.m. to 9:30 a.m, Eastern Standard Time. In the last calendar year, there were zero sexual assault/harassment allegation cases.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

The Rustburg Correctional Unit # 9, a unit of the Virginia Department of Corrections (VDOC), is a 153 bed facility, located in Rustbug, Virginia. Deerfield was opened in 1969. The facility employs 100% of the inmate population providing highway labor in a cooperative effort with the Virginia Department of Transportation. Other work opportunities available to inmates within the unit and on its property include food service, farm and garden crews, maintenance crews, laundry, recreations, yard crews, maintenance crews, barber shop and waste water operator.

The perimeter security of the unit is a single fence with two rows of razor ribbon. The housing units are secure buildings with inmates confined to their dormitory by 9:00 P.M. There are two secure dormitories on the upper level and a central control center. There are also four special

purpose single person cells on this level as well as the food service area, which includes the inmate and staff dining areas. Use of the single person cells is limited to 60-90 days. The lower level of the building has a large multi-purpose room, classrooms, library, laundry, showers and bathroom. The Administration building has staff offices and in the basement is the visiting room.

The mission of Rustburg Correctional Unit # 9 is to enhance public safety by providing effective programming and supervising sentenced offenders in a humane, cost-efficient manner, consistent with sound correctional principles and constitutional standards.

The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment. There have been no allegations of sexual harassment or abuse from staff, inmates, or volunteers.

### **SUMMARY OF AUDIT FINDINGS:**

An exit meeting was held on May 6, 2014. Charlene Davis, Regional Operations Officer was also in attendance.

Number of standards exceeded:	4
Number of standards met:	36
Number of standards not met:	0
Not Applicable:	3

### **§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)

The Agency exceeds the standard with their policies and practice. Operating Procedures 038.3 and 130.1 clearly meet this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the agency PREA Coordinator, and facility PREA Compliance Manager, they have a Regional PREA Compliance Analyst to ensure they are meeting all the PREA standards.

### **§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)

Not Applicable -The agency has not contracted with other entities for the confinement of the inmates from Rustburg Correctional Unit # 9.

### **§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)

Superintendent Mitchell completes an annual review of the post audits and staffing plan. There are adequate resources to meet PREA and other confinement requirements. The review included an assessment of the facilities' video monitoring systems, phone access and staffing levels. They do not operate below the critical post requirements. Operating procedures 401.1, 401.2, and 401.3 support this standard . Documentation of unannounced rounds that cover all shifts was reviewed. The post orders of the Shift Commander have been updated. The video camera system consists of 9 cameras and they are currently installing 39 additional cameras.

### **§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)

Not Applicable - They do not house youthful inmates at this facility.

### **§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)

Staff of the opposite gender is required to announce their presence when entering the inmate-housing unit(s) by stating “female on floor for shift”. This is also noted in the log book and has been added to the post orders. This was documented during interviews with staff and inmates, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. Operating procedures cover all aspects for this standard including 445.1, 401.2, 801.1, 401.1, 720.2, and 160.2. There have been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained on conducting pat-down searches of transgender and intersex inmates in a professional manner.

### **§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)

Operating Procedure 038.3 meets all the requirements of this standard. They have a contract for interpreter services.

### **§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)

Based on interviews with HR all components of this standard are being met. Operating procedures to meet this standard include 170.1, 030.3, 260.1, 040.1, 057.1, 101.1, and 135.1. All employees/contractors have recently had their criminal background check completed. A tracking system is in place to ensure they will be completed every five years.

### **§115.18 – Upgrades to Facilities and Technology**

- 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)

Modifications that have been made to improve the facilities ability to protect the inmates from sexual abuse, including installing windows in the commissary room door and the kitchen supply room door. Based on reviews by the Agency’s PREA team and facility staff, they are in the process of adding 39 additional rapid eye cameras throughout the facility. This should be completed within 6 months.

### **§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)

Operating Procedures cover all aspects of this standard in 030.4, 445.2, 720.7, 038.3, and 730.2. A Sexual Assault Response Checklist is used and medical personnel determine if the inmate should be transported to Lynchburg General Hospital for SAFE/SANE exam. A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. The auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services the inmates are allowed to make. The number is posted in each housing unit.

### **§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)

Operating Procedures 038.3 and 030.4 were reviewed during on-site inspection to verify the components are met. There have been no allegations of sexual abuse or sexual harassment in the past twelve months.

### **§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)

Training is a primary concern and focus at Rustburg Correctional Unit # 9 . The institution exceeds the basic training requirement by insuring all staff receives additional PREA training. Operating procedures 160.1 and 160.2 cover all training required by standard. All staff interviewed indicated that they received the required PREA training.

### **§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)

Reviewed contractor and volunteer sign-in sheets for training received. PREA Compliance Manager conducts the required training for volunteers and contractors.

### **§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)

At intake, inmates receive PREA information in the inmate handbook, which is also available in Spanish. There are posters throughout the facility and the phone number to call to report an incident is in each housing unit. Operating procedures 038.3 and 810.2 cover the components required.

### **§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)

Major Shupe is the facility investigator and has received specialized training at the Virginia State Police Academy for conducting sexual abuse investigations. Operating procedures 030.4 and 160.2 meet this 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)

The Health Care Administrator, a Registered Nurse, has received specialized training on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Operating procedures that meet this standard include 160.1, 701.1 and 720.7.

### **§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)

Operating procedures 810.1, 810.2, 730.2, and 861.1 include all components required by this standard. Interviews with the Casework Counselor and Nurse verified that there is a thorough system for collecting this information and providing continued re-assessment and follow-up services as needed. There have been no reports of inmates at risk of sexual abuse victimization or sexual abusiveness toward other inmates in the past twelve months.

### **§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)

Numerous operating procedures address how the information from the risk screening is used to ensure safety of each inmate. There have been no reports of inmates at risk of sexual abuse victimization or sexual abusiveness toward other inmates in the past twelve months.

### **§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)

If an inmate was at risk of sexual victimization, they could temporarily be placed in one of the special housing cells and then transferred to another prison and placed in protective custody



segregation. There have been no inmates placed in this status in the past twelve months. Operating procedures that meet this standard include 425.4, 810 and 830.5.

### **§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)

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook, on posters and through Operating Procedures 038.3, 801.6, 803.3. and 866.1.

### **§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)

Operating Procedures 038.3, 866.1, and 861.1 cover the elements of this standard. No grievances were filed in last year that alleged sexual abuse in the past twelve months.

### **§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)

A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. This auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services that the inmates are allowed to make. The number is posted in each housing unit.

### **§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)

This information is made available to inmates through posters and their handbook.

### **§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)

Operating Procedures 038.3, 038.1, 720.7, 720.2, 730.2, 801.6 and 030.4 include all the components of this standard. This was also verified through interviews with random staff.

### **§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)

If an inmate was at risk of sexual victimization, they could temporarily be placed in one of the special housing cells and then transferred to another prison and placed in protective custody segregation. There have been no inmates placed in this status in the past twelve months. Operating procedures that meet this standard include 425.4, 038.3 and 730.2. This was also verified through interviews with random staff.

### **§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)

Operating procedures include all the components of this standard. This was also verified through interviews with Superintendent and PREA Coordinator. There have been no allegations in the past twelve months.

### **§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)

Operating procedures 038.3, 030.4 and 075.1 include all the components of this standard. This was also verified through interviews with random staff.

### **§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)

Operating procedures 038.3 and 075.1 address this 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)

Not applicable; there is no collective bargaining in the Commonwealth of Virginia.

### **§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)

PREA Compliance Manager Ferguson and Major Shupe are assigned to monitor for possible retaliation.

### **§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)

Inmates could temporarily be placed in one of the special housing cells and then they would be transferred to another prison where there is segregated housing for protective custody.

### **§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)

Operating Procedures 030.4 and 038.3 cover these components. During the last 12 months there have been no allegations.

### **§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)

Operating Procedures 130.1 and 861.1 cover these standard requirements.

### **§115.73 – Reporting to Inmate**

- 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)

Operating procedures 038.3 and 030.4 address this standard. There were no allegations of sexual abuse or harassment in the past twelve months.

### **§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)

Operating Procedures 130.1 and 135.1 include all the components of this 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)

Operating Procedures 027.1 and 130.1 include all the components of this 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)

This is clearly stated in the inmate handbook. Operating Procedures 861.1, 820.2, 830.3, and 038.3 address all disciplinary sanctions for inmates.

### **§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)

Operating Procedures 730.2, 425.4, and 701.3 cover all components. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services as needed. No inmates disclosed prior victimization during screening.

### **§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)

Operating procedures that address this standard are 720.7, 730.2, 038.3 and 075.1.

### **§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)

Operating Procedures 720.7 and 730.2 cover all components.

### **§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)

Operating Procedures 038.3 and 038.1 include all the components of this standard. The team includes the Major, Counselor, Nurse, Shift Commander and the PREA Compliance Manager.

### §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)

This is covered in Operating Procedure 038.3.

### §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)

### §§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)

This is covered in Operating Procedure 038.3 and 025.3. The 2013 Annual Report was reviewed.

#### AUDITOR CERTIFICATION:

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

\_\_\_\_\_*Diane Lee*\_\_\_\_\_

\_\_\_\_\_May 16, 2014\_\_\_\_\_

Auditor Signature

Date