

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report 5/05/19

Auditor Information

Name: Dorothy Xanos

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Company Name: TrueCore Behavioral Solutions, LLC

Mailing Address: 3109 W Dr. Martin Luther King Blvd.
650

City, State, Zip: Tampa, Florida 33607

Telephone: (813) 918-1088

Date of Facility Visit: 4/16/19 - 4/17/19

Agency Information

Name of Agency:

Virginia Department of Corrections

Governing Authority or Parent Agency (If Applicable):

State of Virginia

Physical Address: 6900 Atmore Drive

City, State, Zip: Richmond, VA 23225

Mailing Address: P. O. Box 26963

City, State, Zip: Richmond, VA 23261

Telephone: (804) 674-3119

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: Virginia Department of Corrections mission is to enhance the quality of life in the Commonwealth by improving public safety. They accomplish this through reintegration of sentenced men and women in their custody and care by providing supervision and control, effective programs and re-entry services in safe environments which foster positive change and growth consistent with research based evidence, fiscal responsibility and constitutional standards.

Agency Website with PREA Information: www.vadoc.virginia.gov

Agency Chief Executive Officer

Name: Harold Clarke

Title: Director

Email: Harold.Clarke@vadoc.virginia.gov

Telephone: (804) 887-8081

Agency-Wide PREA Coordinator

Name: Rose Durbin

Title: PREA/ADA Supervisor

Email: Rose.Durbin@vadoc.virginia.gov	Telephone: (804) 887-7921
PREA Coordinator Reports to: Marie Vargo	Number of Compliance Managers who report to the PREA Coordinator 3 Regional PREA/ADA Analyst – 40 Compliance Managers report to PREA Analyst

Facility Information

Name of Facility: Harrisonburg Men’s Detention and Diversion Center
Physical Address: 6624 Beard Woods Lane, Harrisonburg, Virginia 22802
Mailing Address (if different than above): Click or tap here to enter text.
Telephone Number: (540) 833-2011

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: Ultimately it is the goal of VADOC and the staff at HMDDC for all offenders to learn to identify and address the patterns of thinking and behavior which have led to their incarceration and that they leave better able to meet their everyday challenges of life.

Facility Website with PREA Information: www.vadoc.virginia.gov

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Lawrence D. Heiston, Jr.	Title: Superintendent
Email: lawrence.heiston@vadoc.virginia.gov	Telephone: (540) 833-2011

Facility PREA Compliance Manager

Name: Patricia Senor	Title: Sr. Probation Officer
Email: patricia.senor@vadoc.virginia.gov	Telephone: (540) 833-2011

Facility Health Service Administrator

Name: Virginia Aten	Title: Registered Nurse
Email: virginia.aten@vadoc.virginia.gov	Telephone: (540) 833-2011

Facility Characteristics

Designated Facility Capacity: 126		Current Population of Facility: 117	
Number of residents admitted to facility during the past 12 months			258
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			240
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			256
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			316
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			None
Age Range of Population:	<input checked="" type="checkbox"/> Adults 20-63	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			22-28 weeks
Facility Security Level:			Probationers
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			45
Number of staff hired by the facility during the past 12 months who may have contact with residents:			7
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			2
Physical Plant			
Number of Buildings: 27		Number of Single Cell Housing Units: 4	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		2	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Harrisonburg MDDC's has eighteen (18) surveillance cameras located throughout the facility's interior and exterior of the building and are able to be viewed by staff located at the front gate. All videos are retained in accordance with policy.			
Medical			
Type of Medical Facility:		Medical office	
Forensic sexual assault medical exams are conducted at:		Sentara RMH Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			5
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of the Harrisonburg Men's Detention and Diversion Center (Harrisonburg MDDC) was conducted on April 16-17, 2019 by Dorothy Xanos, US DOJ Dual Certified PREA Auditor. The audit begins with the notification of the on-site audit that was posted by March 5, 2019, six weeks prior to the date of the on-site audit. The facility's last PREA audit was on April 5-6, 2016. The posting of the notices were verified during the tour and verified by photographs and a list received on the USB flash drive from the VADOC PREA/ADA Analyst. The photographs and list indicated notices were posted in various locations throughout the facility including the administration area, (2) dormitories, kitchen area, recreation area, medical area, visitation, the hallway to the program room, DCE area and the platform area. This auditor did not receive any communication from the staff or the offenders as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all thirty-nine (39) standards were received by March 19, 2019. The documentation was uploaded to a USB flash drive and it was organized, highlighted and easy to navigate, however the information in regards to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address five (5) standards. The supporting documentation for the five (5) standards was provided to this auditor during the on-site and after the on-site visit to the facility.

A conference call was conducted prior to the site visit with the Superintendent, Sr. Probation Officer/PREA Compliance Manager (PCM), Major and VADOC Regional PREA/ADA Analyst to review the schedule and discuss the information to be sent to this auditor prior to the site visit. The VADOC Regional PREA/ADA Analyst sent the documentation to this auditor prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit to address the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on April 16-17, 2019. An entrance briefing was conducted with the Sr. Probation Officer/PREA Compliance Manager (PCM), Major (Chief of Security), Lieutenant and VADOC Regional PREA/ADA Analyst. During the entrance briefing, it was explained the audit process and a tentative schedule for two (2) days to include conducting interviews with the staff and offenders and reviewing the documentation. A complete guided tour of the entire facility was conducted including the administrative/program building and the main two (2) story building comprised of the secure entrance, staff office, (2) dormitories, kitchen/dining area, staff dining, laundry area, food service area (freezer, refrigerator, and dry goods/food storage), counselors offices, medical office, indoor recreation area, (2) bathrooms, (1) bathroom/shower area (lower level), (4) classrooms, library, barber shop, commissary, property, visitation area, storage areas, weight room, four (4) secure cells and recreation area with basketball court.

During the tour, offenders were observed to be under constant supervision of the staff while involved in various activities. The facility was well maintained. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing offenders of the instructions to dial #55 and select option 1 to leave a message for sexual abuse/sexual harassment and select option 2 for

emotional support (victim advocate). Also during the tour, this auditor reviewed the ADO unit log books that contained PREA related documentation (female announcements entering in the housing units), tested the hotline (#55), the test call was located in the VADOC PREA inbox and an email was generated with the voice message to the VADOC PREA/ADA Supervisor. This information was provided to the auditor within less than two (2) hours of the test call.

Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the shower/toileting area so offenders are not seen on the surveillance system while showering or toileting, but can be viewed by male staff as they supervise the shower area. During the tour, it was observed that both the bathroom and shower areas did allow for privacy.

During the two (2) day on-site visit, there were a total of one hundred and seventeen (117) offenders in the facility. Twenty-four (24) offenders were randomly selected from both dormitories with an offender list provided by the Sr. Probation Officer/PREA Compliance Manager for the interview process. Twenty (20) of the twenty-four (24) offenders were interviewed and the other four (4) offenders had left the facility for their work assignments therefore unavailable for the interview process. There were nine (9) of the ten (10) offenders who did not meet the identified categories in accordance with the PREA Standards. However, there was one (1) offender who identified as Lesbian, Gay or Bi-sexual. The facility does not house youthful offenders and did not have any other offenders identified in the required categories i.e. offender who identified as Transgender or Intersex; offender who is Limited English Proficient (LEP); cognitive disability; physical disability (Blind, Deaf or Hard of Hearing) and restricted housing for high risk of sexual victimization, who reported sexual abuse, and who reported sexual victimization during risk screening.

Offender interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, administrative staff, the hot line (#55) and the grievance process. The community victims' advocacy service and telephone number is available to the offenders located in both dormitories. There is evidence of VADOC obtaining a Memorandum of Understanding with the Virginia Sexual & Domestic Violence Action Alliance since May 1, 2013. The last contract extension is dated March 20, 2019 for the extension of services from May 1, 2019 through April 30, 2020. VSDV Action Alliance agrees to provide a statewide hotline, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault for VADOC victims each month who are calling the toll-free telephone number. Also, this auditor contacted the representative from the Virginia Sexual & Domestic Violence Action Alliance via telephone prior to the on-site visit and confirmed they provide emotional support services to offenders.

Nineteen (19) staff were formally interviewed including (7) staff from both shifts (supervisory and floor staff), (2) medical and mental health staff, (1) first responder & non-medical staff/cross gender, Superintendent, Sr. Probation Officer/PREA Compliance Manager & retaliation monitor & facility investigator, upper level management & incident review team staff, human resource staff, SIU investigator, risk screening, intake, volunteer and contractor were interviewed during the two (2) days of the on-site visit. Additionally, interviews were conducted via telephone with the VADOC Director, VADOC PREA/ADA Supervisor and VADOC Agency Contract representative prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the VADOC Regional PREA/ADA Analyst, Superintendent (via telephone), Sr. Probation Officer/PREA Compliance Manager, Major, and Lieutenant. At the exit debriefing, it was discussed additional documentation was required for two (2) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The

requested information was sent to this auditor by the VADOC Regional PREA/ADA Analyst prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Harrisonburg Men's Detention and Diversion Center (Harrisonburg MDDC) is an adult male residential community based correctional facility for non-violent minimum custody probationers sentenced by the courts located in Harrisonburg, Virginia governed by the Virginia Department of Corrections Services (VADOC). The facility was originally built in 1964 and was utilized as a field unit for incarcerated inmates until 1998 when it was re-opened as a diversion program. Harrisonburg MDDC is accredited through the American Correctional Association (ACA).

Harrisonburg MDDC has two (2) main buildings, administration/program and security. The administration building is a two (2) story secure building with administrative offices on both floors and the visitation area with its own secure entrance. The security building is surrounded by a perimeter fence with razor wire at the top and there is an inner perimeter fence which encloses the outdoor recreational area. At the front of the building is a separate search area for offenders returning from work sites. At the entrance of the two (2) story security building is a secure search area with staff offices on either side, two (2) dormitories, (2) bathroom areas, medical office, kitchen/dining area, staff dining, laundry area, food service area (freezer, refrigerator, and dry goods/food storage), and in the basement (lower level) is the counselors office, indoor recreation area, bathroom/shower area, (4) classrooms, library, barber shop, commissary, property, storage areas and microwave area. There are four (4) separate secure cells located off the dining hall. The facility has an outdoor recreation area with a basketball court, exercise/weight area and (5) picnic tables. Also, there is waste water building and maintenance building off-site where offenders are assigned to work in those areas.

Harrisonburg MDDC is staffed with forty-five (45) full-time and part-time employees including education and medical. The staff consisted of: Superintendent; Major (Chief of Security); Sr. Probation Officer/PREA Compliance Manager; Administrative Lieutenant; (3) Corrections Lieutenants; (4) Corrections Sergeant; (19) Corrections Officers; Medical (RN); (3) Probation Officer; (1) GED Teacher/Trainer; (7) administrative and maintenance staff and (3) vacancies. The facility has two (2) contractors providing the substance abuse program and four (4) volunteers providing religious services to the offenders.

The medical staff consists of a full-time Registered Nurse. The nurse provide nursing services on-site eight (8) hours a day, five (5) days a week and an on-call physician 24/7. A physician is at the facility weekly to provide medical services for the offenders. All offenders are seen by a physician upon arrival to the facility. Additionally, the Health Authority supervises the on-site registered nurse who is responsible for coordination of the medical services. The nurse provides the medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, dietary services and referrals, administration of medications/treatments as prescribed, assessments of inmate injuries and treatment as required, medical assessments and monitoring with any restraint or segregation, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Dental services are provided off-site and consist of dental care, cleaning, education, and treatment fillings to extractions. All offenders are seen by the dental staff at

least annually for a wellness check. Mental health services are provided by the district mental health clinician on weekly basis on a case-by-case basis. There is a licensed mental health staff on call 24 hours a day, 7 days a week to deal with any crisis that may arise. The mental health staff is available for crisis intervention and mental health programming.

Educational Services are provided at the facility by the Department of Correctional Education (DCE). The education department has adult education teachers who provide education through the Adult Education program which includes Adult Educational (AE) instruction for the GED test, Adult Basic Education (ABE), English Language Learners (ELL) and special education. Offenders have a variety of opportunities for employment at the facility based on the offender's level of risk to staff and the general public as well as institutional needs. These consist of: the basic categories (locations) and work programs (skilled, semi-skilled and un-skilled) such as: kitchen workers, laundry workers, barber, head baker, assistant baker, storeroom worker, recreation assistance, building and grounds maintenance workers, janitorial workers, library assistants and road work (general highway maintenance service)..

Harrisonburg MDDC program requires offenders to receive no less than 200 hours support programming to address their criminal agenda needs. This is only the minimum dosage expectation for program completion and may include individual or group sessions targeting motivation to change, substance abuse and or other cognitive behavioral areas. During the first four (4) weeks of the program offenders will receive orientation while participating in several programming modules, including ready to work and treatment groups. After the first two (2) to four (4) weeks of program attendance, offenders will be evaluated by the facility treatment team to determine readiness for work assignments. The offender will then become responsible for maintaining for programming, supplemental programming, employment and all other facility expectation. Program evaluations will continue to be conducted approximately every thirty (30) days and his progress toward Core & Supplemental Programming goals. It is expected that offenders can successfully satisfy program requirements within 22 to 28 weeks.

Failure to maintain programming expectations will be addressed on an individual basis but will likely require additional programming modules and/or delay of employment. If the offender behavior and/or treatment evaluations indicate the need for greater or additional services, the offender may be referred to Central Referral Unit for reevaluation or transfer directly to another facility with more intense program services. When the treatment team has determined that all program requirements have been met, the offender will be advised by his assigned facility probation officer of his anticipated release date, generally two (2) to six (6) weeks in advance. The offender's final week of the program is a non-working week. This will allow time to make final preparations for the offender's return to the community.

Religious services are offered at the facility and offenders have the opportunity to participate in the practices of their religious faith.

Summary of Audit Findings

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

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

Number of Standards Exceeded:	4 (115.211, 115.217, 115.231 & 115.233)
Number of Standards Met:	35
Number of Standards Not Met:	0
Summary of Corrective Action (if any)	NA

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 and OP 135.2 (Rules of Conduct Governing Employees Relationships with Offenders) effective July 1, 2018 outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, and will not tolerate any fraternization or sexual misconduct including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and inmates who had violated those prohibitions. Additionally, the operating procedure provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse, sexual harassment, and sexual misconduct of offenders. The operating procedures reflect the facility's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. VADOC's PREA Coordinator sent a memo dated August 1, 2012 to all facilities to designate a PREA Compliance Manager to coordinate the facility's efforts to comply with the PREA standards. Both the agency's and the facility's organizational chart including the employee work profiles supports the requirement of this standard. Also, during the on-site visit to the facility, this auditor was provided with documentation called "PREA News" that was issued by the VADOC's PREA Office. This is another way the VADOC's PREA Office disseminates PREA information to the Superintendents and all of VADOC staff.

VADOC has a designated PREA Coordinator, her title is PREA/ADA Supervisor and she reports directly to the Corrections Operations Administrator. An interview with the PREA/ADA Supervisor confirmed she works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA and ADA compliance of forty (40) facilities with the support of the executive administration. The PREA/ADA Supervisor not only manages the PREA activities but is responsible for the American with Disabilities Act (ADA) activities. Her position serves as a supervisor of the PREA/ADA Unit. Also, during her interview, she indicated there are three (3) Regional PREA/ADA Analysts that report to her and are responsible for their PREA Compliance Managers in their regions. The PREA/ADA Supervisor's entire team meets twice a year to discuss issues and she maintains contact with the regional staff besides, the forty (40) PREA Compliance Managers through telephone or email throughout the year.

The Regional PREA/ADA Analyst assigned to Harrisonburg MDDC is responsible for coordinating her facility/regional comprehensive PREA response including technical and administrative guidance, creation of supporting policies and practices, interpretation relative to PREA implementation, design and modification of training, programming, investigation and analysis, ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance. The Sr. Probation Officer is designated as Harrisonburg MDDC's PREA Compliance Manager who indicated in her interview that she has sufficient time to oversee and coordinate the facility's PREA compliance efforts and perform other duties as assigned.

Based on the randomly selected and specialized staff and offender interviews, the extensive staff training, the resources available to the facilities, the establishment of regional staff, it is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the offenders in their care throughout the State of Virginia. Also, during the tour of the facility, the observation of posters, documentation provided on the "PREA News", reviews of staff and offender handbooks, training curriculums confirmed the facility's commitment and dedication

to create a PREA compliant culture. The facility has PREA reference binders that are located in the facility's staff offices that contain the reporting process and forms for the facility staff in the event of an incident. Overall, this auditor has determined the agency and the facility have substantially exceeded the requirements of this standard based on the above information.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 and OP 260.1 (Procurement of Goods and Services) effective June 6, 2017 describes the contractor's obligations to adopt and comply with the PREA Standards and for the agency (VADOC) to conduct contract monitoring to ensure the contractor is complying with the PREA Standards. Interviews with the VADOC PREA Coordinator and a regional analyst confirmed the contracted private prison (VADOC Lawrenceville Correctional Center) is monitored on a quarterly basis to ensure compliance with the PREA standards. A review of the contracted documentation indicated the contractor's obligations to adopt and comply with the PREA Standards. Also, a memorandum from the Superintendent dated October 21, 2018 confirmed that the facility does not contract with other entities for offender confinement.

Therefore, based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 401.1 (Development and Maintenance of Post Orders) effective April 11, 2017, identified the requirement of unannounced rounds to be conducted by an individual ranked as a Lieutenant or higher and conduct these unannounced rounds intermittently during the month. These unannounced rounds must be conducted during both day and night shifts. Supervisors are prohibited from notifying staff of unannounced rounds. Staff assigned to any post is prohibited from alerting other employees that a Supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment. Also, Supervisors of the opposite gender shall announce their presence when entering an offender housing unit to conduct an unannounced round and document this announcement in the PREA logbook.

VADOC Operating Procedure (OP) 401.2 (Security Staffing) effective January 1, 2017 contained the required information identifying each facility must develop and document a staffing plan to provide for departmental adequate staffing levels to ensure the safety and custody of offenders against sexual

abuse or sexual harassment, physical plant, video monitoring, and addressed all eleven (11) categories as identified per the standard. The facility must document and justify all deviations from the staffing plan. An annual review of the existing staffing plan and all post audits are required to be completed by January 31 of each calendar year or more frequently as needed. This review shall assess, determine, and document whether adjustments are needed to the facility's established staffing plan, the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan. Comprehensive written explanations for why a facility is not staffing to plan or staffing to post audits are required to be provided to the Regional Operations Chief for review and forwarded to the Regional PREA/ADA Analyst.

VADOC Operating Procedure (OP) 401.3 (Administrative Duty Coverage) amended January 1, 2019 requires the facility's assigned Administrative Duty Officer (ADO) to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment, and requires these to be conducted intermittently during the month and can be scheduled as part of the 24 hour clock. This information is documented in their PREA logbook.

The Superintendent's memorandum dated January 9, 2019, indicated a review was conducted to determine if the current staffing plan was sufficient to meet the requirements of the standard. The last Post Audit approved on June 1, 2018 reflects twenty-eight (28) full time security staff positions and since this Post Audit no additional positions were needed to provide adequate oversight for day-to-day supervision. This facility is mandated to fill vacancies. Also to assist the security staff, the higher level positions (Superintendent, Major and Lieutenants) conduct unannounced rounds on all shifts and document the information on the weekly duty sheet and housing logbooks. The facility's staffing plan deviations identified in the Post Audit as the most common reasons are as follows: Staff attending additional Department mandated training; Staff vacations; staff illness; staff retirement; staff promotion and other employment opportunities.

The Superintendent's interview and documentation confirmed he is responsible to conduct an annual review of the Post Audit to ensure all areas were addressed including components such as the facility's physical plant, composition of the offender population, number and placement of supervisory staff, programming schedules, video monitoring, training, to name a few. He conducts daily reviews of the Daily Duty Roster for deviations of the Post Audit, as well as making regular rounds and unannounced rounds. The Post Audit deviations are handled through involuntary overtime, voluntary overtime, or closing of "non-essential" posts. The Sr. Probation Officer/PCM and higher level staff interviews indicated that unannounced rounds are conducted on a daily basis on all shifts in all areas of the facility to observe staff and offender interactions, isolated areas, and deter staff from sexual abuse and sexual harassment. The unannounced rounds are documented in the weekly duty sheet and PREA logbooks. Also, the assigned ADO conducts unannounced rounds throughout the entire facility's physical plant and documents this information in the PREA logbooks.

During the facility tour, this auditor observed and reviewed the PREA logbooks where unannounced rounds were documented including the individuals signature, date and time. Also, a review of the samples provided by the facility of random dates and both dormitories showed that there is a minimum of one (1) unannounced round conducted monthly by upper or middle management staff; however the majority show unannounced rounds conducted daily.

Therefore, based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 350.2 (Training and Development) effective August 1, 2018 requires cross gender frisk searches of transgender and intersex offenders will be conducted in a professional and respectful manner and in the least intrusive manner consistent with security needs.

Operating Procedure (OP) 401.1 (Development and Maintenance of Post Orders) effective April 11, 2017 requires staff of the opposite gender shall announce their presence when entering inmate/offender housing units and document this announcement in the housing unit logbook.

Operating Procedure (OP) 401.2 (Security Staffing) effective January 1, 2017 requires that inmates/offenders shall be permitted to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incident to routine cell checks. Also requires that opposite gender staff shall announce their presence when entering an inmate/offender housing unit and must document the announcement in the housing logbook.

Operating Procedure (OP) 445.1 (Employee, Visitor and Offender Searches) effective November 1, 2017 requires VADOC to train all staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. A transgender or intersex offender shall not be searched or physically examined for the sole purpose of determining the offender's genital status. If genital status is unknown, it allows for determination through inmate/offender conversations, review of medical records, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner. Transgender and intersex offenders expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility's Treatment Team for review. Also,

requires female correctional staff to conduct all frisk searches of transgender and intersex offenders unless exigent circumstances are present and documentable.

Operating Procedure (OP) 720.2 (Medical Screening, Classification and Levels of Care) amended July 1, 2018 requires if a transgender or intersex offender shall not be searched or physically examined for the sole purpose of determining the offender's genital status. If genital status is unknown, it allows for determination through inmate/offender interviews, review of medical records, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.

Operating Procedure (OP) 801.1 (Facility Physical Plant and Sanitation) effective December 1, 2015 requires that facility procedures and practices enable inmate/offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Random staff and offender interviews indicated that staff of the opposite gender entering the housing units would consistently announce themselves. During the facility tour, this auditor observed and reviewed the PREA logbooks, female staff's announcements were documented including the individuals signature, date and time. A review of the training documentation (curriculum and staff rosters) and staff interviews confirmed the annual training on pat down searches, cross-gender pat searches and searches of transgender and intersex offenders are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of offenders. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

Random staff and offender interviews confirmed offenders are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Staff interviews could identify the VADOC policy on prohibiting staff from searching or physically examining a transgender or intersex offender for the purpose of determining that offender's genital status. During the tour, it was observed that both the bathroom and shower areas did allow for privacy. There has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of offenders conducted at the facility in the past twelve (12) months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches of offenders conducted at the facility in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff and offender interviews, review of documentation and the facility has demonstrated compliance with this standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 contained procedures to be taken to ensure offenders with disabilities or who are limited English proficient have an equal opportunity to participate in or are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with offenders disabilities, including offenders who have intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient. Also, the policy prohibits any facility to rely on offender interpreters, offender readers or any kind of offender assistants except in limited circumstances when an extended delay in obtaining interpreter's services could compromise an offenders' safety the performance of first-responder duties or the investigation of the offender's allegations.

VADOC's PREA/ADA Supervisor is responsible for the ADA coordination in all facilities. The facility's security and treatment staff provide the PREA education at intake and during orientation. Random staff interviews indicated the PREA education is provided in a manner to ensure the offender comprehends the material and it is read during the intake process. Also, there is a video that is shown during orientation in both English and Spanish. VADOC created a PREA brochure for the purposes of educating offenders which includes information on suspicious behavior, reporting, prevention strategies,

making false claims, sexual misconduct definitions, and retaliation. This brochure is available in English, Spanish and Braille. VADOC through the services of their Enterprises division at Fluvanna Correctional Center for Women has created the PREA information in Braille and it is available to any facility. During the tour, this auditor observed the PREA postings throughout the facility in English and Spanish, including the #55 access posted above the phones was in Spanish in all the locations.

The staff training documentation, brochure, handbook and the offender PREA orientation contained information on providing appropriate explanations regarding PREA to offenders based upon their individual needs. VADOC has entered into a contract with Purple Communications, Inc. (sign language translation & video remote interpreting services) and Propio Language Services, LLC (language interpretation services) to provide services. Random staff interviews indicated their knowledge of the outside agencies providing services to the facility and confirmed they would not rely on the use of offender assistants in relation to reporting allegations of sexual abuse or sexual harassment except in limited circumstances. In the past twelve (12) months, the facility did not have any instances of offender interpreters, offender assistance or readers being used for reporting allegations of sexual abuse or sexual harassment. Also, the Superintendent's quarterly memorandums confirmed the facility did not have instances offender interpreters, offender assistance or readers being used for reporting allegations of sexual abuse or sexual harassment at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 040.1 (Litigation) effective March 19, 2018 requires an employee who has been charged or convicted with a criminal offense or found liable in a civil or disciplinary proceeding to have engaged or attempted to engage in sexual activity by force (overt or implied threat of force, coercion, or if the victim did not consent or was unable to consent) shall inform their organizations unit head immediate if received during normal working hours or the next working day if received during non-working hours. All notifications shall be documented on a Criminal Offense/Moving Traffic Violation Notification. Failure to report or material omissions regarding charges convictions of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent) in the community, or charged or found liable in a civil or administrative proceeding for sexual activity by force shall be grounds for termination.

Operating Procedure (OP) 057.1 (Personnel Records) effective June 1, 2018 requires the information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer for whom which the employee has applied to work provided the request is written.

Operating Procedure (OP) 102.2 (Recruitment, Selection and Appointment) amended September 1, 2018 states that VADOC staff shall not hire or promote anyone for a position that may have offender contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. VADOC staff shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders. VADOC staff must ask all applicants and employees who may have contact with offenders directly about previous misconduct noted above in written applications or interviews for hiring or promotions.

Operating Procedure (OP) 102.3 (Background Investigation Program) amended March 2, 2018 requires that a criminal background shall be conducted before hiring new employees who may have contact with offenders, and will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegations of sexual abuse. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with offenders and a criminal background records check is completed at least every five (5) years for current employees and contractors, and annually for sensitive specialist assignments. The Human Resources Officer for each organizational unit shall ensure criminal background records checks are conducted and documented as required. The Human Resource Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted.

Operating Procedure (OP) 135.1 (Standards of Conduct) amended July 1, 2018 states that material omissions regarding convictions or charges of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent), civil or administrative adjudication for sexual activity by force shall be grounds for termination.

Operating Procedure (OP) 145.2 (Employee Performance Management) amended January 1, 2017 requires each employee to complete Section I of the Employee Self-Assessment to document a response to the following questions annually: Have you ever engaged or attempted to engage in sexual abuse in an institutional setting; for example, prison, jail or juvenile facility? Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described above)? This form and the employee's signature is a reminder that there is a continuing affirmative duty to disclose any such misconduct.

Operating Procedure (OP) 260.1 (Procurement of Goods and Services) effective June 6, 2017 states VADOC staff shall not hire any contractor that may have offender contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. VADOC staff shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders.

An interview with the Harrisonburg MDDC's Office Services Specialist confirmed the process on the facility performing the criminal background checks [Virginia Criminal Information Network (VCIN)], considering the pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders, all employees who are considered for promotion and every five (5) years. They also conduct the same checks for contractors. She advised that a database is utilized to ensure background checks are conducted every five (5) years. Employment applications and background applications contain the three (3) questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same, as well as an annual requirement to disclose at evaluation time. Also, the three (3) questions are asked during the interview process.

There is an affirmative duty to disclose any arrests or previous misconduct by all employees at hire and anytime there is a law enforcement contact. Staff is required to complete a self-assessment as part of their annual employee performance review. A sample review of staff's, contractor's, and volunteer's HR files had documentation on staff completing varied forms containing the questions regarding past

misconduct that are completed during the hiring process. Once an individual is approved for hire, the new employee begins the training/orientation process and is provided with a VADOC Employee Handbook. Also, the review of the HR files and the data base confirmed that background checks had been conducted within the past five (5) years on all employees. All contractors and volunteers had received a background check within the past five (5) years. There is a background approval/disapproval form that is completed on an employee with a questionable background that the Superintendent reviews and approves. Any requests from other institutions typically contain salary, dates of employment and position held.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and the review of data and detailed documentation during the on-site visit and facility tour, the facility has demonstrated exceeding this standard. The agency requires all staff to perform self-assessments as part of the annual employee performance review and specifically requiring a continuing affirmative duty to disclose sexual misconduct.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 801.1 (Facility Physical Plant and Sanitation) effective December 1, 2015 requires the effect of the facility's design, acquisition, expansion, or modification on the facility's ability to protect the inmate/offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. Also the requirement of new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect inmates/offenders from sexual abuse.

An interview with the Superintendent and documentation review indicated there had been modifications to the facility but no upgrade to the video monitoring system within the past twelve (12) months. The modifications consisted of a window replacement and additional safety mirrors. During the tour, the video surveillance system was observed and on the second day, the cameras were reviewed in the Superintendent's office for blind spots. The additional safety mirrors will enhance their capabilities to assist in monitoring blind spots and the video surveillance system will assist the administrative staff in reviewing incidents. Additionally, this enables the staff to monitor offenders more efficiently throughout the physical plant of the facility. The administrative staff is continually evaluating the electronic surveillance system and video monitoring.

Based on the review of the agency policy and procedures, observations and information obtained through the interview and documentation, the facility has demonstrated compliance with this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly

comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 030.4 (Special Investigations Unit) amended October 1, 2018 identifies that the Special Investigations Unit (SIU) has established a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview. And requires the victim's consent, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (PERK/Physical Evidence Recovery Kit recommended). Although it is recommended that a PERK kit is collected within 72 hours it should be used beyond that time whenever there is a possibility of evidence remaining.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals.

Operating Procedure (OP) 720.7 (Emergency Medical Equipment and Care) effective May 10, 2017 requires a history be taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender for this examination. Also requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process

and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A qualified VADOC Mental Health/counseling staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Operating Procedure (OP) 730.2 (Mental Health Services: Screening, Assessment and Classification) amended April 1, 2018 requires attempts to provide a victim advocate from a rape crisis center to a victim of sexual abuse. If a rape crisis center is not available to provide victim advocate services, VADOC shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member.

There is evidence of VADOC obtaining a Memorandum of Understanding with the Virginia Sexual & Domestic Violence Action Alliance (VSDV Action Alliance) since May 1, 2013. The last contract extension is dated March 20, 2019 for the extension of services from May 1, 2019 through April 30, 2020. VSDV Action Alliance agrees to provide a statewide hotline, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault for VADOC victims each month who are calling the toll-free telephone number. VSDV Action Alliance agrees to conduct appropriate background screening on call handlers. The facility maintains a rotation schedule for on-call community-based advocates and their contact phone numbers located in the Central, Eastern and Western regions. The schedule dates back to January of 2016 till the present time. The Virginia Forensic Nurse Examiners Program list provides the agency with a list of facilities that conduct SANE services throughout the State of Virginia. VADOC has an MOU with Blue Ridge Medical Management Corporation to provide a SANE nurse at the hospital to conduct the forensic examination and at no financial cost to the victim. However, at this facility, a SANE nurse would be provided by the hospital.

An interview with a representative from the VSDV Action Alliance confirmed that statewide services are provided to inmates/offenders for hotline reporting for sexual assaults, victim advocate and confidential emotional support services. Interviews with the correctional and medical staff were knowledgeable of the procedures to secure and obtain usable physical evidence when sexual abuse is alleged. Also, the medical staff interviews confirmed the use of forensic nurses would be provided at the hospital in the event of an alleged sexual abuse occurrence. The facility has available the VADOC PREA pamphlet "Sexual Assault Awareness and Prevention" and identifies for the offenders to call or write. Documentation and an interview with the Superintendent confirmed VADOC Special Investigation Unit (SIU) conducts the criminal investigations of allegations of sexual abuse and sexual harassment. In the past 12 months, there has been no allegation where a victim required a forensic medical examination at the hospital.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 030.4 (Special Investigations Unit) amended October 1, 2018 requires the Facility Unit Head shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Unless it is quickly and definitively determined that the allegation is unfounded, allegations

of sexual abuse or sexual harassment shall be referred for investigation to the Special Investigations Unit (SIU) who has the legal authority to conduct criminal investigations, including allegations of sexual abuse or sexual harassment. Requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Requires that the Special Investigations Unit (SIU) is authorized to conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in VADOC facilities. Special Investigations Unit Investigators are designed with the same power as a law-enforcement officer in the investigation of criminal behavior affecting the operations of VADOC.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires an administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. The initial investigation may be conducted by the facility investigator. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the VADOC Special Investigations Unit (SIU). The Special Investigations Unit (SIU) shall conduct investigations into criminal behavior, procedural or administrative violation, or employee misconduct affecting the operation of the Department. The SIU Chief shall review the nature of all allegations received to determine if an investigation is warranted.

All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation to their supervisor or ADO. The ADO notifies the administration. Staff interviews reflected and confirmed their knowledge on the reporting, referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment.

Interviews with the Superintendent, Sr. Probation Officer/PREA Compliance Manager, a Facility Investigator and SIU Investigator confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Also, any internal investigation that identifies criminal activity or involves a staff member would be immediately referred to the Special Investigations Unit (SIU). The assigned SIU investigator works directly with local law enforcement and the facility investigator would act in a liaison position. The SIU investigator informs the Superintendent on the progress of a sexual abuse investigation as well as the VADOC PREA Coordinator and Regional PREA/ADA Analyst. The PREA policy can be found on the Virginia state's website and information can be found in their PREA pamphlet "Sexual Assault Awareness and Prevention" that is available in English and Spanish.

Harrisonburg MDDC reported one (1) allegation of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation in the past twelve (12) months. A review of the report indicated the report was received through a telephone call from another facility. The allegation received an administrative investigation and resulted in an unfounded finding by the investigator. Harrisonburg MDDC's Sr. Probation Officer/PREA Compliance Manager tracks all the investigations at the facility.

After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The Regional PREA/ADA Analyst sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 102.6 (Staff Orientation) effective February 13, 2017 requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all ten (10) topics consistent with this standard's requirements. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Employees are required to document that they understand the training and this shall be through employee signature or electronic verification.

Operating Procedure (OP) 350.2 (Training and Development) amended August 1, 2018 requires employees to complete annual in-service training on current VADOC sexual abuse and sexual

harassment policies and procedures and all ten (10) topics consistent with this standard's requirements. The employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders or vice versa. Also, security staff receives training on conduct/ethics, security, safety, fire, medical, and emergency procedures and the supervision of offenders including training on the current the VADOC sexual abuse and sexual harassment policies and procedures.

A review of the staff training documentation including staff training rosters, curriculum, lesson plans, checklists, staff exams and staff interviews confirmed staff receives PREA training during initial pre-service training and during refresher in-service training. All employees are trained as new hires regardless of their previous experience. All new employees sign the "PREA Training Acknowledgement Form" indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. Additionally, all staff is required to complete an annual in-service PREA training and sign the "PREA Training Acknowledgement Form" indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the PREA training.

Staff interviews confirmed receiving annual in-service training, their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. At the facility, it was evident through documentation, interviews and observation of the day-to-day operations that the staff is trained continually about the PREA standards during shift briefings and the completion of various on-line trainings. Also, the VADOC PREA/ADA Supervisor sends to all Wardens/Superintendents and VADOC staff a monthly newsletter called the "PREA News." This is a helpful reminder to staff of the PREA information that is disseminated by the VADOC PREA office through their email system. Also, the Wardens/Superintendents can post this information on staff bulletin boards.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and the review of detailed documentation during the on-site visit and facility tour, the facility has demonstrated exceeding this standard. Also, the agency requires all staff to receive formal PREA training annually.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 027.1 (Volunteer Program) amended October 1, 2018 requires volunteers who will have no offender contact other than under close direct supervision of a corrections employee to a trained volunteer should be provided the Rules for Volunteers, A Guide to Maintaining Appropriate Boundaries with Offenders, and a Receipt and understanding of these materials will be documented by the volunteer's signature on the Rules for Volunteers. Training will include a briefing on security procedures, privacy laws, chain of command, basic knowledge of criminal behavior, and other related topics, as pertinent and applicable. Also, requires the Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires that all contractors and volunteers who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. The level and type of training provided shall be based on the services they provide and the level of contact they have with offenders, but all volunteers, interns and contractors who have contact with offenders shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. At a minimum, such person should be provided with a copy of the brochure "A Guide to Maintaining Appropriate Boundaries with Offenders".

Operating Procedure (OP) 102.6 (Staff Orientation) effective February 13, 2017 and 350.2 (Training and Development) amended August 1, 2018 requires that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Long-term, full-time contract staff with offender contact shall comply with the same orientation and training as equivalent VADOC employees.

All volunteers, interns and contractors training consists of a power point presentation that includes: policies, PREA definitions, reporting requirements and other required procedures, A Guide to Maintaining Appropriate Boundaries with Offenders and sign the "PREA and VADOC" form upon completion of the PREA training they received. The brochure was reviewed for content and addresses the zero-tolerance policy, identifies the levels of contact with offenders, duty to report information, red flag information and prevention tips. Also, the facility's HR staff tracks the contractors and volunteers from various religious groups who had completed the orientation training which includes the PREA education. The facility reports five (5) contractors and volunteers who may have access to offenders. A review of all the individual contractor and volunteer files contained an acknowledgement that the contractor and volunteer completed and understood their requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with a substance abuse contractor and a religious volunteer confirmed their knowledge of the required PREA training and VADOC's zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through the documentation, the facility has demonstrated compliance with this standard.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires when an offender enters a VADOC facility from a jail, the offender shall receive the initial PREA training immediately upon intake that consists of Preventing Sexual Abuse & Sexual Assault, Section 1 of PREA video "PREA: What You Need to Know" and a copy of the "Sexual Assault Awareness and Prevention" brochure. The facilities are required to provide the PREA information for Limited English Proficient offenders, and those with disabilities such as limited reading skills, deaf or visually impaired. Within 10 days of arrival, the offender shall receive a comprehensive PREA training, utilizing the "Preventing Sexual Abuse & Sexual Assault" including use of the videos PREA: "What You Need to Know" and "Breaking the Silence of Offender Sexual Abuse". The offender shall document receiving the Sexual Assault Awareness and

Prevention brochure and both of the Preventing Sexual Abuse and Sexual Assault Trainings (Intake and Comprehensive) by signing the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training (available in Spanish). The signed Acknowledgement will be uploaded as an external document in VACORIS (agency computer-based operating system), identified as a Special Entry Note.

Operating Procedure (OP) 810.2 (Transfer Offender Receiving and Orientation) amended January 22, 2018 requires that offenders transferred from one facility to another will be provided a copy of the "Sexual Assault Awareness and Prevention" brochure that includes the Sexual Assault Hotline number. If there is no record of having received the comprehensive PREA education in the offender's record, the offender will then be provided PREA training as described for a new intake. Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

During the first day of the on-site audit, this auditor tested the hotline (#55), the test call was located in the VADOC PREA inbox and an email was generated with the voice message to the VADOC PREA/ADA Supervisor. This information was provided to the auditor within less than two (2) hours of the test call.

The "Sexual Assault Awareness and Prevention" brochure was reviewed for content and contains the reporting information as follows: What is PREA?, Suspicious Behavior, Reporting, Prevention, Sexual Misconduct, Making False Claims, Retaliation, and additional information (hotline, email emotional support services and third party reporting to the VADOC PREA Office). The Harrisonburg MDDC's Offender Orientation Package contained the PREA education that is reviewed during the orientation process. The package contains specific information on the reporting process, the brochure information, and the grievance process (informal complaints, regular and emergency). This information is provided in English, Spanish and Braille.

Interviews with the probation staff confirmed offenders receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations upon arrival and again within several days. Upon arrival, the offender will process through security, medical, mental health, and eventually meets with case management staff to conduct the intake PREA education. The offenders are provided with the PREA brochure, narrative of the information being verbally presented is on how to report allegations and how to access emotional support services. Orientation is provided within several days including a video that is available in English, Spanish and contains closed caption capability. Offenders sign an "Acknowledgement of Preventing Sexual Abuse and Sexual Assault" during both the intake and the orientation process to verify the observation of the video and attending the orientation.

Documentation of offender's signatures were reviewed and confirmed during offender interviews. Also, a review was conducted of the offender PREA education forms and the information was provided as per policy of the PREA education being provided at intake (first day) and orientation within several days exceeding the ten (10) day requirement. Offender interviews stated they received this information the same day they arrived at the facility, identified the receipt of the pamphlet, and observed the video within several days after arriving to the facility. PREA postings were observed during the facility tour in both dormitories, common areas and offenders identified the postings as another source of information for them.

Based on the review of the agency policy and procedures, observations and information obtained through staff and offender interviews and the review of detailed documentation during the on-site visit and facility tour, the facility has demonstrated exceeding this standard. VADOC's policy is more restrictive than this standard and the facility is providing PREA education at intake (first day) and orientation within several days exceeding the ten (10) day requirement.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 030.4 (Special Investigations Unit) amended October 1, 2018 and OP 350.2 (Training and Development) amended August 1, 2018 requires that PREA Investigators shall complete general PREA Training that is provided to all employees and specialized training in conducting sexual abuse investigations in confinement settings. The required training includes: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity Warnings; Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The facility's PREA Compliance Manager is required to maintain documentation of their facility investigator's completed specialized training.

Documentation confirmed that specialized training for investigators is a two and one-half day training conducted by VADOC with several modules covering required topics as per the standard. The training material provided to the investigators is from the Moss Group in collaboration with the National PREA Resource Center and National Institute of Corrections (NIC). VADOC has multiple investigators within the Special Investigations Unit. Documentation (certificates), interviews with a SIU Investigator and a facility investigator confirmed they completed the required specialized investigator training as well as the annual PREA education. Both investigators indicated the specialized investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiated a case for administrative or prosecution referral. At the facility level, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the Special Investigations Unit (SIU) for further investigation for the determination of criminal charges.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 102.6 (Staff Orientation) effective February 13, 2017 requires medical and mental health care practitioners shall receive the training mandated for employees or for contractors and volunteers depending on the practitioner's status in VADOC.

Operating Procedure (OP) 350.2 (Training and Development) amended August 1, 2018 requires non-security staff, medical and mental health care practitioners to receive training mandated for employees or contractors and volunteers depending upon the practitioner's status with VADOC, is required for medical and mental health care practitioners.

Operating Procedure (OP) 701.1 (Health Services Administration) effective March 1, 2018 requires that all full and part-time medical and mental health staff who work regularly in VADOC facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Requires full-time health care professionals complete an annual 40-hour continuing education that includes: Response to emergency health-related situations within a 4-hour minute response time; Recognition of signs and symptom and knowledge of action required in potential emergency situations; Administration of basic first aid; Methods of obtaining assistance; signs and symptoms of mental illness, violent behavior and acute chemical intoxication and withdrawal and Procedures for patient transfers to appropriate medical facilities to health care providers.

Operating Procedure (OP) 720.7 (Emergency Medical Equipment and Care) effective May 10, 2017 requires that all healthcare providers shall be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence.

The documentation review contained the training certificates (NIC) completed by all four (4) of the medical and mental health staff. Also, all medical and mental health staff participated in annual PREA training provided by VADOC. The medical staff at the facility does not conduct forensic examinations. Interviews with both the medical and a mental health staff confirmed their understanding of the requirement to complete the specialized training, verified completing the on-line course with NIC and participating in the annual basic PREA training. Also, the medical and mental health staff interviews confirmed they had received the appropriate training in detecting/assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicious of sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 730.2 (Mental Health Services: Screening, Assessment and Classification) effective April 1, 2018 requires all offenders upon intake at Reception and Classification Centers shall receive a mental health screening by a health-trained staff or qualified health care personnel. Transfers into VADOC institutions shall receive a "Mental Health Appraisal" by a qualified mental health professional (QMHP) within 14 days, and includes a review of sexual abuse victimization and predatory behavior. And an offender's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

Operating Procedure (OP) 810.1 (Offender Reception and Classification) and OP 810.2 (Transferred Offender Receiving and Orientation) amended October 1, 2018 requires a counselor or other non-clerical reception center staff shall assess all offenders during reception for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. The assessment shall be completed and approved within 72 hours of arrival at the facility. Reception center staff will interview and evaluate all incoming offenders for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the Classification Assessment in VACORIS (agency computer-based operating system) and available offender records. In order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders, responses to "Classification Assessment" questions regarding an offender's risk of sexual victimization and abusiveness shall only be disseminated in accordance with this operating procedure. Notifications for offenders that score as a High Risk Sexual Victim (HRSV) and/or High Risk Sexual Aggressor (HRSA), the person completing the "Classification Assessment" shall immediately notify the facility Senior QMHP for follow-up in accordance with VADOC Operating Procedures.

Operating Procedure (OP) 861.1 (Offender Discipline, Institutions) amended September 1, 2018 requires an offender convicted of sexual assault and any offender victims should be referred to their counselor for reassessment of the offender's risk of sexual victimization or abusiveness. At the discretion of the Hearing Officer, a conviction of offenses may also warrant referral.

Offender interviews and a review of the offender database information sheets from January 2018 – January 2019 confirmed the screening was conducted as required per VADOC policy and procedure. Also, the screenings were conducted within twenty-four (24) hours of arrival to the facility. The Probation staff interviews confirmed that an initial screening is conducted within twenty-four (24) hours of the offender's arrival. Also, the probation staff conducts reviews prior to an offender's arrival to obtain information in the VACORIS system, pre-sentencing reports, health issues, classification assessments and past criminal behavior. The screening that is conducted includes any disabilities, age, physical build, current and previous incarcerations, personal history, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Those offenders who score vulnerable to

victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified.

Offenders reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented. Offenders are reassessed at a minimum of fourteen (14) days and throughout their stay at the facility. The facility's policies limit staff access to this information on a "need to know basis". Access to information is available only to the Superintendent, Major, facility PCM, QMHP's, medical staff, and counselors. Although there has been no transgender or intersex offenders admitted to the facility within the past twelve (12) months, staff interviews confirmed consideration will be given to the offender's own views of their safety in placement and programming assignments.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires VADOC to use information from the "Classification Assessment" to make housing, bed, work, education, and program assignments with the goal to keep separate those at high risk of being sexually victimized from those at high risk of being sexually abusive. VADOC requires individual determination about how to ensure the safety of each offender. Requires specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by Mental Health staff with Gender Dysphoria shall be made by the Gender Dysphoria Committee. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender. The Institutional Program Manager (IPM) or designated staff for facilities without an IPM shall pull the "Facility Offender Alert Report" from VACORIS (agency computer-based operating system) in the months of January and July in order to complete a six (6) month reassessment of housing and programs for all transgender and intersex offenders. This review shall be documented in VACORIS. The staff member must meet with the offender to discuss their program and housing needs and to ensure their current assignments are still appropriate. VADOC prohibits the placement of LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. The IPM or designated staff shall refer the offender to QMHP for follow-up, as needed.

Operating Procedure (OP) 425.4 (Management of Bed and Cell Assignments) amended January 16, 2018 requires institutional staff to use information from the "Classification Assessment" to make housing, bed, work, education, and program assignments with the goal to keep separate those at high risk of being sexually victimized from those at high risk of being sexually abusive. VADOC requires housing and bed assignments for transgender or intersex offender shall be made on a case-by-case basis and shall take into consideration whether a placement would ensure the offenders health and safety and whether the placement would present management or security problems. A six (6) month reassessment of the "Classification Assessment" is required for all transgender and intersex offenders. VADOC prohibits the placement of LGBTI offenders in dedicated housing units or wings solely on the basis of such identification or status.

Operating Procedure (OP) 730.2 (Mental Health Services: Screening, Assessment and Classification) effective April 1, 2018 requires mental health staff to complete a six (6) month follow-up reassessments for offenders determined by the Classification Assessment as High Risk for Sexual Aggression (HRSA) and as High Risk for Sexual Victimization (HRSV). VADOC requires that the Qualified Mental Health Professional (QMHP) will provide relevant results of the screening to the classification office for determination of housing and programming services whether the placement would present management or security problems. Also, the QMHP is required to provide relevant information to the

Classification Office on whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments.

Operating Procedure (OP) 810.1 (Offender Reception and Classification) and OP 810.2 (Transferred Offender Receiving and Orientation) amended October 1, 2018 requires a counselor or other non-clerical reception center staff shall assess all offenders during reception for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. The assessment shall be completed and approved within 72 hours of arrival at the facility. Reception center staff will interview and evaluate all incoming offenders for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the Classification Assessment in VACORIS (agency computer-based operating system) and available offender records. Requires that the information from the "Classification Assessment" be utilized to make housing, bed, work, education, and program assignments and requires a six (6) month review of the "Classification Assessment" for transgender and intersex offenders. In order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders, responses to "Classification Assessment" questions regarding an offender's risk of sexual victimization and abusiveness shall only be disseminated in accordance with this operating procedure. Notifications for offenders that score as a High Risk Sexual Victim (HRSV) and/or High Risk Sexual Aggressor (HRSA), the person completing the "Classification Assessment" shall immediately notify the facility Senior QMHP for follow-up in accordance with VADOC Operating Procedures. A six (6) month follow-up alert will be placed in VACORIS for transgender or intersex offenders and requires the staff to document their perception of whether or not an offender appears to be gender nonconforming.

Operating Procedure (OP) 830.5 (Transfers, Facility Reassignments) amended October 1, 2018 requires the facility to make an individualized determination about how to ensure the safety of each offender when assigning an offender to the Protective Custody Unit. VADOC requires on a case-by-case assessment when placing a transgender or intersex offender to the Protective Custody Unit and requires the offenders own views with respect to their own safety shall be given serious consideration.

Operating Procedure (OP) 841.2 (Offender Work Programs) amended February 1, 2017 requires the facility to review the "Classification Assessment" ensuring that those offenders at high risk of being sexually victimized are separated from those at high risk of being sexually abusive.

Harrisonburg MDDC's Sr. Probation Officer/PREA Compliance Manager and the probation staff interviews described how information from the "Classification Assessment" precludes gay, bi-sexual, transgender and intersex offenders being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, they described the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an offender's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all offenders safe and free from sexual abuse. The "Classification Assessment" information is reviewed within 72 hours and the reassessment is conducted within twenty-one (21) days, if there is an incident of sexual abuse, upon request, or if there is receipt of additional information that an offender is at risk of sexual victimization or abusiveness. Also, probation staff indicated an offender's perception of risk is addressed and provision will be made on a case-by-case basis for showering changes.

Documentation review confirmed the risk assessment occurred within 72 hours and the reassessment was conducted within twenty-one (21) days. The facility does not have a designated housing unit for gay, bisexual, transgender or intersex offenders. This facility did not have an offender who identified as transgender or intersex during the on-site visit, therefore this auditor was unable to ask the offender of concerns regarding their placement, a special unit just for LGBTI residents, their safety, and request to shower separately. There are two (2) dormitories each containing double bunk beds, correctional tables

and chairs, telephones and bathroom area. Both dormitories had postings with PREA information located above the telephones. The mail, grievance and institutional secured boxes were located on the platform located between both entrances to each dormitory and a bulletin board with facility information. Based on the review of the agency policy and procedures, observations and information obtained through staff and offender interviews and review of documentation, the facility has demonstrated compliance with this standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.1 (Reporting Serious or Unusual Incidents) effective July 1, 2018 requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document verbal reports as an "Internal Incident Report" with PREA checked in the description field.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 require that offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only to the immediate point-of-contact line officer. Requires that offenders may report abuse to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system (Sexual Assault Hotline #55), or in writing using the Offender request or Informal Complaint form. An offender who is sexually assaulted shall immediately notify staff that a sexual assault has occurred. Staff is required to accept reports made verbally, in writing, anonymously, and from third parties. Requires an offender method of reporting must include reporting to an outside public or private entity or office that is not part of the agency and is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. VADOC is required to provide a method for staff to privately report sexual abuse and sexual harassment of offenders.

Operating Procedure (OP) 801.6 (Offender Services) amended October 1, 2018 requires an "Offender Request" is one (1) internal way for an offender to report sexual abuse or sexual harassment and this information is provided during the orientation process. The staff shall accept any report of PREA related issues submitted and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the facility Unit Head and facility PREA Compliance Manager.

Operating Procedure (OP) 803.3 (Offender Telephone Service) effective October 10, 2017 requires that telephones shall have the ability to dial the PREA/Sexual Abuse Hotline at #55.

Operating Procedure (OP) 866.1 (Offender Grievance Procedure) amended August 1, 2018 requires that staff shall accept any report of sexual abuse or sexual harassment made through the "Informal Complaint" system or the "Offender Grievance" and/or "Emergency Grievance" procedures and

immediately notify the facility Unit Head, PREA Compliance Manager and the Regional PREA/ADA Analyst.

During the first day of the on-site audit, this auditor tested the hotline (#55), the test call was located in the VADOC PREA inbox and an email was generated with the voice message to the VADOC PREA/ADA Supervisor. This information was provided to the auditor within less than two (2) hours of the test call. This auditor's test of the offender phone system confirms the facility access for offender reports of sexual abuse and sexual harassment to VADOC and facility officials.

Harrisonburg MDDC has multiple ways for offender reporting of sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Also, during the orientation process offenders are advised that they can tell any staff member, including contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment and in writing through the "Informal Complaint" system or the "Formal Grievance" procedure. Externally, offenders can contact VSDV Action Alliance through the use of the #55, option 2 and who can receive calls alleging sexual abuse and sexual harassment. This information is forwarded to the VADOC PREA/ADA Supervisor and will maintain confidentiality if so requested by the offender. Information regarding reporting through VSDV Action Alliance is provided to the offenders upon intake. There is evidence of VADOC obtaining a Memorandum of Understanding with the Virginia Sexual & Domestic Violence Action Alliance to provide victim advocate services and confidential emotional support services to offenders who are victims of sexual abuse. An interview with a representative from the VSDV Action Alliance confirmed that statewide services are provided to offenders for hotline reporting for sexual assaults, victim advocate and confidential emotional support services.

Staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and from third parties and report to their supervisor/ADO. In addition, the staff is provided information for reporting sexual abuse or sexual harassment in a confidential manner through a separate phone number that is outside of the facility. Offender interviews indicated they were familiar with how to report sexual abuse or sexual harassment, the information was provided during intake, and the information is posted in the facility to remind them of how to report.

While touring the entire facility, it was observed in both dormitories postings and the entrance to the dining area the PREA information (posters), PREA/Sexual Abuse Hotline number posted near telephones and other facility information. The victim advocate information was posted. Reporting procedures are provided to offenders through VADOC PREA pamphlet entitled "Preventing Sexual Abuse & Sexual Assault" and power point/video presentation. A review of the allegations of sexual abuse and sexual harassment in the past twelve (12) months indicated the facility has established various methods of reporting including the external entity, VSDV Action Alliance. A review of the report indicated it was received through a telephone call from an outside source. The allegation received an administrative investigation and resulted in an unfounded finding by the investigator. Harrisonburg MDDC's Sr. Probation Officer/PREA Compliance Manager tracks all the investigations at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff and offender interviews, and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)

Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)

Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)

Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 allows an offender to submit a grievance regarding an allegation of sexual abuse with no time limit. This allows for third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file such requests on behalf of offenders. If an offender declines to have the request processed, the facility will document the offenders' decision.

Operating Procedure (OP) 861.1 (Offender Discipline, Institutions) amended September 1, 2018 reaffirms that reports of sexual abuse and an offender grievance made in good faith do not fall under the offender discipline system, such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Operating Procedure (OP) 866.1 (Offender Grievance Procedure) amended August 1, 2018 requires each facility will have a Grievance Coordinator and a designated alternate to ensure procedural compliance. Allows offenders to submit an allegation of sexual abuse through a grievance without first submitting to the staff member who is the subject of the complaint, is not referred to the staff member who is the subject of the complaint, and will not be the respondent of a grievance. Requires the facility to respond within twenty (20) days to grievances alleging sexual abuse. At the facility level, staff has thirty (30) calendar days to provide a response. At the Regional Level which is Level II, the time limit is twenty (20) calendar days. Requires all grievances alleging sexual abuse must not exceed 70 days. Requires that the expiration of a time frame (to include any authorized continuances) at any stage of the process shall be considered a denial and shall qualify the grievance for appeal to the next level of review. Requires Emergency Grievances alleging imminent sexual abuse requires automatic forwarding to the Administrative Duty Officer or Shift commander who must respond within 8 hours.

Both the initial response and final agency decision shall document the institution's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance. An offender is not required to use the informal complaint process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse.

An interview with staff confirmed the offenders receive an explanation on how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with offender's grievances regarding sexual abuse or sexual harassment during orientation and they are provided with an Offender Orientation Handbook. Offenders may place a written complaint (grievance) in the institutional mailbox located at the platform in between the entrances of both

dormitories that is checked daily. Offender interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility. Harrisonburg MDDC had no grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaints.

Based on the review of the agency policy and procedures, observations and information obtained through staff and offender interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires the facilities provide to offenders outside confidential support services and the facility to provide reasonable communication between offenders, these organizations and agency, in as confidential a manner as possible. The facility shall inform offenders prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. VADOC requires that each facility maintains a Memorandum of Understanding with VSDV Action Alliance, a provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse.

There is evidence of VADOC obtaining a Memorandum of Understanding with the Virginia Sexual & Domestic Violence Action Alliance since May 1, 2013. The last contract extension is dated March 20, 2019 for the extension of services from May 1, 2019 through April 30, 2020. VSDV Action Alliance agrees to provide a statewide hotline, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault for VADOC victims each month who are calling the toll-free telephone number. VSDV Action Alliance agrees to conduct appropriate background screening on call handlers. During the first day of the on-site audit, this auditor tested the hotline (#55), the test call was located in the VADOC PREA inbox and an email was generated with the voice message to the VADOC PREA/ADA Supervisor. This information was provided to the auditor within less than two (2) hours of the test call.

The facility has available the VADOC PREA pamphlet "Sexual Assault Awareness and Prevention" and identifies for the inmates to call or write. As stated earlier in this report, the brochure and the Harrisonburg MDDC's Offender Orientation Manual contained the PREA education that is reviewed during the orientation process which includes the offender's access to VSDV Action Alliance through the offender phone system, #55 and option 2. There have been no calls from offenders to VSDV Action Alliance in the past twelve (12) months. However, staff and offender interviews revealed limited knowledge of how to access and what kind of services are provided by VSDV Action Alliance (outside services).

After the on-site visit, Harrisonburg MDDC's Offender Orientation Manual was updated with the external advocate information on how to access free emotional support information (#55 and option #2 and their address). Also, there is a form that the offender signs acknowledging receipt of this emotional support services information. The Regional PREA/ADA Analyst sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff and offender interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires the Department to provide contact information on how to report sexual abuse and sexual harassment on behalf of an offender on its' website.

Staff and investigator interviews confirmed they receive allegations of sexual abuse or sexual harassment from third party reporters and that these are reported to investigators as if an offender made the allegation. Third party assistance includes fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.

VADOC's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of an offender. This auditor viewed the website and confirmed the information regarding third-party reporting. Also, VADOC offers opportunities for third-party reporting via the "Third Party Reporting Form" on their website and the reporting form can be submitted via mail, receive email or confidential hotline support. Offender interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility. The visitation (multi-purpose) area contained the Visitor/Offender brochure that includes VADOC's website and how to report sexual abuse.

Based on the review of the agency policy and procedures, observations and information obtained through staff and offender interviews and review of documentation, the facility has demonstrated compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 030.4 (Special Investigation Unit) effective October 1, 2018 requires that all allegations of sexual abuse and sexual harassment, regardless of how the information is received, is to be reported to the facility designated investigator who will conduct an initial investigation and immediately notify the Regional PREA/ADA Analyst of the allegation.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires that all employees, volunteers, and contractors shall immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. If an offender is under the age of 18, aged, incapacitated, or offenders who are receiving services from a VADOC Licensed Mental Health Program, the Organizational Unit Head or Administrative Duty Officer in their absence, is required to immediately report any alleged abuse to the local Department of Social Services.

Operating Procedure (OP) 720.2 (Medical Screening, Classification and Levels of Care) amended July 1, 2018 requires that all offenders shall be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and the limitations of confidentiality prior to conducting a screening, appraisal, or examination.

Operating Procedure (OP) 720.7 (Emergency Medical Equipment and Care) effective May 10, 2017 requires that at the initiation of services, both medical and mental health practitioners are required to report sexual abuse to the Facility Unit Head or Administrative Duty Officer to assure separation of the victim from their assailant and the practitioner is required to inform offenders of the duty to report and the limitations of confidentiality.

Operating Procedure (OP) 730.2 (Mental Health Services: Screening, Assessment and Classification) effective April 1, 2018 requires that the Qualified Mental Health Professional (QMHP) notify the Facility Unit Head of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or

retaliation. At the initiation of services, before beginning the Sexual Assault Assessment, the QMHP will advise the offender of the practitioner's duty to report and the limitations of confidentiality.

Operating Procedure (OP) 801.6 (Offender Services) effective October 1, 2018 requires information to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. VADAC has identified the reporting process for all staff employed, contracted or who volunteer to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment, retaliation against inmates or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training.

Random staff interviews including medical and mental health staff confirmed the requirement to report any knowledge, suspicion or information of sexual abuse or sexual harassment and have received this training annually during in-service. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process. Interviews with medical and mental health staff confirmed their responsibility to inform offenders their duty to report and limitations of confidentiality. Both the Superintendent and Sr. Probation Officer/PREA Compliance Manager indicated that all alleged sexual abuse or sexual harassment reports, regardless of where the information came from, is reported immediately to the facility investigator. A review of the allegation of sexual abuse revealed that the investigation began immediately upon receipt of the information.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 indicated the requirement of the facility to take immediate action if staff learn that an offender is at risk of imminent sexual abuse.

Operating Procedure (OP) 425.4 (Management of Bed and Cell Assignment) amended January 16, 2018 requires that offenders who are at risk of imminent sexual abuse will be referred to a Qualified Mental Health Professional (QMHP) who will consult with the Superintendent or designee to recommend immediate action to protect the offender.

Operating Procedure (OP) 730.2 (Mental Health Services: Screening, Assessment and Classification) effective April 1, 2018 requires that offenders who are at risk of imminent sexual abuse will be referred to a Qualified Mental Health Professional (QMHP) who will consult with the Superintendent or designee to recommend housing recommendations to protect the offender.

Documentation and interviews with the Superintendent and other randomly selected staff were able to articulate, without hesitation, the expectations and requirements of VADOC Policies and PREA Standards, upon becoming aware that an offender may be subject to a substantial risk of imminent sexual abuse. Staff interviews indicated if an offender was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the offender, separate from the alleged perpetrator and contact their immediate supervisor. Also, the inmate would be referred for mental health services. The Superintendent's interview and documentation confirmed there had been no incidents that involved an immediate action to protect an offender that was a substantial risk of imminent sexual abuse in the past twelve (12) months at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 030.4 (Special Investigations Unit) amended October 1, 2018 indicated the requirement that any allegations received from another facility that an offender was sexually abused while confined at that facility, it shall be investigated in accordance with PREA standards.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires that an allegation made whereby an offender was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, that the notification will be made within 72 hours, and shall be documented. Requires that any receipt of an allegation of sexual abuse from another facility that occurred while confined in that facility, the Superintendent or designee shall ensure an investigation is completed.

The Superintendent's interview and the documentation confirmed there had been no incidents reported that an offender had been sexually abused or sexually harassed while confined at another facility during the past twelve (12) months. However, there was a report from another facility that an offender alleged that he had been sexually abused at this facility. Interviews with VADOC's Director and Superintendent indicated the Special Investigations Unit (SIU) would be notified by both the facility receiving the allegation and the facility where the allegation took place as per policy. The SIU would respond to the facility where the offender is located to conduct an interview. This system would ensure that all allegations are reported.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 030.4 (Special Investigations Unit) amended October 1, 2018 ; OP 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 and (OP) 075.1 (Emergency Operation Plan) amended March 1, 2018 indicated the requirement of the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by

ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene. Requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires a first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.

Interviews with the staff and a first responder interview validated their technical knowledge of actions to be taken upon learning that an offender was sexually abused and provided the action steps identified in the VADOC policies and procedures of their responsibilities as first responders and aware of why they do these duties. Also, they identified a card that is attached to their badge with the same information as a reminder of the policy. A review of the training files confirmed that all staff receives information on how to respond to an allegation of sexual abuse in accordance with the VADOC policy and procedure as stated above. There has been no staff responding as first responders to any incident of sexual abuse during the past twelve (12) months. A documentation review of the alleged sexual abuse allegation contained the "Internal Incident Report" the staff completed. The "Sexual Assault Response Checklists" would not have been completed since the alleged allegation was reported from another facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 indicated the requirement that each facility shall develop a written institutional plan (Coordinated Response Plan) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Operating Procedure (OP) 075.1 (Emergency Operation Plan) amended March 1, 2018 requires the use of the Sexual Assault Response Checklist to guide initial coordinated response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership.

Interviews with the Superintendent and staff confirmed their technical knowledgeable of their duties to coordinate actions taken in response to an incident of sexual abuse among staff first responders, administration, executive staff, contacting medical and mental health and outside emotional support sources. Harrisonburg MDDC's PREA Management/Response Plan was reviewed, signed on February 18, 2019 and includes a step-by-step instruction guide on security search/evidence collection, document preparedness and review, and notification of first responder, administration responsibility, medical and mental health staff, PREA Compliance Manager, investigator and other pertinent staff. The plan was found to be site specific and the staff office has a binder with this information. Also, documentation review of the allegations contained the "Internal Incident Report" and the "Sexual Assault Response Checklist" the staff completed and contained the specific names and contact telephone numbers for an immediate response and in compliance with the facility plan.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The facility provided a memo, dated April 22, 2013, which states “In accordance with the Code of Virginia, collective bargaining is prohibited. Per 40.1-57.2, “no state, county, municipal, or like governmental officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agency of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service.” This was confirmed with the VADOC PREA/ADA Supervisor that collective bargaining is not utilized in the Department. Based on the information discovered in the Code of Virginia and interview with the VADOC PREA/ADA Supervisor, the auditor has determined the facility meets the requirements of the standard.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 indicated the requirement that all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other offenders and staff. Requires multiple protections such as housing changes or transfers for offenders victims or abusers, removal of the alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation are available. Requires monitoring for a minimum of ninety (90) days, with periodic status checks, and provides protections for any other individual who cooperates with an investigation.

Operating Procedure (OP) 135.2 (Rules of Conduct Governing Employees Relationships with Offenders) effective July 1, 2018 requires protections from retaliation for offenders and staff who reports sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations.

Operating Procedure (OP) 145.5 (Employee Performance Management) amended January 1, 2017 requires that members of the Critical Incident Peer Support (CIPS) Team must be willing to respond to the emotional support needs for staff who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment.

An interview with Sr. Probation Officer/PREA Compliance Manager confirmed she is responsible with overseeing the monitoring of the conduct or treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. She utilizes a facility specific form (Offender Monitoring/Periodic Check Status) to document thirty (30), sixty (60) and ninety (90) day checks of victims, reporters, and others who express fear of retaliation. This form documents the date of the PREA allegation, the date of checks, informal complaint, grievance, disciplinary, staff visit to offender, housing changes, and a section for comments such as continue monitoring or additional status checks.

Also, interviews with the Superintendent and Sr. Probation Officer /PREA Compliance Manager indicated that all alleged victims or reporters are met within twenty-four (24) hours, every two (2) weeks and after the first month every thirty (30) days thereafter. They monitor for changes in work assignments, education or vocational changes, offender disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. Documentation revealed retaliation checks are documented in the facility PREA Follow-up form, Offender Monitoring/Periodic Check Status form and CORIS. The Superintendent's memorandum dated 2/21/19 indicated there were no allegations of sexual abuse substantiated to initiate any protective measures or monitoring of retaliation during the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 030.4 (Special Investigations Unit) amended October 1, 2018 identifies the requirement that all investigators shall receive special training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews and prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Requires the credibility of any person shall be assessed on an individual basis. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires substantiated allegations of criminal conduct be referred for prosecution. Requires an investigation not stop should the alleged abuser or victim depart from the employment or control of the facility or agency.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires an administrative or criminal investigation be conducted in accordance with PREA standards. Requires each facility to cooperate with Special Investigations Unit (SIU) and shall remain informed as to the progress of the investigation. The report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Requires all case records associated with claims of sexual abuse or sexual harassment including all documentation be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Documentation (certificates and curriculum) review, interviews with a SIU Investigator and a facility investigator confirmed they completed the required specialized investigator training as well as the annual PREA education. Both investigators indicated all allegations are investigated, regardless of how the information is initially obtained and both reported that investigations begin immediately upon notification. At the facility level, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, to determine if criminal behavior is involved or a staff person is the alleged perpetrator, at which time the investigation would be referred to Special Investigations Unit (SIU). The facility investigator collects evidence and maintains the evidence as required. Both investigator interviews confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an

investigation. Also, both investigators indicated an investigation does not cease until complete, regardless if the alleged perpetrator is released or terminates employment, or if the victim leaves the facility prior to the completion of the investigation. The facility investigator reported that he would play a support role if the investigation was conducted by SIU.

A review of the investigation file of the alleged offender's sexual abuse that was reported in June 2018 at another facility contained the required information in accordance to VADOC policy and procedure. Also, there has been no substantiated allegation of conduct that appeared to be criminal and referred for prosecution in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 135.1 (Standards of Conduct) and OP 135.2 (Rules of Conduct Governing Employees Relationships with Offenders) amended July 1, 2018 both state that a preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Operating Procedure (OP) 861.1 (Offender Discipline, Institutions) amended September 1, 2018 states that a preponderance of evidence presented at a hearing shall be sufficient to support a finding of guilt.

Both interviews with a SIU Investigator and a facility investigator confirmed they investigate the allegation and indicate a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded. Harrisonburg MDDC Superintendent's written memorandum dated February 21, 2019 states the facility has no standard higher than a preponderance of the evidence is utilized to determine whether the allegation of sexual abuse and sexual harassment is substantiated.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 030.4 (Special Investigations Unit) amended October 1, 2018 indicated the requirement of the Special Investigation Unit to inform the Facility Unit Head of the outcome of an allegation and that the Facility Unit Head is to ensure notification is made to the offender.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires following an investigation, the offender will be informed as the outcome of the investigation. If the allegation was against a staff, the victim is to be notified of the outcome, whether the staff is no longer posted in the offender's unit or is employed at the facility, and whether the staff has been either indicted or convicted on a charge related to sexual abuse within the facility. If the allegation was against another offender, the victim is to be notified of the outcome and whether the offender has been indicted or convicted on a charge related to sexual abuse in the facility.

Interviews with the Sr. Probation Officer/PREA Compliance Manager and both investigators confirmed all investigation outcomes whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation are completed by the Sr. Probation Officer/PCM or the facility investigator and the documentation is maintained with the investigation. A review of the investigation that was reported in June 2018 contained a notification to the victim of the outcome of the investigation.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 135.1 (Standards of Conduct) amended July 1, 2018 required staff who are terminated or who resign in lieu of termination for a violation of the sexual abuse or sexual harassment policies shall be informed of the VADOC's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires that staff shall be subjected to the disciplinary sanctions up to and including termination for violation of VADOC sexual abuse or sexual harassment policies. Requires that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Requires that violations of the VADOC policies relating to sexual misconduct or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Operating Procedure (OP) 135.2 (Rules of Conduct Governing Employees Relationships with Offenders) effective July 1, 2018 requires that any sexual misconduct be treated as a Group III offense subject to disciplinary sanctions up to and including termination. Requires that termination be the presumptive disciplinary sanctions for employees who have engaged in sexual abuse. Requires that all terminations for violations of VADOC sexual abuse or sexual harassment policies or resignations by staff shall be reported to any relevant licensing bodies by the VADOC PREA/ADA Supervisor and to law enforcement agencies, unless the activity was clearly not criminal.

Interviews with the Superintendent, Office Services Specialist and documentation review confirmed there had been no employees resigned in the past twelve (12) months for violation of the facility's sexual abuse or sexual harassment policies. All disciplinary sanctions/resignations are maintained in the employee's HR file in accordance with VADOC policy and procedures.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 027.1 (Volunteer Program) amended October 1, 2018 states grounds for dismissal may be as a result of failure to comply with VADOC procedures, state or federal laws, or unit rules. Requires that any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to licensing bodies. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer.

Operating Procedure (OP) 135.2 (Rules of Conduct Governing Employees Relationships with Offenders) effective July 1, 2018 requires that any contractor or volunteer who engages in sexual abuse of offenders shall be prohibited from contact with offenders and shall be reported to any relevance licensing bodies by the VADOC PREA/ADA Supervisor, and to law enforcement agencies, unless the activity was clearly not criminal. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

Harrisonburg MDDC Superintendent's interview and his written memorandum dated February 21, 2019 confirmed there were no instances or reports whereby a volunteer or contractor was alleged to have

violated the sexual abuse or sexual harassment VADOC policies and procedures in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires an offender who makes a report of offender-on-offender sexual violence or employee sexual misconduct or harassment that is determined to be false, may be charged with a disciplinary offense if it is determined the report was made in bad faith following consultation with the Regional PREA/ADA Analyst. Offenders shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Operating Procedure (OP) 820.2 (Re-Entry Planning) amended August 1, 2018 requires facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in such interventions as a condition of access to programming or other benefits. Offenders that do not comply with therapy, counseling, or other interventions should be charged with an offense in accordance with VADOC policies.

Operating Procedure (OP) 830.3 (Good Times Award) amended March 15, 2017 requires that offenders identified as HRSA that does not comply with therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for the abuse shall be charged with an offense in accordance with VADOC policies.

Operating Procedure (OP) 861.1 (Offender Discipline, Institutions) amended September 1, 2018 requires a finding of guilt will only be based on the preponderance of the evidence presented at the Discipline Hearing. Requires that offenders who violate offense 106 (sexual assault upon or making forcible sexual advances toward an offender or non-offender) shall be referred to their counselor for reassessment of the offender's risk of sexual victimization and abusiveness. Requires that offenders charged with offense 121 (False statements or charges against an employee) shall be handled with utmost caution and fairness to avoid hindering the offenders' right to file complaints against employees, and prior to a finding of guilt an impartial third party will deter if there are any facts that could

substantiated the statement or charge. Requires that reports of sexual abuse and offender grievance made in good faith shall not constitute falsely reporting an incident or lying, even if there is not enough evidence to substantiate the allegation.

In determining the appropriate penalty, consideration shall be given to the nature and circumstances of the offense committed, the offender's disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories. Requires that offenders charged with offense 206 (Lying or giving false information to an employee) excludes disciplinary action if the report was made in good faith and that such a report shall not constitute falsely reporting even if the evidence does not substantiated the allegation. Requires that offenders charged with offense 233 (making sexual advances, either physical, verbal in nature, or in writing towards an offender or non-offender without their consent) shall be offered therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior if the facility has these services available.

Documentation review revealed that there have been no administrative findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility in the past twelve (12) months that resulted in disciplinary action. A review of the investigation report did not find any substantiated outcomes of sexual harassment that resulted in disciplinary action taken towards the alleged perpetrator or an alleged victim when it was determined that the allegation was fabricated. An interview with the Superintendent indicated that offenders may also be referred for prosecution if the allegations were criminal.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 and OP 075.1 (Emergency Operation Plan) amended March 1, 2018 if there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facilities designated medical and mental health practitioner.

Operating Procedure (OP) 720.4 (Co-Payment for Healthcare Services) amended March 9, 2018 requires that offenders are not to be assessed a co-payment charge for emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident.

Operating Procedure (OP) 720.7 (Emergency Medical Equipment and Care) effective May 10, 2017 requires the timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner. Requires that victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. Requires that treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation.

Operating Procedure (OP) 730.2 (Mental Health Services: Screening, Assessment and Classification) effective April 1, 2018 requires the timely, and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse.

Interviews with the medical and mental health staff confirmed that offenders (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the Shift Commander or any other staff to contact the hospital and medical practitioner. The Shift Commander confirmed that all notifications would be completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The staff (first responders) would follow the Coordinated Response Plan which includes notification to medical and mental health staff, as well as notification to the SANE nurse to conduct the forensic examination at the hospital if the incident was reported in a timely manner that allowed for physical evidence collection.

Also, the medical staff's interviews indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed by the SANE nurse. Mental health staff interviews indicated that they would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.

Interviews with the medical and mental health staff and a documentation review of the investigation report confirmed immediate referrals for follow-up medical and mental health services for the sexual abuse allegation. Documentation in the reports indicated that services are provided immediately upon notification. In the past 12 months, there has been no allegation where a victim required a forensic medical examination at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 720.4 (Co-Payment for Healthcare Services) amended March 9, 2018 requires that offenders are not to be

assessed a co-payment charge for emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident.

Operating Procedure (OP) 720.7 (Emergency Medical Equipment and Care) effective May 10, 2017 requires ongoing medical and mental health care for sexual abuse victims and abusers, including both evaluations and treatment. Requires, as appropriate, follow-up services, treatment plans and referrals. Requires services to be consistent with the community level of care. Requires pregnancy tests, as necessary, and timely access to all lawful pregnancy-related medical services. Requires offered tests for STD's as medically appropriate. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Operating Procedure (OP) 730.2 (Mental Health Services: Screening, Assessment and Classification) effective April 1, 2018 requires ongoing medical and mental health care for sexual abuse victims and abusers. Requires medical and mental health evaluation and treatment. Requires, as appropriate, follow-up services, treatment plans and referrals. The facility is required to provide such victims with medical and mental health services consistent with the community level of care. All prisons are required to attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviews with the medical staff confirmed that victims are offered a sexual assault assessment, individual counseling, referral to the psychiatrist, medications as ordered by the physician, laboratory testing for STD and HIV and follow-up. The mental health staff interviews indicated their plan for services would include individual or group treatment, including trauma resolution and PTSD, as well as follow-up. Also, the mental health staff would conduct mental health evaluations of all known inmate-on-inmate abusers and offer treatment services within fourteen (14) days. Mental health staff also reported that all offenders receive a mental health evaluation during their few weeks at the facility.

There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused and medical staff track the follow-up medical visits. Mental health staff completes an evaluation (Mental Health Appraisal) and follow-up for mental health visits (Mental Health Monitoring Report). There has been no investigation of alleged offender's sexual abuse that occurred in this facility in the past twelve (12) months requiring medical or mental health services. The allegation of sexual abuse was received after the offender left the facility. This allegation was investigated and deemed as unfounded. The medical and mental health staff have a protocol in place to assist offenders upon discharge from the facility to continue services if needed.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.1 (Reporting Serious or Unusual Incidents) amended July 1, 2018 requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires an After Action Report/Improvement Plan may serve as the Review of the Incident in critical incidents. Requires a review team to consist of at least two (2) DOC employees and one (1) Administrative Duty Officer who solicits input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse incident reviews. Requires the review shall be completed and submitted within seven (7) working day of the initial Incident Report. Requires causal factors, methodology, review of all documents, interviews of participants/witnesses, examination of any physical evidence, examination of the area where the incident allegedly occurred, review of relevant operating procedures/training manuals/equipment operating manuals, and the development of an action plan to limit further incidents. Requires a brief summary of the incident, analysis of the causal factors and contributing circumstances, actions to prevent future incidents and submission to the Regional Office for review. Requires submission of the final report to the Regional PREA/ADA Analyst.

Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires submission to the Regional PREA/ADA Analyst within fourteen (14) days of the completion of the investigation or notification to the Regional PREA/ADA Analyst requesting an extension.

An interview with an administrative staff and documentation review of both investigation reports confirmed that a report (PREA Report of Incident Review) is prepared upon completion of sexual abuse or sexual harassment incident reviews. The report would include: a need to change or improve practice; motivated or caused by group dynamic; physical barriers in the area; adequacy of staffing levels and adequate technology. The Incident Review Team consisted of the Superintendent, Sr. Probation Officer/PREA Compliance Manager, Major, medical and mental health staff and facility investigator. The facility had received one (1) allegation of sexual abuse that was reported after the offender was no longer assigned to the facility within the past twelve (12) months. Staff interviews confirmed their knowledge of the process and would document their review on the "PREA Report of Incident Review" form that captures all aspects of an incident.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires that the VADOC shall collect

accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Requires annual aggregate of the sexual abuse data. Requires the collection of necessary data to respond to the DOJ – Survey of Sexual Violence. Requires that data will be collected from any private facility with which it contracts for the confinement of offenders. Requires the data be provided to the DOJ no later than June 30 of each year.

Documentation review of the 2017 DOJ SSV-2 form and 2017 VADOC Annual Report revealed they were detailed, comprehensive and identified all state facilities within the Virginia Department of Correctional Services. Based on the review of the agency policy and procedures, observations and information obtained through the review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires the VADOC to collect and review data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Requires the report to include comparison data and corrective actions from prior years. Requires the report is approved by the Director and made public. Allows the redaction of specific material and an indication of the material redacted.

Documentation review of the 2017 VADOC Annual Report contained the comparison data and corrective actions specific to VADOC facility and private facility as well as to the agency. The report was approved by both the VADOC PREA/ADA Supervisor and the VADOC Director. An interview with the VADOC Director (Agency Head) found that VADOC utilizes Incident Report, Critical Incident Debriefing and an After Action Report to assist with identifying the lessons learned and to obtain information on facility specific corrective action. The VADOC PREA/ADA Supervisor reports that information is gathered and submitted to the public through an annual report that is available on the website, and includes comparison data and any facility modifications or agency policy changes. Also, she indicated the information is security retained and ongoing corrective action is tracked. Harrisonburg MDDC's Sr. Probation Officer/PREA Compliance Manager reports that all information collected from an incident review is forwarded to the Regional PREA/ADA Analyst.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 - Yes
 - No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Virginia Department of Corrections (VADOC) Operating Procedure (OP) 038.3 [Prison Rape Elimination Act (PREA)] amended February 13, 2018 requires that the VADOC shall ensure that data collected of allegations of sexual abuse is securely retained, and makes information readily available to the public through an annual report on its website. Requires that before making the report public, the VADOC shall remove all personal identifies. Requires the VADOC to maintain this information for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

Also, the policy indicated the Department will complete an annual report. The annual report will contain identification of problem areas, each facility's corrective action, comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The aggregated sexual abuse data was reviewed and all personal identifiers are removed. The 2017 VADOC Annual PREA Assessment is posted on the VADOC Website and readily available for public review.

An interview with the VADOC PREA/ADA Supervisor reported that all information is securely maintained in a database where only the PREA Unit has access to this data. A review of the 2017 VADOC Annual Report confirmed there were no personal identifiers within the document.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Virginia Department of Corrections (VADOC) web page at <https://www.vadoc.virginia.gov> containing the thirty-eight (38) audit reports for PREA audits completed from 2014 through 2016. One third of each facility type operated by this Agency was completed during the first PREA review cycle in accordance with the standard. All thirty-eight (38) facilities have been scheduled for the second PREA review cycle. This facility is one (1) of the facilities scheduled for the second year of the second PREA review cycle. This auditor had access to the entire facility and was able to conduct staff and offender interviews in a private room and provided with documentation in accordance to the standard. Inmates were permitted to send confidential information or correspondence to this auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the facility.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Virginia Department of Corrections (VADOC) web page at <https://www.vadoc.virginia.gov> containing the thirty-eight (38) PREA Final Reports that were audited for the previous three years and published within 90 days after the final report was issued by the auditor.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Dorothy Xanos

May 15, 2019

Auditor Signature

Date

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

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