

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report November 20, 2019

Auditor Information

Name: Charles J. Kehoe

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Company Name: Kehoe Correctional Consulting, LLC

Mailing Address: P.O. Box 1265

City, State, Zip: Midlothian, VA

Telephone: (804) 873-4949

Date of Facility Visit: March 4-7, 2019

Agency Information

Name of Agency:

Lawrenceville Correctional Center

Governing Authority or Parent Agency (If Applicable):

The GEO Group, Inc.

Physical Address: 4955 Technology Way

City, State, Zip: Boca Raton, FL 33413

Mailing Address: Same as above

City, State, Zip: Same as above

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.geogroup.com/PREA>

Agency Chief Executive Officer

Name: George C. Zoley, Chairman of the Board

Email: gzoley@geogroup.com

Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Ryan Seuradge, Director of Contract Compliance – PREA

Email: rseuradge@geogroup.com

Telephone: 561-999-5875

PREA Coordinator Reports to:

Daniel Ragsdale, Executive Vice President-
Contract Compliance

Number of Compliance Managers who report to the PREA
Coordinator

106 (56-Prisons/Jails; 39 Reentry; 8 Youth; 3
Lockups)

Facility Information

Name of Facility: Lawrenceville Correctional Center

Physical Address: 1607 Planters Road

City, State, Zip: Lawrenceville, VA 23868

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.geogroup.com/PREA>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: James Beale

Email: jbeale@geogroup.com

Telephone: (434) 848-9349

Facility PREA Compliance Manager

Name: Elmus Morgan

Email: emorgan@geogroup.com

Telephone: (434) 848-9349

Facility Health Service Administrator N/A

Name: Cordney Harris

Email: charris@geogroup.com

Telephone: (434) 848-9349 [Click or tap here to enter text.](#)

Facility Characteristics

Designated Facility Capacity:	1595	
Current Population of Facility:	1544	
Average daily population for the past 12 months:	1553	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 -71	
Average length of stay or time under supervision:	Five Years	
Facility security levels/inmate custody levels:	Medium	
Number of inmates admitted to facility during the past 12 months:	433	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	433	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	433	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	303	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	303
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	10
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	162
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	18
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	10
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	18
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	52
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: VA DOC) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	111 agency-wide/3 at the facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: VA DOC) <input type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The PREA Audit of the Lawrenceville Correctional Center (LVCC) was conducted from March 4 – 7, 2019. The Designated Auditor was Charles J. Kehoe.

The auditor wishes to extend his deepest appreciation to Warden James Beale (now retired) and his staff for their professionalism, hospitality, and kindness.

The auditor also wishes to compliment the GEO Group Director of Contract Compliance – PREA Director, Phebia Moreland, and the PREA Compliance Manager, Elmus Morgan for their outstanding work in organizing the electronic files that were provided to the auditor in advance of the audit. This enabled the audit to move forward very efficiently. The auditor also reviewed the PREA Audit report from the audit conducted in February of 2016 and the GEO PREA Website and the Virginia Department of Corrections Web site before the on-site audit began. Both Web sites have PREA sections that describe the agency's Zero Tolerance Policies, how allegations of sexual abuse and sexual harassment are investigated, PREA Annual Reports, and enable third-parties to report allegations of sexual abuse and sexual harassment.

The Vice President of GEO US Corrections was interviewed during previous GEO audits, as was the PREA Coordinator during an earlier audit.

The auditor consulted Just Detention International (JDI) on February 21, 2019 to see if that agency had received any communication from LCC. JDI replied, "A review of our database indicates that we received one report from a survivor who contacted us within the last 12 months. He reports ongoing sexual harassment by staff and inmates. He did not provide any additional information and due to confidentiality, I am unable to provide any identifying information. If you would like JDI to reach out to him about your upcoming audit, I would be happy to send him a letter informing that he can reach out to you to discuss his experiences, if you provide a mailing address." The auditor asked JDI to communicate with the offender at Lawrenceville and inform him of the audit and that the offender can request to see the auditor. JDI did write back to the offender and informed him of the audit. The auditor did receive an anonymous letter from one offender at the facility and told JDI that the letter "essentially said what the person told you. He did mention one correctional officer by name but gave no details as to the specific allegation." The auditor was never able to learn the identity of the offender and no further correspondence was received by the auditor after JDI. On February 28, 2019, the auditor also called Virginia Sexual and Domestic Violence Action Alliance and asked about calls that agency had received from LVCC. The agency reported they had received 30 calls from LVCC over the last two years. The staff member said their data base could not tell if the calls were requests for emotional support or reporting an allegation of sexual abuse or sexual harassment. The staff member said 30 calls over a two-year period for such a large facility as LVCC is a low number of calls when compared to other correctional centers of similar size in Virginia.

Because of the size of LCC, Ms. Moreland and the auditor, with the concurrence of Warden Beale, decided to begin the audit on Monday afternoon, March 4, 2019. Ms. Moreland and the auditor arrived

at LCC at 2:00 p.m. and held a brief "Meet and Greet" meeting. Present at the meeting were the following, the Warden, the Assistant Warden, the Chief of Housing and Programs, one Captain, and the PREA Compliance Manager. The Warden welcomed the GEO Group Director of Contract Compliance – PREA Director and the auditor and gave a brief overview of the Lawrenceville Correctional Center. The auditor briefly reviewed the schedule and said that the site review would be conducted that afternoon. The auditor said the formal Entrance Meeting would be held the next morning. The staff and offender interviews and document reviews would begin after the Entrance Meeting on Tuesday. The "Meet and Greet" meeting ended at 2:30 p.m.

The site review began at 2:40 p.m. The site review was conducted by the Warden, the Assistant Warden, and the PCM, and the GEO Group Director of Contract Compliance – PREA Director (PREA Director). On the first day of the audit the population count was 1,544 offenders (including 29 offenders in the restrictive housing unit). The auditor was familiar with the facility, as he assisted Mr. David Haasenritter on the previous PREA Audit in February of 2016. The site review covered the entire facility, inside the security perimeter. During the course of the audit, the auditor revisited some living units and other parts of the facility. While walking through the facility, the auditor informally interviewed several offenders and staff members and asked about their knowledge of PREA. All offenders and staff stated they know about PREA and the LVCC's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Offenders often pointed out the signage in the housing area bulletin boards where PREA information was posted. (Note: None of the informal interviews were counted in the official audit interviews, although some of the offenders interviewed informally were also selected as random interviews or targeted interviews.) The auditor also reviewed the logs in the Control Centers that documented the unannounced rounds that mid-level managers/supervisors conduct. The auditor also observed the staffing levels, sight lines, camera coverage, PREA signage, and general climate of the facility. The auditor observed the notices of this PREA audit and posters that called attention to GEO's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. All the PREA signage was in English and Spanish.

The auditor also tested the phone system on which offenders can report an allegation of sexual abuse and sexual harassment and/or request emotional support services. The auditor found the facility to be very clean, orderly, and well managed. The site review ended at 5:40 p.m.

The auditor then conducted two specialized staff interviews.

On Tuesday, March 5, 2019 the PREA Director and auditor arrived at LVCC at 8:15 a.m. The Entrance Meeting started at 8:40 a.m. with the Warden, 10 administrative staff, and the PREA Director in attendance. The Warden welcomed Ms. Moreland and the auditor and introduced the staff present. He then provided the auditor with an overview of LVCC, the offender population LVCC serves, and the Mission of the facility.

The auditor thanked GEO for its continued commitment to PREA. He said he was familiar with LVCC because he assisted in the first PREA Audit of LVCC in February of 2016. The lead auditor on that audit was David Haasenritter. The auditor said he was honored to be asked to conduct this audit. The auditor told the administrative team that because of the size of the facility, he conducted the site review the day before and also conducted two interviews. The auditor then reviewed the audit

schedule and said he would be conducting over 70 interviews. The auditor said he would try not to get in the way of daily operations and that his schedule is flexible, if changes are needed. The meeting was adjourned at 9:10 a.m.

Following the Entrance Meeting, the auditor began the interviews and reviews of investigative files, training and personnel files, offender files, and other documents.

Following the site review, the day before, the auditor randomly selected offenders to interview from a list of offenders provided by the facility. There are six housing units with three housing pods in each building, for a total of 18 housing pods plus restrictive housing. A total of twenty-one offenders were randomly selected from the housing pods. Twenty offenders in targeted groups were also selected to be interviewed. Targeted offenders included two with cognitive disabilities, one who had limited English proficiency, four who were hearing impaired, three offenders who identified as gay, two offenders who self-identified as being transgender females, five who reported sexual abuse in the facility, and three who disclosed prior victimization during screening. The auditor found the offenders had received the PREA training and orientation, were very aware of PREA signage, the numerous ways to report allegations of sexual abuse and sexual harassment, acknowledged that opposite gender staff announce themselves when entering a housing pod, and that they had received the screening for risk of victimization and abusiveness. All offenders who were interviewed were very cooperative and pleasant.

The auditor also randomly selected 12 staff to be interviewed. Staff were selected on the basis of the shift they are worked. Some newer staff were specifically selected for the random interviews. Nineteen staff (including contractors and volunteers) were identified for interviews in selected categories based on the employees PREA responsibilities. The specialized staff interviews included the Warden, PREA Compliance Manager (PCM), the DOC Regional Analyst, the on-site DOC Agency Contract Monitor, two Intermediate/Supervisory staff who make unannounced rounds, the Health Administrator, two mental health clinicians, the Human Resources Manager, an Institutional Investigator, the employee who conducts screening for risk of abuse or victimization, the Unit Manager who supervises the restrictive housing unit, an Incident Review Team member, the staff member who monitors for threats of retaliation, a non-security staff member who can act as a first responder, and an Intake staff member. The auditor also interviewed one volunteer (by phone after the on-site audit) and one contractor. In total, the auditor conducted 71 interviews during the audit. One of the specialized staff interviews was conducted by phone after the on-site audit because there was not time during the audit to interview the person. And, as previously noted, a volunteer was not available during the on-site audit and was interviewed by phone after the on-site audit. It should be noted that some of the employees have multiple responsibilities, so a few individuals were interviewed more than once if their duties covered more than one specialized area.

All the staff interviewed confirmed they had received the GEO PREA training, understand the GEO Zero Tolerance Policy and know how to prevent, detect, and respond to sexual abuse and sexual harassment allegations.

The auditor selected and reviewed 13 PREA Investigation Reports of the 30 that were conducted in 2018. Of the 13 reports reviewed, five alleged inmate-on-inmate sexual harassment, two alleged inmate-on-inmate sexual abuse, three staff-on-inmate sexual harassment, and three staff-on-inmate

sexual abuse. One of the inmate-on-inmate sexual harassment allegations was unsubstantiated and four were unfounded. The two inmate-on-inmate sexual abuse allegations were unfounded. One of the staff-on-inmate sexual harassment allegations was unsubstantiated and two were unfounded. The three allegations of staff-on-inmate sexual abuse were still under investigation. In two of the investigations the offenders were informed of the outcome. In one investigation the auditor did not see documentation of notification. In four cases the offenders were transferred before the investigation was completed. Four of the investigations were unfounded (one of the offenders was informed of the outcome and was also counted as one of the two informed). Three investigations were on-going.

The auditor reviewed 17 inmate files and found documentation that the initial screening for risk of victimization and abusiveness (i.e. classification assessment) was completed for all the offenders, including those who were admitted to Lawrenceville prior to the effective date of PREA. Fifteen of the files had documentation that the follow-up assessment had been conducted. **In two of the files, the auditor did not see the hard copies of the reassessments, but was aware they are in CORIS.** In all 17 files there was documentation the offenders had received the PREA education and orientation.

The auditor examined the personnel files of seven of the staff who were randomly selected for interviews and found documentation that all the staff had been given background checks and that all background checks were current. All the files documented the employees' confirmations that they had not been criminally or civilly adjudicated for any of the behaviors listed in Standard 115.317 (a). The employees make the confirmations at the time of hire, as part of annual evaluations, and for any promotion. All the appropriate documents were in the files.

The auditor also reviewed training rosters that documented the staff received PREA training on a regular basis. The auditor reviewed the comprehensive GEO PREA training curriculum, the curriculum for cross-gender searches and searches of transgender and intersex inmates, and the curriculum for the specialized training for the investigators and health and mental health care providers in the past. GEO's training is very detailed and professional. Annual in-service training covers the latest PREA information and Frequently Asked Questions (FAQ). Documentation that the contractors and volunteers received PREA training was also provided to the auditor. Interviews with the contractor and volunteer also confirmed the contractors and volunteers are trained on the PREA standards and elements.

When the on-site audit was completed, the auditor conducted the Exit Meeting on Friday, March 8, 2019 from 6:10 p.m. to 6:45 p.m. The Warden, the GEO PREA Coordinator and eight administrative staff were in attendance. The auditor thanked the Warden Beale, and the GEO PREA Director and the staff of the LVCC for their hard work and commitment to the Prison Rape Elimination Act. The auditor said that facility was well prepared for the audit. While the auditor could not give the facility a final finding, as there were a few areas needing further information, the auditor did identify four standards that will require corrective action. Those standards are:

- 115.15 Limits to cross-gender viewing and searches (d)
- 115.42 Use of screening information (g)
- 115.51 Inmate Reporting (d)
- 115.64 Staff first responder duties (b)

The PREA Coordinator and Warden said corrective action would be accomplished on these standards within the 45-day report writing period.

Facility Characteristics

The Lawrenceville Correctional Center (LVCC) is a privately operated, medium-security correctional center for men located at 1607 Planters Road, Lawrenceville, Brunswick County, Virginia 23868. The facility is 73 miles Southwest of Richmond. The GEO Group has managed and operated the prison, under contract with the Virginia Department of Corrections, since 2003. The facility was constructed in 1998.

The LVCC includes an administration building, a vocational, education, and medical building, two gymnasiums, four recreation yards, a laundry, a kitchen, staff dining room, and two offender dining halls. The maintenance building, warehouse, and commissary are located outside the security perimeter. The Chaplain's Office is located near the gym. The commissary is staffed by employees of Keefe with assistance from a few female offenders from the Deerfield Correctional Center. Offenders from Lawrenceville do not go outside the secure perimeter.

LVCC has six major housing units. Each housing unit has three pods. Cells are double occupancy. Each pod has two levels. Two pods have a capacity of 80 offenders each (160) and one pod a capacity of 96. The housing unit total capacity is 256 offenders. Six housing units each holding 256 offenders gives a total capacity of 1,536 offenders. One housing unit is designated as a residential substance abuse therapeutic community. In addition, there is a Restrictive Housing Unit with 52 beds. Each housing unit has an elevated control room that enables the correctional officers to view the pods. The control room operates the exterior and interior doors. Each pod has four cameras and enable staff to view the entire unit. Each pod has a correctional officer in the control room and two officers in each pod. One Sergeant is assigned to each housing unit and moves throughout the building. Each housing unit has a barber shop. Each pod has six telephones, a microwave, an ice machine, and a washer and dryer. A unit manager and a counselor assigned to each housing unit and have their offices in the housing unit.

There are 146 cameras throughout the facility.

The facility offers multiple programs for offenders. The educational and vocational programs are overseen by the Department of Corrections School District. The programs include Adult Basic Education, Literacy Incentives Program, GED and vocational classes that include masonry, computer lab, electrical, commercial cleaning, horticulture, carpentry, and plumbing.

All offenders are provided medical, dental and mental health services. The facility has a very well designed medical and health care infirmary area. There is one full-time doctor, one full-time physician's assistant, and one full-time dentist. The entire medial team consists of 25 employees.

The average length of stay in the facility is 5 years.

LVCC has been accredited by the American Correctional Association since 2004. Initial accreditation was achieved in only six and a-half months after GEO took over the management and operation of the facility on March 23, 2003. The facility has also been accredited by the Southern Association of Colleges and Schools (SACS) since October 31, 2003 and has been reaccredited every three to five years since then.

On the first day of the audit, the facility had 338 authorized and budgeted positions and 25 vacancies. The staffing is described as follows, Executive Office 11, Business Support 21, Food Service 11, Medical 25, Programs 35, Maintenance 8, Security and Security Supervisors 206, and Education 21.

The LVCC Missions Statement states, "Lawrenceville Correctional Center is committed to upholding the highest levels of professionalism within the work environment. We are dedicated to the safety, security, and growth of our facility, as well as the surrounding community. This is achieved by providing opportunities for offenders to develop job skills, academic skills, and social living skills through the highest standard of Core Values, which are Integrity, Respect, Professionalism and Fairness. Lawrenceville Correctional Center is committed to the Continuum of Care mission of the GEO Group in preparing offenders for release."

The auditor finds that as of April 23, 2019, the Lawrenceville Correctional Center, meets the requirements of the Prison Rape Elimination Act, Prisons and Jail Standards.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 9

List of Standards Exceeded: 115.11, 115.31, 115.32, 115.33, 115.34, 115.35, 115.87, 115.88, 115.89

Standards Met

Number of Standards Met: 36

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 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*)

GEO Corporate PREA Policy Section 5.1.2, states, "The GEO Group, Inc. (GEO) mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in all its facilities. It is the policy of GEO that sexual conduct between Employees, Volunteers, or Contractors and Individuals in a GEO Facility or

Program regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All Employees, Contractors, and Volunteers are expected to have a clear understanding that GEO strictly prohibits any type of sexual relationship with Individuals in a GEO Facility or Program. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as vendor, service and Contractor agreements and these relationships will not be tolerated.”

Policy Section 5.1.2 – A states, “A. Policy Statements 1. Zero Tolerance (§115.11/§115.211) a. Each Facility is required to have a current policy mandating zero tolerance towards all forms of Sexual Abuse and Sexual Harassment and outlining GEO’s approach to preventing, detecting, and responding to such conduct. b. Due to client contract requirements, some Facilities may be required to follow specific client PREA policy. If for some reason, client policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA Standards shall prevail and a site-specific supplemental policy shall be developed.

LVCC Policy 17.003 states, “(§115.11 [a]) Lawrenceville Correctional Center mandates zero tolerance towards all forms of sexual abuse and sexual harassment. It is the policy of LVCC that sexual conduct between employees, volunteers, or contractors and offenders and between offenders in LVCC or VADOC regardless of consensual status is prohibited and subject to administrative as well as criminal and disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All employees, contractors, and volunteers are expected to have a clear understanding that LVCC strictly prohibits any type of sexual relationship with offenders in a GEO or VADOC Facility. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as Vendor, Service and Contractor agreements and these relationships will not be tolerated.

Engaging in a romantic and/or sexual relationship with offenders at LVCC or a LVCC Program may result in employment termination and/or termination of the contractual or volunteer status, and/or criminal charges. Program staff must take prudent measures to ensure the safety of offenders in LVCC or a LVCC program, employees, contractors, and volunteers. Retaliation against offenders within LVCC for filing a complaint will not be tolerated.”

The GEO policy also states, “B. GEO PREA Personnel 1. PREA Coordinator (§115.11/§115.211) GEO shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee the Company’s efforts to comply with the PREA standards in all of its required Facilities. PREA Coordinator duties include:

- a. PREA oversight for U.S. Corrections and Detention, Reentry Services and Youth Services Facilities;
 - b. Developing the corporate PREA policy to comply with standard requirements;
 - c. Work with Compliance on the refinement of the PREA audit tool;
 - d. Work with Facilities if an incident occurs;
 - e. Review the results of every investigation of Sexual Abuse;
 - f. Compile annual reports on findings and corrective actions for the Company; and,
 - g. Develop and implement best practices in training, identification, treatment and reporting.
2. PREA Compliance Manager Each Facility Administrator shall appoint a local PREA Compliance Manager for each U.S. Corrections and Detention Facility with sufficient time and authority to

coordinate the Facility's efforts to comply with the PREA standards. PREA Compliance Manager duties include:

- a. Gathering of Facility statistics and reports on incidents of Sexual Activity and Sexual Abuse;
- b. Assist with development/revision of any site specific PREA policies."

The PREA Coordinator (Director of Contract Compliance – PREA) reported that PREA compliance is a full-time position at GEO. A Senior Manager, two PREA Managers, and a Data Specialist work for the PREA Coordinator and report directly to her. In addition, GEO has three regional PREA Coordinators for U. S. Corrections and two Divisional PREA Coordinators that assist the PREA Coordinator with Reentry (Community Confinement) and Youth Services as well. At the time of the audit, the PREA Coordinator said GEO has 107 PREA Compliance Managers, 56 PREA Compliance Managers for US Corrections Facilities; 40 for Reentry Facilities, three for lock-up facilities, and eight for youth facilities. The PREA Coordinator said she has great support from the GEO leadership and added, "I don't do it alone."

LVCC policy 17.003 states, "PREA Compliance Manager (§115.11)

Lawrenceville Correctional's Warden shall appoint a local PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. PREA Compliance Manager duties include:

- a. Gathering statistics and reports on incidents of sexual activity and sexual abuse
- b. Assist with development/revision of any site specific PREA policies
- c. Assist with PREA training initiatives
- d. Assist with PREA facility assessments
- e. Prepare an annual report on findings and corrective actions for the facility
- f. Monitoring for retaliation"

Elmus Morgan is the PREA Compliance Manager. In addition to his PCM duties, Mr. Morgan is also one of the investigators at LVCC. The PCM said he has enough time to manage his PREA and his investigative duties. He told the auditor that he coordinates the facility's efforts to comply with the PREA standards through the weekly department heads meeting. If a question of compliance with a PREA standard is identified, the PCM said he immediately takes the issue to the warden. He said he would also notify the GEO PREA Coordinator.

The auditor also interviewed the Warden who is also very knowledgeable about PREA and committed to ensuring the facility meets the PREA standards.

The GEO Group is very committed to its Zero Tolerance Policy and to the PREA standards and ensures that PREA is part of the fabric of the company's philosophy and foundation at each facility. GEO's PREA Coordinator, the LVCC Warden, and the PREA Coordinator reinforce the company's unconditional commitment to the Prison Rape Elimination Act on a daily basis. The auditor finds that LVCC exceeds the requirements of the standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.) Yes No NA

115.12 (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 inmates.) 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 A. Action*)

The GEO Group contracts with the Virginia Department of Corrections to manage and operate LVCC. The LVCC PREA policy states, "VADOC PREA Coordinator (§115.11) VADOC has designated an agency-wide PREA Coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee agency efforts with the PREA standards in all of VADOC facilities. Regional level PREA Analysts have been designated to direct facility PREA activities."

GEO Policy 5.1.2 – A states, "5. Contracting With Other Entities/Individuals (§115.12/§115.212)

- a. GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards.
- b. Contractors providing services who have direct contact with Individuals in GEO Facility or Program shall be obligated to comply with applicable PREA standards and shall be monitored to ensure compliance with these PREA standards."

The CORRECTIONAL SERVICES CONTRACT BETWEEN GEO CORRECTIONS AND DETENTION, LLC AND THE COMMONWEALTH OF VIRGINIA, THROUGH ITS DEPARTMENT OF CORRECTIONS, states, "Section 4.1 Operating Standards. The Contractor shall operate and maintain the Facility in accordance with all applicable federal, state and local laws; Court Orders; orders or decisions of federal, state and local regulatory agencies; ACA Standards, State

Regulations, Prison Rape Elimination Act (PREA) standards, and all DOC policies and procedures as they may all be amended and/or superseded from time to time. With respect to correctional education services, the Contractor shall also comply with applicable state and federal educational statutes, court orders, regulations and policies, including, but not limited to those issued by the Virginia Department of Education.”

The auditor interviewed the Regional PREA Analyst and the on-site contract monitor. The Regional Analyst said the on-site contract monitor ensures GEO is complying with the terms of the contract, including compliance with the PREA standards. The Regional Analyst said the DOC treats the LVCC like a regional facility and that any PREA issues would be immediately brought to the attention of the DOC PREA Coordinator, Rose Durbin. He said the DOC PREA Coordinator has reviewed PREA allegations at LVCC but has not found anything that would impact the GEO contract.

The auditor also interviewed the on-site contract monitor who reported that she monitors staffing levels, programming, security practices, and facility procedures. She stated she has “seen the staff work hard on PREA.” She stated that the PCM is very knowledgeable about PREA and always answers her questions. (She added that she asks a lot of questions.) The contract monitor also monitors the training that is provided to contractors and volunteers and the PREA signage that is posted throughout the facility. She stated she has not heard of any PREA issues from the offenders she interviews. She said she is not aware of any LGBTI offenders who have made PREA allegations.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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

GEO ensures that each of its facilities develops, documents, and makes its best effort to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse.

GEO Policy 5.1.2 – A states,

“C. Facility Staff and Physical Plant

1. Supervision and Monitoring (§115.13/§115.213)

- a. Each Facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect Individuals in a GEO Facility or Program against Sexual Abuse.
- b. In circumstances where the staffing plan is not complied with, Facilities shall document and justify all deviations from the plan.
- c. Facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to:
 - 1) The staffing plan;
 - 2) The Facility’s deployment of video monitoring systems and other monitoring technologies; and
 - 3) The resources the Facility has available to commit to ensure adherence to the staffing plan.”

In calculating adequate staffing levels and determining the need for video monitoring GEO facilities consider generally accepted correctional practices; any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuses; and any other relevant factors.

LVCC Policy 17.003 states, “

Facility Staff and Physical Plant Supervision and Monitoring (§115.13)

- a. Lawrenceville Correctional will develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect offenders against sexual abuse.
- b. In circumstances where the staffing plan is not complied with, LVCC shall document and justify all deviations from the plan.

- c. LVCC shall assess, determine and document on a yearly basis, whether adjustments are needed to:
 - 1) The staffing plan
 - 2) The Facility's deployment of video monitoring systems and other monitoring technologies
 - 3) The resources the Facility has available to commit to ensure adherence to the staffing plan
- d. The staffing plan, to include all deviations and the Annual PREA Facility Assessment
- e. (see Attachment A), shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator annually as determined by each division.
- f. Duty Officers will conduct and document PREA unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds will occur at least once during all three shifts. Duty officers will utilize the PREA Unannounced Rounds form during these tours.
- g. Staff members are prohibited from alerting other staff members that these rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

The auditor reviewed three Annual PREA Facility Assessments. The assessments were dated October 7, 2016, August 18, 2017, and August 16, 2018. The assessments were very complete and addressed all the provisions required by GEO policy and the Standard 115.13. The facility has had no findings of inadequacy by any court, Federal agency, or any internal or external oversight body. The assessment has identified areas where blind spots may be an issue and has taken action to correct those areas by placing mirrors in the areas. The assessment describes the offender population in LVCC and refers to the activity hours as occurring between 0800 and 1600 hours. The auditor also reviewed the weekly schedule. The assessment stated there are sufficient numbers of staff on each 12-hour shift to provide adequate supervision. The facility provided the auditor with Shift Supervisor Daily Reports, work schedules by "Break" that show each post in the facility, and the list of employees who will be called if a scheduled staff member calls-out sick. The auditor was also given a Revised Staffing Plan that reflected the addition of staff at some posts and the reassignment of other positions. The Revised Staffing Plan was very detailed.

The warden told the auditor that the Staffing Plan is reviewed and approved by the GEO Corporate Divisional Vice President and the PREA Coordinator. He stated the offender population described in the Staffing Plan means that the Virginia DOC classifies the facility as a Level 3, Medium Security Facility. The warden also told the auditor he monitors for compliance with the staffing plan through his weekly Executive Staff Meeting. He also said he works with the Human Resources Office to ensure LVCC is doing continuous recruitment. If there is any issue of non-compliance with the Staffing Plan, the DOC must be notified. To prevent any issues of non-compliance, the facility has a roster of part-time staff who can be called into work and there is also a list of staff who are mandated to work overtime, if necessary, to maintain compliance with the plan.

The warden told the auditor there are 146 cameras in LVCC.

As previously stated, LVCC policy requires that Duty Officers conduct and document PREA unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds occur at least once during each shift. Duty officers utilize the PREA Unannounced Rounds form during these tours and are required to ask staff and offenders questions that are specific to PREA. The policy also prohibits staff from alerting other staff members that these rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The auditor interviewed two upper level management staff who confirmed they conduct unannounced rounds. The managers stated that they document the unannounced round they are doing by making an entry in the log in the housing unit control room and by completing the Unannounced PREA Rounds form. The managers confirmed they ask questions of the staff and residents specific to PREA. Each manager said

as he/she conducts the unannounced round, he/she is observing where the staff and offenders are, is checking PREA signage to ensure it is in place, listening to confirm the opposite gender staff announcements are made, and talking to offenders and asking them PREA related questions (i.e., what is the Zero Tolerance Policy, how to report a sexual abuse or sexual harassment allegation, and the name of the agency that provides emotional support.). The managers said the staff know they should never alert other staff. When making an Unannounced Round, the one manager said she spends a good deal of time in the Restricted Housing Unit interviewing residents and staff and asking them questions about PREA. In the area of unannounced rounds, The GEO Group exceeds the standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) 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 Virginia DOC does not send any juvenile offenders to LVCC.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (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 inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates 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 have procedures that enables inmates 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 inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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

115.15 (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 inmates 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*)

GEO policy 5.1.2 – A states,

"I. Searches and Observation (§115.15/§115.215)

1. Cross-gender strip searches are prohibited except in Exigent Circumstances.
2. Cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in Exigent Circumstances and shall only be performed by offsite Medical Practitioners.
3. Facilities shall not permit cross-gender pat-down searches of female Individuals in a GEO Facility or Program, absent Exigent Circumstances.
4. Facilities shall not restrict female Individuals in a GEO Facility or Program access to regularly available programming or other outside opportunities in order to comply with this provision.

5. Facilities shall document and justify all cross-gender pat-down searches of female Individuals in a GEO Facility or Program.
6. Facilities shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches of Individuals in a GEO Facility or Program.
7. Each Facility shall implement policies and procedures which allow Individuals in a GEO Facility or Program to shower, change clothes, and perform bodily functions without Employees of the opposite gender viewing them, absent Exigent Circumstances or instances when the viewing is incidental to routine cell checks.
8. Facility policies and procedures shall require Employees of the opposite gender to announce their presence when entering housing units or any areas where Individuals in a GEO Facility or Program are likely to be showering, performing bodily functions, or changing clothes.”

LVCC policy 17.003 states,

“Searches and Observation (§115.15)

- a. Cross-gender strip searches are prohibited except in exigent circumstances.
- b. Cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite Medical Practitioners.
- c. LVCC shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches of offenders.
- d. Offenders who are placed on constant observation status by Mental Health Providers shall be provided visual supervision by a Security Staff member of the same gender.
- e. Offenders should be allowed to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks.
- f. LVCC shall require employees of the opposite gender to announce their presence when entering housing units or any areas where offenders are likely to be showering, performing bodily functions, or changing clothes.
- g. LVCC houses male offenders therefore; female staff are required to announce their presence at the start of each shift. This announcement will be documented in each housing unit log book. In addition, females must also announce prior to entering any housing unit.”

The warden gave the auditor written documentation that the facility has not conducted any cross-gender strip searches or cross-gender visual body cavity searches.

During the site review, the auditor observed that all showers and toilet areas provided sufficient privacy that enabled the 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. Every random and targeted offender the auditor interviewed said are never naked in full view of female staff when shower, using the toilet, or changing clothing.

With regard to searching transgender or intersex offenders, the GEO policy goes on to state,

- “3. Facilities shall not search or physically examine a Transgender or Intersex Individual in a GEO Facility or Program solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a Medical Practitioner.
4. Security Staff shall be trained to conduct cross-gender pat-down searches and searches of Transgender and Intersex Individuals in a GEO Facility or Program in a professional and respectful manner.
5. Unless client written mandates dictate otherwise, Searches of Transgender and Intersex individuals shall be performed in one of three ways as determined by the Facility Administrator:
 - a. Searches only conducted by medical staff;
 - b. Searches conducted only by female staff; or
 - c. Asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. Note: If this option is utilized, the preferred option will be documented on the Statement of Search Preference form (see Attachment F).
6. Using two officers, one male searching the bottom half and one female searching the top half of the Transgender individual is strictly prohibited.”

The LVCC policy also states,

- “3. Staff shall not search or physically examine a Transgender or Intersex offender solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a Medical Practitioner.
4. Security Staff shall be trained to conduct cross-gender pat-down searches and searches of Transgender and Intersex offenders in a professional and respectful manner.
5. Pursuant to VA DOC policy, searches of Transgender and Intersex individuals shall be performed only by female staff; however, the offender must request this search deviation utilizing the VA DOC Strip Search Deviation Request form. The request will be reviewed by the Transgender Care Committee and upon approval, the search deviation will be honored. A copy of the approved search deviation form will be provided to the offender.
6. Using two officers, one male searching the bottom half and one female searching the top half of the Transgender individual is strictly prohibited.”

The auditor interviewed two transgender offenders who both said they were treated respectfully by staff. One of the transgender offenders had completed the VA DOC Strip Search Deviation Request form.

All of the random staff interviewed said they had received training 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. The auditor reviewed the training records and the training roster.

When the auditor interviewed the 41 random and targeted offenders, 29 of the offenders said staff make opposite gender announcements, two said female staff don't make an announcement when coming into a housing unit and 10 said the announcements are made some or most of the time.

The auditor found this did not meet the requirement of the standard and informed the PREA Coordinator and the administrative team at the exit meeting. Within less than the 45 days, LVCC provided refresher training for all staff, reminding them to make the announcements when entering a housing unit. The facility now meets the standard.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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*)

GEO policy 5.1.2 – A states,
"E. Orientation and Education

1. Individuals with Disabilities or who are Limited English Proficient (§115.16/§115.216)
 - a. Facilities shall ensure that Individuals in a GEO Facility or Program with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.
 - b. GEO shall ensure that all of its Facilities provide written materials to every Individual in a GEO Facility or Program in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.

c. Individuals in a GEO Facility or Program shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties in Section M (2), or the investigation of the individual's allegations. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report."

LVCC policy 13.002, Orientation, states, "b. Offenders who do not speak English, who are functionally impaired, handicapped, or nonreaders shall be provided assistance in understanding the material."

The Virginia Department of Corrections has a contract with STRATUS PHONE INTERPRETERS which is a language services company that is available to all DOC facilities, including Lawrenceville. Interpreters are available to assist staff when an interpreter is needed.

During the site review, the auditor observed that all PREA signage was bilingual as were the printed PREA materials and inmate handbook. Lawrenceville also uses a PREA orientation video for offenders who have a learning disability or literacy challenges. The video is bilingual.

Of the 41 random and targeted interviews the auditor conducted, seven were offenders with disabilities or who had limited English proficiency. One of the seven offenders told the auditor that he could not read. He said a female staff member read the PREA materials to him and explained his rights to him.

A second offender had limited English proficiency. He said all the PREA material that was given to him was in Spanish and that there are also some Spanish-speaking staff who can answer his questions. He said he also saw the PREA video that was in Spanish. He said he was familiar with the Spanish-speaking video because he had seen it at the Nottaway Correctional Center, as well.

Five of the offenders with disabilities were hearing impaired. One said he was given PREA information in the written materials that were provided to him. He said he is more aware of his surroundings because of his hearing loss. The second offender said he is hearing impaired so he tries to sit in the front row where he can hear the speaker. He said he sat in the front row to watch the PREA video and that he heard it and understands what PREA is. The third offender said he lost his hearing while he was in a city jail in Virginia. He said he can read and write so he was able to read all the PREA materials LVCC provided him. The fourth offender said he asked for staff assistance in understanding PREA. He said he met one-on-one with a staff member who explained PREA to him, as well as his right under PREA. He said the staff also paid attention to where he would be housed in LVCC because of his hearing loss. He said he now has hearing aids that were provided by LVCC and that has been a big help to him. The fifth offender said his hearing loss is on the decline because of his age, but he was given the PREA materials to read which he did. He said he really needs hearing aids. (At the Exit Meeting, the auditor told the Warden and the PCM about the offender who needs the hearing aids and said this is really a safety issue.)

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, 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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

115.17 (g)

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

115.17 (h)

- 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*)

GEO policy 5.1.2 – A states,

"2. Hiring and Promotion (§115.17/§115.217)

- a. GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.

- b. Facilities shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO Facility or Program.
- c. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees at least every five years.
- d. GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current Employees. GEO shall also impose upon Employees a continuing affirmative duty to disclose any such conduct.
- e. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- f. Unless prohibited by law, GEO shall 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.
- g. See Section G for Volunteer requirements and Section H for Contractor requirements.”

Regarding the hiring of contractors, the policy states,

“4. Hiring Contractors (§115.17/§115.217)

- a. GEO Facilities are prohibited from contracting with anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community.
- b. Facilities shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any Contractor who may have contact with Individuals in a GEO Facility or Program.
- c. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years.”

LVCC policy 17.003 states,

“Hiring and Promotion (§115.17)

- a. LVCC is prohibited from hiring or promoting anyone (who may have contact with individuals in a GEONADOC Facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or the community.
- b. LVCC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEONADOC Facility.
- c. LVCC shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years.
- d. LVCC shall ask all applicants and employees who may have contact with individuals in a GEONADOC Facility directly about previous sexual abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current employees. LVCC shall also impose upon employees a continuing affirmative duty to disclose any such conduct.
- e. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

f. Unless prohibited by law, LVCC shall 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.

Hiring Contractors/Approving Volunteers (§115.17)

- a. LVCC is prohibited from contracting with anyone (who may have contact with offenders in a GEONADOC Facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. b.
- b. LVCC shall consider any incidents of sexual harassment in determining whether to enlist the services of any Contractor who may have contact with offenders in a GEONADOC Facility.
- c. LVCC shall conduct criminal background checks prior to enlisting the services of any Contractor/Volunteer. Background checks shall be repeated for all Contractors at least every five years."

GEO has contracted with AURICO (a Career Builder Company) to conduct background screenings on employment candidates. The background checks include the person's work history, education verification, driver's license history, professional license verification, and any PREA related misconduct. The Virginia Department of Corrections conducts the criminal background checks, nationally. AURICO also does background screenings when a promotion is being considered. These screenings are primarily focused on any criminal behavior. The statements in 115.17 sections (a) (1) – (3) and (b) are in the employment application. An employee also signs the form as part of any promotion, and as part of his/her annual evaluation. The Human Resources Manager told the auditor that a staff member in her office has recently been certified to do criminal background checks using the Virginia Criminal Information Network (VCIN). The Human Resources Manager also showed the auditor the master list of all employees which is a spreadsheet that is used to track when employees are due for their five-year background checks.

Prior to the on-site audit, the PCM sent the auditor several examples of pre-employment background checks, background checks for promotion, five-year background checks, and examples of signed statements from employees during annual evaluation and for promotions that they have not done any of the conduct described in Standard 115.17 sections (a) (1) – (3) and (b). The auditor also randomly selected and reviewed four employee files and found all the appropriate documentation in the files that confirmed compliance with the standard.

The Human Resources Manager told the auditor that if a former employee applied for work at another correctional facility and that facility requested information regarding any substantiated allegations of sexual abuse or sexual harassment involving the former employee, that caller would be referred to the GEO Office of Professional Responsibility for a reply.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates 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

115.18 (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 inmates 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*)

LVCC has a total of 146 cameras that are in the following areas, 84 in the housing units (14 per building), 34 viewable from Master Control (including 2 in the sally port), 21 in Segregation (including those that observe recreation yards and suicide watch cells), and 7 viewable from Visitation. The facility added two cameras to its total in 2016. The Virginia Department of Corrections provided the funds for the additional cameras.

During the audit, the auditor reviewed recordings of previous weeks and found the quality and clarity of the images on the monitors to be very good.

The facility has also added several additional mirrors throughout the facility to eliminate or minimize blind spots. The auditor observed these mirrors during the site review.

GEO policy 5.1.2 – A states, "3. Facility Upgrades and Technology (§115.18/§115.218)

Facilities shall consider the effect any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility's ability to protect Individuals in a GEO Facility or Program from Sexual Abuse."

The LVCC policy 17.003 states, "Facility Upgrades and Technology (§115.18)

LVCC will consider the effect any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the ability to protect offenders at the facility from Sexual Abuse."

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of 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

115.21 (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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

GEO policy 5.1.2-E, "Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, states in section D., "Evidence Protocol and Forensic Medical Examinations (§115.21/§115.221/§115.321)

- I. Facilities that are responsible for investigating allegations of Sexual Abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.
2. Due to client contract requirements, some facilities may be required to follow specific client PREA evidence protocols. If for some reason, client protocol is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA Standards shall prevail and a site-specific supplemental protocol shall be developed.
3. Facilities shall offer all Individuals in a GEO Facility or Program who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
4. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available.
5. A victim advocate shall be made available to accompany the victim through examinations and investigatory interviews.
6. Upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.
7. The victim advocate may not obstruct or interfere with the course of the investigation in any manner and will not serve as a translator.
8. GEO facilities may not utilize facility Employees as victim advocates unless the following documentation exists:
 - a) Documentation is on file that no other alternatives are available in the community; and,
 - b) Documentation exists that validate designated Employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general."

LVCC policy 17.003 states, "Evidence Protocol and Forensic Medical Examinations (§115.21)

- a. Facility Investigators have an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (§115.21 [a])
- b. The established protocol is developmentally appropriate and is based on or similar to other comprehensive and authoritative protocols developed after 2011. (115.21 [b])
- c. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview. A qualified staff member or a qualified community-based staff member shall be an individual who has been screened for

appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. (§115.21[h]) (§115.21[e])

d. With the victim's consent and without cost to the offender, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (PERK kit recommended) regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 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."

The LVCC has three investigative staff who initiate all PREA investigations and conduct administrative investigations regarding PREA allegations. The Virginia Department of Corrections (DOC), Special Investigations Unit conducts all criminal investigations at LVCC, including allegations of sexual abuse. The DOC investigators follow a uniform evidence protocol that maximizes the potential for usable physical evidence for criminal prosecutions. The protocols are consistent with the DOJ's Office on Violence Against Women most recent publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." All the DOC investigators are sworn law enforcement officers in Virginia. Allegations involving staff at LVCC are also investigated by the GEO Office of Professional Responsibility (OPR).

DOC policy requires that all offenders in Central Virginia who are victims of sexual abuse are transported the Virginia Commonwealth University Medical Center for forensic exams. The auditor reviewed a Forensic Exam that was done by a SANE regarding an offender who alleged sexual abuse at LVCC in 2018. This case was confirmed by the Health Administrator and the LVCC Investigator.

The DOC also has a written Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance, (i.e., Action Alliance). The auditor interviewed a staff member at Action Alliance who confirmed the agency has a contract with the DOC and that Action Alliance has received calls from LVCC. The MOU states, "The statewide hotline shall seek to link DOC victims to accompaniment services through a trained victim advocate when victims request this service. This may include participation of advocates at forensic exams, during investigations and may also include follow-up visits or communications (at facility, telephone or written) by the victim advocate."

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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*)

GEO policy 5.1.2-E, "Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, states under Program Objectives, "All cases of alleged sexual conduct in accordance with Policy 5.1.2, Sexually Abusive Behavior Prevention and Intervention, shall be promptly, thoroughly, and objectively investigated. Upon substantiation of any allegation of sexual conduct, appropriate disciplinary actions will be taken against the Employee, Contractor, Volunteer, or Individuals in a GEO Facility or Program, including possible criminal prosecution."

Under GEO policy 5.1.2-E, "Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, states in section "A. Policy Statements

1. Policies to Ensure Referrals of Allegations for Investigations (§115.22/115.222/115.322)

- a. Each facility shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.
- b. Due to client contract requirements, some facilities may be required to follow specific client PREA investigations policies. If for some reason, client policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA Standards shall prevail and a site-specific supplemental policy shall be developed.

- c. Each GEO operational subsidiary, business unit or program shall have a current policy in place to ensure that:
 - Allegations of Sexually Abusive Behavior receive prompt intervention upon report; and,
 - Perpetrators of Sexually Abusive Behavior are disciplined and, when appropriate, referred for prosecution in accordance with GEO policy and federal, state or local laws.
- d. GEO shall publish its corporate investigations policy on its website.

LVCC policy 17.003 states, “As a member of the Sexual Assault Response Team (SART) the Facility Investigator will be responsible for collecting information and evidence as necessary and conducting appropriate referrals to local law enforcement agencies.”

The policy continues, “LVCC shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. These referrals will be documented and retained in accordance with VADOC and GEO records retention policies.”

DOC policy 030.4, titled, Special Investigations Unit, states,
“The SIU is authorized to:

- a. Conduct investigations of all felony and misdemeanor violations of law committed in and against the Department of Corrections, and serious allegations of staff/employee misconduct and administrative violations. The investigations include allegations involving economic crime and drug/contraband matters.
- b. Conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this operating procedure. (§115.22[d], §115.222[d])
- c. All Special Agents are required to be sworn police officers in the state of Virginia with full police powers.”

The DOC policy continues, “Prison Rape Elimination Act (PREA) Investigations

1. The Facility Unit Head shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. (§115.22[a], §115.222[a])
2. When the Facility Unit Head receives notification from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA Standards (§115.63[d], §115.263[d])
3. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be immediately reported to the facility designated investigator who will conduct an initial investigation and will immediately notify the PREA Analyst of the allegation. (§115.61[e], §115.261[e])
4. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit who has the legal authority to conduct criminal investigations. (§115.22[b], §115.222[b])
5. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations. (§115.71[b], §115.271[b])
 - a. In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include: (§115.34[a], §115.234[a], §115.34[b], §115.234[b])
 - i. Techniques for interviewing sexual abuse victims.
 - ii. Proper use of Miranda and Garrity warnings

iii. Sexual abuse evidence collection in confinement settings

iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

b. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators. (§115.34[c], §115.234[c])

6. All investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. (§115.71[a], §115.271[a])

7. Evidence Protocol and Forensic Medical Examinations

a. SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (§115.21[a], §115.221[a])

b. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. (115.21[b], §115.221[b])

c. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview. (§115.21[e], §115.221[e])

d. With the victim's consent, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (PERK kit recommended). Although it is recommended that a PERK kit is collected within 72 hours it should be used beyond..."

The GEO Web site states, "All cases of alleged sexual conduct shall be promptly, thoroughly, and objectively investigated. Upon substantiation of any allegation of sexual conduct, appropriate disciplinary actions will be taken against the employee, contractor, volunteer, or individual in a GEO facility or program. Those actions may include possible criminal prosecution. If the allegation potentially involves criminal behavior, GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations."

The auditor selected for review 13 PREA Investigation Reports of the 30 that were conducted in 2018. The auditor found that the DOC had been informed of the allegations either by the LVCC PCM or the Investigator, or as a result of a call to the PREA Hotline or from a third-party call. The auditor also reviewed documentation that referrals involving staff misconduct had been sent to the GEO Office of Professional Responsibility.

In the interview with one of the PREA investigators at LVCC, the investigator confirmed that the GEO and DOC policies regarding investigations are followed and that all allegations of sexual abuse or sexual harassment are criminally or administratively investigated.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (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*)

GEO policy 5.1.2-A states,

"F. Training

1. Employee Training (§115.31/§115.231)

a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. See Section G for Volunteer requirements and Section H for Contractor requirements.

b. Each Facility shall train all Employees who may have contact with Individuals in a GEO Facility or Program on:

- 1) Its zero-tolerance policy for Sexual Abuse and Sexual Harassment;
- 2) How to fulfill their responsibilities under agency Sexual Abuse and Sexual Harassment prevention, detection, reporting and response policies and procedures;
- 3) Individuals in a GEO Facility or Program right to be free from Sexual Abuse and Sexual Harassment;
- 4) The right of Individuals in a GEO Facility or Program and Employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;
- 5) The dynamics of Sexual Abuse and Sexual Harassment in confinement;
- 6) The common reactions of Sexual Abuse and Sexual Harassment victims;
- 7) How to detect and respond to signs of threatened and actual Sexual Abuse;
- 8) How to avoid inappropriate relationships with Individuals in a GEO Facility or Program;
- 9) How to communicate effectively and professionally with Individuals in a GEO Facility or Program, including LGBTI or Gender Non-conforming individuals; and,
- 10) How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.

c. Employee training shall be tailored to the gender of the Individuals in the GEO Facility or Program at the Employee's Facility, and Employees shall receive additional training if transferring between Facilities that house individuals of different genders.

- d. PREA refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies.
- e. Unless client mandates require electronic verification, employees shall document through signature on the PREA Basic Training Acknowledgement Form (see Attachment E) that they understand the training they have received. This form shall be used to document Pre-service and Annual In-service PREA Training.”

LVCC policy 17.003 states,

“Employee Training (§115.31), Volunteer Training (§115.32), Contractor Training (§115.32)

The facility will train all Employees/Contractors/ who may have contact with offenders on:

- a. The facility's zero tolerance policy for sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting and response to policies and procedures.
- c. Offender's right to be free from sexual abuse and sexual harassment
- d. The right of individuals to be free from retaliation for reporting sexual abuse and sexual harassment.
- e. The dynamics of sexual abuse and sexual harassment in confinement.
- f. The common reactions of sexual abuse and sexual harassment victims.
- g. How to detect and respond to signs of threatened and actual sexual abuse.
- h. How to avoid inappropriate relationships with offenders.
- i. How to communicate effectively and professionally with offenders, including LGBTI or Gender Non-conforming individuals.
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”

All the random staff interviewed by the auditor stated they received comprehensive PREA training and training on GEO's and LVCC's PREA policies and procedures during Orientation and that refresher training is provided annually online. Training focuses on the procedures to prevent, detect, and respond to allegations of sexual abuse and sexual harassment. Staff also confirmed PREA updates are given during shift briefings. During the random interviews with the staff, the auditor asked the employees to describe some of the topics covered in the training. The staff reported that training covered all the subject areas mentioned in the standard and, when asked, provided details on the content of the training. One staff member said he did not feel the quality of training was very good. Supervisors also ask the correctional officers specific PREA questions during unannounced rounds.

The auditor reviewed the GEO PREA Training Curriculum and found it be very comprehensive and informative. The PowerPoint presentation consists of 87 slides that go into detail in all the major areas of PREA. The auditor also reviewed the GEO PREA Training Roster for LVCC that documented all the staff had received PREA training, Training Attendance Records, and the PREA Acknowledgement forms that confirm the employees have received and understand the PREA training, the facility's Zero Tolerance Policy and how to respond to allegations of sexual abuse and sexual harassment.

GEO consistently provides a very high quality of training for all employees and ensures the employees understand the company's Zero Tolerance Policy, and how to report and respond to

allegations of sexual abuse or sexual harassment. The auditor finds the GEO/LVCC exceeds the requirements of the standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? Yes No

115.32 (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*)

GEO policy 5.1.2-A, regarding PREA training for volunteers' states,

"G. Volunteers

1. Volunteer Training (§115.32/§115.232)

- a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.
- b. Each Facility shall ensure that all Volunteers who have contact with Individuals in a GEO Facility or Program are trained on their responsibilities under GEO's Sexual Abuse and Harassment prevention, detection, and response policies and procedures.
- c. Volunteers who have contact with Individuals in a GEO Facility or Program shall receive annual PREA refresher training.
- d. Unless client mandates require electronic verification, Volunteers shall document through signature on the PREA Basic Training Acknowledgement Form (See Attachment E) that they

understand the training they have received. This form shall be used to document Annual PREA refresher Training.”

The same policy addresses PREA Training for contractors as follows,

“H. Contractors

1. Contractor Training (§115.32/§115.232)

- a. All Employees, Contractors and Volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.
- b. Each Facility shall ensure that all Contractors who have contact with Individuals in a GEO Facility or Program are trained on their responsibilities under GEO’s Sexual Abuse and Harassment prevention, detection, and response policies and procedures.
- c. Contractors who have
- d. Contracted Medical and Mental Healthcare Practitioners shall receive the specialized training required in Section F (2).
- e. Unless client mandates require electronic verification, Contractors shall document through signature on the PREA Basic Training Acknowledgement Form (See Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service PREA Training.”

LVCC policy 17.003 regarding the PREA training of contractors and volunteers’ states, Employee Training (§115.31), Volunteer Training (§115.32), Contractor Training (§115.32)

The facility will train all Employees/Contractors/ who may have contact with offenders on:

- a. The facility's zero tolerance policy for sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting and response to policies and procedures.
- c. Offender's right to be free from sexual abuse and sexual harassment
- d. The right of individuals to be free from retaliation for reporting sexual abuse and sexual harassment.
- e. The dynamics of sexual abuse and sexual harassment in confinement.
- f. The common reactions of sexual abuse and sexual harassment victims.
- g. How to detect and respond to signs of threatened and actual sexual abuse.
- h. How to avoid inappropriate relationships with offenders.
- i. How to communicate effectively and professionally with offenders, including LGBTI or Gender Non-conforming individuals.
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The facility will train all volunteers who may have contact with offenders on:

- a. The facility's zero tolerance policy for sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- c. Offender's right to be free from sexual abuse and sexual harassment
- d. The right of individuals to be free from retaliation for reporting sexual abuse and sexual harassment.
- e. The dynamics of sexual abuse and sexual harassment in confinement.

- f. How to detect and respond to signs of threatened and actual sexual abuse.
- g. How to avoid inappropriate relationships with offenders.
- h. How to communicate effectively and professionally with offenders, including LGBTI or Gender Non-conforming individual.

PREA refresher training will be conducted every year and will include any updates to the sexual abuse and sexual harassment policies.

Employees/Contractors/Volunteers shall document through signature on the PREA Basic Training Acknowledgement Form (see Attachment E) that they understand the training they have received. This form shall be used to document Pre-service and Annual In-service PREA Training.”

The auditor interviewed one contractor (the physician’s assistant, i.e., PA) and one volunteer (from a church). The PA said she received the Basic PREA Training, specialized training for contractors, and specialized training for medical and mental health staff. The volunteer has been coming to LVCC over 15 years. The volunteer said he has received PREA training from the DOC at the Powhatan Correctional Center and at LVCC from the GEO staff. He said the training was very thorough and lasted two and a half hours. He said the training involved watching the PREA PowerPoint and classroom discussion about what PREA means, the Zero Tolerance Policy, and how to respond if an offender tells you he has been sexually abused for sexually harassed. All contractors and volunteers are given the DOC brochure, "A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections." Contractors and volunteers receive refresher training annually.

The auditor reviewed the "Prison Rape Elimination Act (PREA) Training Acknowledgement Form for Volunteers and Contractors," which states,

“By signing below, I am acknowledging that I have received a copy of the brochure entitled *"A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections."* I also certify that I have viewed the *Prison Rape Elimination Act (PREA) PowerPoint presentation* and have reviewed the *Virginia Department of Corrections Operating Procedures 13 0.1; Rules of Conduct Governing Employees Relationships with Offenders and 038.3; Sexually Abusive Behavior Prevention and Intervention.* By my signature, I am acknowledging that I understand that the Virginia Department of Corrections has a zero tolerance policy for sexual abuse or sexual harassment between offenders and between staff/contractors/volunteers and off enders, and I agree to abide by that policy. I likewise have been made aware of my requirement to report to my supervisor or to the district/facility administration any known instances or suspicions of sexual abuse or harassment of offenders, whether in custody or on community supervision.” The auditor reviewed several signed PREA Training Acknowledgement forms.

Because LVCC has a robust training program for contractors and volunteers that greatly exceeds the requirements of the standard, the auditor finds the facility exceeds the standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate 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*)

The auditor interviewed 20 randomly selected offenders and 20 targeted offenders. All the offenders, with one exception, said they were told about PREA at Intake. Within a week a more formal PREA training is presented, during which time the PREA video, *PREA: What you need to know* is shown. Several offenders said staff discussed PREA and answered questions. The video is available in English and Spanish. The offenders said they are given a DOC brochure that explains PREA. The Offender Handbook informs offenders about preventing sexual abuse and sexual harassment and how to report it if it does happen. The handbook also describes the PREA Grievance Procedure. PREA posters and signs, in English and Spanish, are placed throughout the facility. Some of the offenders said the facility counselors do a good job of keeping them informed of the latest information on PREA. The auditor examined 17 offenders' files and found written acknowledgement and documentation, in each file, that the offender had received the PREA education. The auditor reviewed the comprehensive Trainer Outline that was developed by DOC. "DOC Preventing Sexual Abuse & Sexual Assault (Training for those incarcerated in the Virginia Department of Corrections)" and found it to be very informative.

GEO policy 5.1.2 – A states,

"2. Education for Individuals in a GEO Facility or Program (§115.33/§115.233)

- a. Within 24 hours of arrival,, Community Confinement Facilities shall provide each Individual in a GEO Facility or Program with written information (i.e., handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report incidents or suspicions of Sexual Abuse or Sexual Harassment, their right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents.
- b. Community Confinement Facilities shall provide refresher information whenever an Individual in a GEO Facility or Program is transferred to a different Facility.
- c. Within 24 hours of arrival, U.S. Corrections and Detention Facilities shall provide each Individual in a GEO Facility or Program with written information (i.e., handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment.

- d. Within 30 days of intake, U.S. Corrections, Detention, and Community Confinement Facilities shall provide a comprehensive education to all Individuals in a GEO Facility or Program, either in person or through video.
- e. Individuals in a GEO Facility or Program shall receive education upon transfer to a different Facility if the policy and procedures are different from the previous Facility.
- f. The comprehensive education shall include information on individual's right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents.
- g. In all Facilities, education shall be provided in formats accessible to all Individuals in a GEO Facility or Program, including those with disabilities and those who are limited English proficient.
- h. In all Facilities, Individuals in a GEO Facility or Program shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files.
- i. Key information shall be provided to Individuals in a GEO Facility or Program on a continuous basis through readily available, handbooks, brochures, or other written materials."

LVCC policy 17.003 states,

"Education for Offenders at Lawrenceville Correctional (§115.33)

1. As part of the intake process, a mental health professional or other qualified professional will provide oral and written information on the institutional policy and procedure regarding sexually assaultive behavior and potential sexual victimization including information on the following: (5-30-4281-1)
 - a. Facility's zero tolerance policy regarding Sexual Assault and Sexual harassment
 - b. How to report incidents or suspicions of Sexual Abuse or Sexual Harassment
 - c. Offender's right to be free from Sexual Abuse and Sexual Harassment
 - d. Offender's right to be free from retaliation for reporting such incidents
 - e. Facility's policy for responding to such incidents
 - f. Offender telephone sexual abuse Hotline Number #55
2. Offenders will sign the Offender Handbook Acknowledgement form indicating that they have received this information.
3. Within 10 days of intake, all offenders will receive comprehensive education either in person or through video. Offenders will be required to sign an acknowledgment form indicating that they have received/understand the training.
4. An offender received from another VADOC facility via transfer will be provided a copy of the VA DOC Sexual Assault and Awareness and Prevention brochure that includes the Sexual Assault Hotline number.
5. In addition to providing such education, LVCC shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats."

The auditor finds that LVCC's comprehensive approach to offender education exceeds the requirements of the standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).) Yes No NA

115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).) Yes No NA

115.34 (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 115.21(a).) Yes No NA

115.34 (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*)

GEO policy 5.1.2-A states,

“3. Specialized Training: Investigators (§115.34/§115.234)

- a. Investigators shall be trained in conducting investigations of Sexual Abuse in confinement settings. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- b. Investigators shall receive this specialized training in addition to the training mandated for Employees in Section F (1). Facilities shall maintain documentation of this specialized training.
- c. Where the Facility does not conduct Sexual Abuse investigations and an outside Agency is responsible for investigating these type incidents, the Facility shall request documentation from the Agency that it has provided such training to its investigators who conduct such investigations. Training documentation shall be kept on file at the Facility.”

LVCC policy 17.003 states,

When LVCC conducts investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators will have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (§115.34). LVCC shall maintain documentation of this specialized training.”

The GEO PREA Coordinator completed the “Training for Trainers: Specialized Training: Investigating Sexual Abuse in Correctional Settings” course conducted by the Moss Group and created a comprehensive training program for all GEO PREA investigators that includes techniques for interviewing sexual abuse and sexual harassment 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 action. If prosecution is indicated, the law enforcement agency that conducted the investigation will make the referral to the appropriate prosecutor. The GEO investigator curriculum is implemented company-wide and is constantly being upgraded and improved. The auditor reviewed the written documentation that acknowledged that the investigator staff at LVCC received the specialized training and the PREA training required of all GEO institutional staff. The PCM also serves as a PREA Investigator and told the auditor that in addition to the GEO PREA Investigator Training, he has also participated in the DOC investigator training.

The auditor is very familiar with the GEO investigator training and the fact that LVCC has three full-time investigators, the auditor finds the facility exceeds the standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (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 or the agency does not employ medical staff.)
 Yes No NA

115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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*)

GEO policy 5.1.2 –A states,

“Specialized Training: Medical and Mental Health Practitioners (§115.35/§115.235)

- a. Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse and Sexual Harassment, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting of allegations or suspicions of Sexual Abuse and Sexual Harassment.
- b. Medical and Mental Health Care Practitioners shall receive this specialized training addition to the training mandated for Employees in Section F (1) or Contractors in Section H (1) depending upon their status at the Facility.
- c. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available.
- d. Facilities shall maintain documentation of this specialized training.”

Under Section H of the policy it states, “d. Contracted Medical and Mental Healthcare Practitioners shall receive the specialized training required in Section F (2).”

“Specialized Training: Medical and Mental Health Practitioners (§115.35)

- a. LVCC shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly on site in certain topic areas, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and sexual harassment, and proper reporting of allegations or suspicions of sexual abuse and sexual harassment.
- b. Medical and Mental Health Care Practitioners shall receive this specialized training in addition to the training mandated for Employees/Contractors.
- c. LVCC medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available.
- d. LVCC shall maintain documentation of this specialized training.”

The GEO PREA Director shared the GEO Specialized Medical and Mental Health PREA Training PowerPoint curriculum. This training program was written by the GEO PREA Director in cooperation with the National Commission on Correctional Health Care and the PRC. The medical and mental health staff take this class online. A written exam follows the online training. The LVCC PCM provided the auditor with the roster of all the medical and mental health staff who took the exam and confirmed the staff passed the exam.

Interviews with the three medical and mental health staff, including one contract medical provider confirmed they were very knowledgeable about how to detect the signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to a victim of sexual abuse and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The medical and mental health staff are also very knowledgeable

about the LVCC Zero Tolerance Policy, and all the other areas covered in PREA Basic Training. The medical staff confirmed that a victim of sexual abuse would be sent to the VCU Medical Center for a forensic exam. Because the GEO Medical and Mental Health PREA Specialized Training is so detailed and because the medical and mental health staff are so well trained, LVCC exceeds the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates 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

115.41 (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 inmate's detriment by staff or other inmates? 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*)

GEO policy 5.1.2-A states,
 "D. Screenings

1. Screening for Risk of Victimization and Abusiveness (§115.41/§115.241)
 - a. All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by another Individual in a GEO Facility or Program or being sexually abusive towards another Individual in a GEO Facility or Program.
 - b. This screening shall take place within 24 hours of arrival at all Facilities utilizing an objective screening instrument. Unless mandated by client contract, Facilities shall use the GEO PREA Risk Assessment Tool (see Attachment B) to conduct the initial risk screening assessment.
 - c. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with risk assessment.
 - d. The intake screening shall consider, at a minimum, the following criteria to assess Individuals in a GEO Facility or Program risk for sexual victimization:
 - 1) Mental, physical or developmental disability;
 - 2) Age;
 - 3) Physical build;
 - 4) Previous incarceration;

- 5) If criminal history is exclusively nonviolent;
 - 6) Prior convictions for sex offenses against an adult or child;
 - 7) If perceived to be LGBTI or Gender Nonconforming;
 - 8) If previously experienced sexual victimization;
 - 9) His/her own perception of vulnerability; and,
 - 10) U.S. Corrections and Detention Facilities shall also assess whether he or she is detained solely for civil immigration purposes.
- e. The intake screening shall also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the Facility, in assessing the risk of being sexually abusive.
- f. Facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the Facility, staff shall reassess the Individual's in a GEO Facility or Program risk for victimization or abusiveness based upon any additional, relevant information received by the Facility since the intake screening. Unless mandated by client contract, Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (see Attachment C) to conduct the reassessment.
- g. Disciplining Individuals in a GEO Facility or Program for refusing to answer or not providing complete information in response to certain screening questions is prohibited.
- h. Facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Individuals in a GEO Facility or Program.
- i. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions.
- j. At any point after the initial intake screening, an Individual in a GEO Facility or Program may be reassessed for risk of victimization or abusiveness."

LVCC policy 17.003 states,

"Screening for Risk of Victimization and Abusiveness (§115.41)

- a. All offenders at LVCC shall be assessed during intake and upon transfer by designated counselor for their risk of being sexually abused by another offender in a VADOC/GEO facility or being sexually abusive towards another offender in a VADOC/GEO facility.
- b. This screening shall take place within 24 hours of arrival at LVCC utilizing the classification assessment in VACORIS. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with risk assessment.
- c. The intake screening shall consider, at a minimum, the following criteria to assess offenders at LVCC risk for sexual victimization:
 - 1) Mental, physical or developmental disability
 - 2) Age
 - 3) Physical build
 - 4) Previous incarceration
 - 5) If criminal history is exclusively nonviolent
 - 6) Prior convictions for sex offenses against an adult or child
 - 7) If perceived to be LGBTI or gender nonconforming
 - 8) If previously experienced sexual victimization
 - 9) His own perception of vulnerability

- d. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the offender's risk of being sexually abusive.
- e. LVCC shall ensure that within a set time period, not to exceed 30 days from at the facility, counselors shall reassess the offender's risk for victimization or abusiveness since arrival based upon any additional, relevant information received by the facility since the initial classification screening.
- f. Disciplining offenders at LVCC for refusing to answer or not providing complete information in response to certain screening questions is prohibited.
- g. LVCC shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or any other offenders.
- h. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing, security and management decisions.
- i. At any point after the initial classification screening, an offender may be reassessed for risk of victimization or abusiveness.
- j. Offenders who are victims of sexual abuse have the option to report the incident to mental health or medical personnel, rather than to an immediate point-of-contact line officer, through a declaration of a psychological or medical emergency, by point-of-contact line officer or by the offender himself. This option is communicated to all staff through annual In-Service Training. (4-4281-7)
- k. LVCC is not designated by the client to house offenders below the age of 18 years."

The offenders interviewed by the auditor all said they were given the assessment at intake or with 24 hours of admission. While a few said they could not remember if they were reassessed within 30 days the majority of the offenders told the auditor all offenders are reassessed or asked PREA questions during their annual reviews. The offenders confirmed that the questions covered in the standard were asked during the assessment.

The auditor interviewed a case manage supervisor who performs screenings for risk of victimization and abusiveness. The supervisor told the auditor that LVCC receives intakes on Mondays and Wednesdays in the afternoon. On a typical day, LVCC will receive 8 to 12 new admissions. The supervisor said the assessment is done within 24 to 72 hours of admission on a computer using the DOC CORIS system. He confirmed that all the questions in the standard are addressed in CORIS. If there is a history of sexual abuse/victimization, the offender is referred to a psychologist. Reassessments are done by the counselors on the inmate housing units. The supervisor said a reassessment would be done if new information became available that had an impact on the offender's vulnerability or if there was an allegation of sexual abuse or sexual harassment. An assessment would be completed on the abuser, if the person was known. The supervisor said the people who have access to the offender's PREA risk assessment would be the housing counselor, medical and mental health staff, the job coordinator, and the LVCC administrative staff.

The auditor reviewed 17 offender files and found the original assessments were all documented. As previously mentioned, two of the hard copies of the reassessments, of the 17 files reviewed, were not in the files, but are on CORIS.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's

health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate'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

115.42 (f)

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

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)
 - 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*)

GEO policy 5.1.2, states,

“3. Use of Screening Information (§115.42/§115.242)

- a. Screening information from standard Section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the “at risk” log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined “unfounded”, the victim may be removed from the “at risk” log.
- b. PREA Compliance Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location.
- c. In making housing and programming assignments for Transgender or Intersex Individuals in a GEO Facility or Program, the Facility shall consider on a case-by-case basis whether the placement would present management or security problems.”

The policy continues,

- “e. In all Facilities, housing and programming assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual’s own views with respect to his/her own safety. Unless mandated by client contract, Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (see Attachment C) to conduct the reassessment.
- f. LGBTI Individuals in a GEO Facility or Program shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such individuals.
- g. Transgender and Intersex Individuals in a GEO Facility or Program shall be given an opportunity to shower separately from other individuals.”

LVCC policy 17.003 states,

Use of Screening Information (§115.42)

- “a. PREA risk screenings conducted during intake through VACORIS by designated counselors, shall be used to determine housing, bed, work, education, and programming assignments within LVCC in order to keep potential victims away from potential abusers. Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log...

c. PREA Compliance Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. d. In making housing and programming assignments for Transgender or Intersex offenders, the Facility shall consider on a case-by-case basis whether the placement would present management or security problems...

f. Housing and programming assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual's own views with respect to his/her own safety. Unless mandated by client contract, Facilities shall use the VA DOC PREA Vulnerability Reassessment Questionnaire (see Attachment C) to conduct the reassessment.

f. (sic) LGBTI offenders shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such individuals.

g. Transgender and Intersex offenders shall be given an opportunity to shower separately from other individuals."

The auditor interviewed the two transgender female offenders in the facility. The offenders told the auditor that their programming and placement are reviewed every six months, at a minimum, and that counselors and other staff frequently ask how they are doing. The offenders told the auditor that all showers are private, but if they asked to shower elsewhere, they know they could make that request. The offenders said they have no problems with the other inmates. One offender said some staff had difficulty with him, but over time got better. The other offender said some staff are excellent, when it comes to working with him, while others are inconsistent, but the "culture in general is favorable to him."

The auditor also interviewed three offenders who identified as gay. All three offenders said there is no separate housing for gay, transgender, bisexual, or intersex inmates. One offender said the classification staff try to match you with someone who will be compatible, and that staff treat gay offenders respectfully. He said the other offenders generally ignore the gay inmates. The second offender said gay offenders are not mistreated by staff or other offenders. The third offender said staff can use more training in LGBTI understanding and that the facility could do a better job of housing gay offenders. The three offenders estimated that there are between 10 and 14 gay offenders in LVCC.

The Records Manager showed the auditor the Classification Board she has in her office that she uses when making an assignment of an offender to a specific housing unit. Every offender is shown by housing unit. The name of any offender who is classified as "vulnerable" or a "victim" is on a yellow tab. An offender who has been identified as an "aggressor" or "abusers" has an orange name tab.

During the Entrance Meeting the auditor was given a list of the offenders in the targeted categories. During the random and targeted interviews with offenders the auditor identified more offenders who self-identified as gay than were on the list provided to him. The auditor informed the GEO PREA Director and the LVCC Warden and PCM that the facility did not meet Standard 115.342 (a) because the list of gay offenders was not current. In April, LVCC provided written documentation to the GEO PREA Director that LVCC is now running an LGBTI report bi-weekly titled the LGBTI Tracking Log. This Log lists offenders who self-identify as gay, bisexual, transgender, or intersex, and the housing units where the offenders are assigned to document there is not a dedicated unit or pod. The GEO PREA Director sent this report to the auditor in April.

The auditor finds the facility meets the standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? 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*)

GEO policy 5.1.2 states,

"K. Housing and Youthful Inmates

1. Protective Custody (§115.43)

- a. Involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the Individual in a GEO Facility or Program.
- b. If the Facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment.
- c. Facilities shall utilize the "Sexual Assault/Abuse Available Alternatives Assessment" (see Attachment G) form to document the assessment. All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion.
- d. If segregated housing is used, the individual shall have all possible access to programs and services for which he/she is otherwise eligible, and the Facility shall document and justify any restrictions imposed.
- e. Involuntary segregated housing shall not ordinarily exceed a period of 30 days.
- f. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the Facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed."

LVCC policy 17.003 states,

"Housing and Youthful Inmates

Protective Custody (§115.43)

- a. LVCC is not designated by the client to house offenders below the age of 18 years.

- b. Involuntary restrictive housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the offender. If LVCC cannot conduct such assessment immediately, the individual may be placed in involuntary restrictive housing for no more than 24 hours while completing the assessment.
- c. LVCC shall utilize the "Sexual Assault/Abuse Available Alternatives Assessment Form" to document the assessment. All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion.
- d. If restrictive housing is used, the victim shall have all possible access to programs and services for which he/she is otherwise eligible and shall document and justify any restrictions imposed.
- e. Involuntary restrictive housing shall not ordinarily exceed a period of 30 days.
- f. In cases where involuntary restrictive housing is needed for longer than the initial 30 days, LVCC shall review the status every 30 days to determine if ongoing involuntary restrictive housing is needed.
- g. Any use of restrictive housing to protect an offender who is alleged to have suffered Sexual Abuse shall be subject to the requirements of this section."

During the on-site audit, there were no offenders in involuntary restrictive housing as the result of a sexual abuse or sexual harassment allegation.

The auditor interviewed the Unit Manager (UM) of the Restrictive Housing Unit (RHU). The UM told the auditor that if an offender is placed in involuntary restrictive housing, he will continue to have access to programs, privileges, education, work opportunities. The UM said these individuals are not on detention status in restrictive housing. If for some reason access to programs, privileges, education, and work opportunities are restricted, the UM said it would be documented. An offender who is a victim of sexual abuse or sexual harassment or is at risk of sexual abuse or sexual harassment, would remain in restrictive housing until a safe alternative is identified. The UM said the amount of time the person would spend in restrictive housing would depend on the progress of the investigation and the offender's own perception of his safety in the general population. Ordinarily, this period would not exceed 30-days. The UM said an offender who is at risk of being sexually abused or sexually harassed and placed in restrictive housing would be reviewed every 30-days to determine the need for continued separation from the general population.

The UM told the auditor that if an offender was a victim of sexual abuse or sexual harassment, or at risk of being sexually abused or sexually harassed, he would probably be moved to the medical unit/infirmary for housing. The UM said an offender can request that he be placed in restrictive housing for protection.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? 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*)

GEO policy 5.1.2 states,

"L. Reporting of Sexual Abuse

1. Reporting Options for Individuals in a GEO Facility or Program (§115.51/§115.251)

- a. Each Facility shall provide multiple ways for Individuals in a GEO Facility or Program to privately report Sexual Abuse and Sexual Harassment, retaliation by other Individuals in a GEO Facility or Program or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.
- b. Facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security.
- c. Facilities shall provide Individuals in a GEO Facility of Program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e. contracting agency ICE, USMS, BOP, etc.) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.
- d. Facilities shall provide Individuals in a GEO Facility or Program contact information on how to report Sexual Abuse incidents to the Facility PREA Compliance Manager.
- e. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports."

LVCC policy 17.003 states,

"Reporting Options for Offenders at LVCC (§115.51)

1. Offender Responsibilities: 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 (5-30-4281-7). An offender may report such incidents to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline Number #55, or in writing using an Offender Request or Informal Complaint (§115.51 [a])
2. An offender who is sexually assaulted shall immediately notify staff that a sexual assault has occurred. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. (§115.51 [c])
3. Offenders who observe, are involved in, or have any knowledge or suspicion of a sexual assault or unauthorized relationship shall immediately notify staff.
4. LVCC shall also provide at least one way for offenders to report sexual abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. (§115.51 [b])"

In the 41 interviews the auditor had with random and targeted offenders, every offender said he could report an allegation of sexual abuse or sexual harassment or any allegation of retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or any allegation of staff responsibilities that may have contributed to such incidents by calling #55 on any phone in the housing units. Offenders also said they could also report sexual abuse or sexual harassment by, telling any staff member, writing an emergency grievance, writing a request slip, having another offender report for them, writing a letter to the VA DOC, or having a family member, attorney, probation officer, or friend make a third-party report. Several of the offenders said there are signs throughout the facility in English and Spanish that inform offenders how to report any allegations of sexual abuse or sexual harassment.

Under "Employee and GEO Reporting Duties (§115.61)," it states, "Employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or a member of the management team privately if requested (§115.51 [d])." When the auditor interviewed the 12 random staff, five staff had their pocket cards with the GEO PREA Hotline number to call if they wished to privately report an allegation of sexual abuse or sexual harassment. Several staff said they could privately tell the captain or a lieutenant; one staff member said he would write an anonymous note and slip it under the warden's door; and another staff member said he would tell the Human Resources Manager. Some of the staff did not have pocket card with the GEO PREA Hotline number on it and two were not aware there was such a number to privately report a PREA allegation. For this reason, the audit found the facility did not meet the standard.

In April, the PREA Coordinator informed the auditor that new pocket cards, with the number to call to privately report sexual abuse and sexual harassment had been provided to all the staff.

The facility meets the standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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

115.52 (b)

- Does the agency permit inmates 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 an inmate 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

115.52 (c)

- Does the agency ensure that: An inmate 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate 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

GEO policy 5.1.2 states,

"2. Exhaustion of Administrative Remedies (§115.52/§115.252)

a. Facility grievance policies shall include the following procedures regarding Sexual Abuse grievances:

- 1) No time limit on when an Individual in a GEO Facility or Program may submit a grievance regarding an allegation of Sexual Abuse.
- 2) Individuals in a GEO Facility or Program have a right to submit grievances alleging Sexual Abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.
- 3) Third parties (e.g. fellow Individuals in a GEO Facility or Program, Employees, family members, attorneys and outside advocates) may assist Individuals in a GEO Facility or Program in filing requests for administrative remedies relating to allegations of Sexual Abuse and may file such requests on behalf of Individuals in a GEO Facility or Program.
- 4) The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process.
- 5) Individuals in a GEO Facility or Program are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse.

6) A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in a GEO facility or program in preparing any administrative appeal.

7) Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.

8) At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level.

b. Emergency Grievances:

1) Individuals in a GEO Facility or Program may file an emergency grievance if he/she is subject to a substantial risk of imminent Sexual Abuse.

2) After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.

3) An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five (5) calendar days.

c. Individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged Sexual Abuse in bad faith.

d. The PREA Compliance Manager shall receive copies of all grievances related to Sexual Abuse, Sexual Harassment or Sexual Activity, for monitoring purposes."

LVCC policy 12.006 states,

"It is the policy of the Lawrenceville Correction Center to have a grievance procedure that is made available to all offenders as a channel for administrative settlement of a grievance. This procedure includes at least one level of appeal and provides for a written response to all informal and formal grievances. Good faith use of or good faith participation in the grievance process shall not result in reprisal against the offender. The Grievance Coordinator will inform the Warden of any offenders abusing the grievance procedure."

In the first paragraph of the procedures it states,

"Lawrenceville Correctional Center will adhere to the procedures outlined in Virginia O.P. 866.1 (Grievance Procedure). All staff will receive training on the grievance procedure during initial orientation and annual in-service. Lawrenceville Correctional Center Policy 12.006 will provide institution-specific information designating staff responsibilities and institutional process under this procedure. The LVCC Grievance Policy will be provided and available to all staff. Offenders will be orientated on the grievance process within 7 days of arrival. The Virginia O.P. 866.1, Grievance Procedure is available to all offenders in the library." In other words, because the Virginia DOC contracts with GEO to manage and operate LVCC, the facility must follow the DOC Grievance Procedures. The auditor reviewed the Virginia DOC Grievance Procedure and found that it meets the requirements of Standard 115.52

The procedures further state,

"Grievances Regarding Sexual Abuse and Sexual Harassment

The Offender Grievance Procedure is one of multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. See Operating Procedure 038.3, Prison Rape Elimination Act (PREA), for additional reporting information. (§115.51 [a])

Staff shall accept any report of PREA related issues made through the Offender Grievance Procedure and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Administrator or designee and Facility PREA Compliance Manager. (§115.51[b])

An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint. (§115.51 [c])”

The procedures continue,

“Informal Complaints Related to Sexual Abuse or Sexual Harassment

1. An offender is not required to use the informal complaint process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (§115.2[b(3)])
2. Staff shall accept any report of PREA related issues made through an informal complaint and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and Facility PREA Compliance Manager. (§115.51[b])
3. The Facility PREA Compliance Manager shall notify the Regional PREA Analyst and the GEO Corporate PREA Coordinator.”

The procedures state,

“Grievance Criteria

Offenders wishing to initiate a regular grievance shall follow the procedure below:

An offender may request an Offender Grievance Form from the building floor officer, unit manager, or counselor. The offender must attach the original informal complaint behind the Grievance. The offender may use the Lost Property Claim, DOC 11 h (Classification Authority Hearing Form), Return Mail Notice, and Publication Denial Form in the place of an informal complaint when filing a regular grievance. The Grievance Coordinator will review the contents of the grievance and determine whether the complaint meets the criteria to be processed. If the grievance meets the criteria for acceptance, the grievance will be logged into VACORIS. The Grievance Coordinator will have 30 calendar days to respond to the Grievance. A grievance receipt will be issued within two working days from the date of receipt. If the Grievance Coordinator rejects the grievance, the offender can appeal the intake decision to the appropriate Regional Office within five (5) working days.

The offender will have five calendar days of receipt of the grievance forms to appeal the Level I response to the Regional Director, Health Services Director, or Chief of Operations for Offender Management Services.

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

Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing offender grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. (§115.52[e])

Third party filing of a request for administrative remedies relating to allegations of sexual abuse should be submitted through the Facility PREA Compliance Manager.

If a third party files such a request on behalf of an offender, the institution will require as a condition of processing the request that the alleged victim agree to have the request filed on his behalf and will also require the alleged victim to personally pursue any subsequent steps in the grievance process. If the alleged victim declines to have the request processed on his behalf, the institution shall document the offender's decision.

EMERGENCY GRIEVANCES

Receipt of Emergency Grievances - Offenders shall deliver Emergency Grievances to the floor officer or assigned officer. The floor officer shall in turn complete Part C and provide the offender with his receipt. Upon completing and providing the offender a copy of the receipt the floor officer will deliver the emergency grievance to the shift supervisor or unit manager for processing, or in the absence of the shift supervisor or unit manager, the senior correctional officer assigned to that building. Medical related emergency grievances shall be forwarded to the medical department. Medical emergency grievances shall only be answered by medical staff. This person shall determine if the grievance issue subjects the offender to immediate risk of serious personal injury or irreparable harm. This person will review the issue, determine the course of action, and provide an appropriate written response with reason within (8) eight hours of receipt. This person shall also be responsible for ensuring that appropriate remedy action is initiated within the established time limits for emergency grievances determined to be FOUNDED.

Staff shall accept and report of PREA related issues made through an emergency grievance and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Administrator or designee and Facility PREA Compliance Manager. (§115.51 [b]) The Facility PREA Compliance Manager shall notify the Regional PREA Analyst.

After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the employee receiving it shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the administrative duty officer of shift commander to provide the response within 8 hours. (§115.52[f(2)]) 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.

Disciplinary Action:

Disciplinary charges may be brought against an offender for filing a grievance related to alleged sexual abuse only where the institution demonstrates that the offender filed the grievance in bad faith. (§115.52[g])”

The LVCC Offender Handbook describes the Regular Grievance Procedure, the PREA grievance procedure, and the Emergency Grievance Procedure, and informs the offenders that the DOC and LVCC policies and procedures are available for offender review in the Offender Library.

All of the offenders interviewed by the auditor confirmed they are knowledgeable of the grievance procedures and how PREA allegations can be reported through the grievance procedure.

Prior to the on-site audit, the PCM sent the auditor four grievances that alleged staff-on-resident sexual abuse or sexual harassment allegations. One was substantiated and the others were unsubstantiated or unfounded. The length of the investigation of the substantiated allegation lasted nearly 120 days, but the other grievances were completed in less than 90 days.

During the audit, the auditor reviewed grievances that had been filed in the previous 12 months. The auditor found two grievances that were reported as sexual harassment. These incidents were not on the PREA investigation log. Following the audit, the facility sent the auditor the two investigations. In one incident the offender had a verbal altercation with the nurse in which the offender made very inappropriate remarks of a sexual nature to the nurse. The contract nurse replied with an equally inappropriate remark, also of a sexual nature. The offender filed an informal grievance. The matter was forwarded to a facility investigator. Near the conclusion of the investigation, the contract nurse's services were ended. While the grievance was thoroughly investigated and upheld, the investigator did not feel the allegation met the criteria of a PREA allegation.

In the second case an offender made 8 calls to the DOC Hotline in one 24-hour period. The offender alleged that he had been the victim of torture with a mind control device while at a GEO facility in New Mexico. During the investigation that followed, the offender told the investigator that he had no PREA complaint at LVCC but felt he was sexually harassed by a correctional officer at another DOC facility. That information was sent to the other DOC facility as per LVCC procedures. The offender also said he did not like the correctional officers looking in his cell. The offender asked the investigator if he could see someone from mental health. He was seen by a psychiatrist the same day. The investigation was closed.

The auditor found LVCC grievance procedures met the requirements of the standards, that offenders were very familiar with the grievance procedures, and that PREA grievances are thoroughly investigated.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, 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

115.53 (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 inmates 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

GEO policy 5.1.2 states,

"8. Access to Outside Confidential Support Services (§115.53/§115.253)

- a. Facilities shall provide Individuals in a GEO Facility or Program who allege Sexual Abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (This may be done by providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.).
- b. Facilities shall enable reasonable communication between Individuals in a GEO Facility or Program and these organizations as well as inform Individuals in a GEO Facility or Program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- c. Facilities are required to maintain or attempt to enter into agreements with community service providers to provide Individuals in a GEO Facility or Program with confidential emotional support services related to the Sexual Abuse while in custody.
- d. Facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements."

In regard to providing offenders access to outside confidential support services, LVCC operates under Virginia DOC policy 038.3, which states,

"c. Offender access to outside confidential support services

- i. Offenders may contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for contact information for access to outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. (§115.53[a], §115.253[a])

- ii. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (§115.53[b], §115.253[b])
- iii. The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA Coordinator. (§115.53[c], §115.253[c])”

The Virginia DOC contracts with the Virginia Sexual and Domestic Violence Action Alliance, also known as “Action Alliance,” to provide offenders with access to outside victim advocates for emotional support services related to sexual abuse. Offenders may also report allegations of sexual abuse or sexual harassment to Action Alliance. The contract also states that Action Alliance will seek to link a DOC sexual abuse victim with a trained advocate who will accompany the victim to forensic exams, investigation interviews, and any follow-up visits that may be required. The auditor reviewed the contract. The auditor is very aware of the work done by Action Alliance to help victims of sexual abuse and domestic violence. The staff and volunteers of Action Alliance are very well trained on PREA.

Prior to the on-site audit, the auditor called Action Alliance and inquired about calls that agency had received from LVCC. The agency reported they had received 30 calls from LVCC over the previous two years. The auditor also called JDI who reported they had received one call from LVCC.

Signs are posted throughout the facility that inform offenders how they can contact Action Alliance by phone or mail. Offenders can call #55 and select the option for Action Alliance. The Action Alliance post office box address is also on the posters.

Not all offenders the auditor interviewed were aware of “Action Alliance” by name, but all were aware of the posters that say how they can report an allegation or call for emotional support.

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? 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

GEO policy 5.1.2-A states,

“3. Third-Party Reporting (§115.54/§115.254) GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of Sexual Abuse and Sexual Harassment on behalf of Individuals in a GEO Facility or Program.”

LVCC policy 17.003 states,

“Third-Party Reporting (§1 15.54)

GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of sexual abuse and sexual harassment on behalf of Offenders.

The Virginia Department of Corrections public web site provides contact information on how to report sexual abuse and sexual harassment on behalf of an offender. (§115.54)”

The auditor reviewed both the GEO Web site and the Virginia DOC Web site. Both Web sites gave specific instructions as to how anyone with information can report an allegation of sexual abuse or sexual harassment. Phone numbers, mailing addresses, and email addresses are listed. Individuals can also report an allegation electronically by completing the form on the Web site. The auditor found the process to be user friendly.

Signs are posted throughout the facility informing people how they can make third-party reports.

Interviews with offenders confirmed they were aware of the third-party reporting process.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (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 inmates 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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does 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

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (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

115.61 (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

GEO policy 5.1.2-A states,

"4. Employee and GEO Reporting Duties (§115.61/§115.261)

Employees are required to immediately report any of the following:

- 1) Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a Facility whether or not it is a GEO Facility;
- 2) Retaliation against Individuals in a GEO Facility or Program or Employees who reported such an incident; and,
- 3) Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

a. Apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone.

b. Employees reporting Sexual Abuse or Sexual Harassment shall be afforded the opportunity to report such information to the Chief of Security or Facility management privately if requested.

- c. Unless precluded by federal, state or local law, Medical and Mental Health Practitioners are required to report allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated state or local services Agencies under applicable mandatory reporting laws.
- d. Practitioners shall inform Individuals in a GEO Facility or Program of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
- e. Facilities shall report all allegations of Sexual Abuse and Sexual Harassment, including third-party and anonymous reports, to the Facility's designated investigators or outside agency responsible for investigating these type incidents."

LVCC policy 17.003 states,

"Reporting of Sexual Abuse or Sexual Harassment

Reports of sexual abuse are confidential and information, including but not limited to the identity of the victim, the identity of the person reporting the sexual abuse and the identity of the alleged perpetrator, is only to be shared with essential employees involved in the reporting, investigation, discipline and treatment process, or as otherwise required by law. All records associated with claims of sexual abuse shall be documented and retained in accordance with VADOC and GEO Records Retention policy. (5-3D-4281-8)

Employee and GEO Reporting Duties (§115.61)

- a. Employees are required to immediately report any of the following to their supervisor or department official:
 - i. Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility;
 - ii. Retaliation against individuals or employees who reported such an incident; and,
 - iii. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- b. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone.
- c. Employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or a member of the management team privately if requested (§115.51 [d]).
- d. Practitioners shall inform offenders of their mandated reporting duties, and the limitations of confidentiality, at the initiation of services.
- e. All allegations of sexual abuse and sexual harassment including third-party and anonymous reports, will be reported to the facility investigator or outside agency responsible for investigating these type incidents. These referrals will be documented and kept in accordance with VADOC and GEO records retention policies.
- f. 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. (§115.51 [c])

Contractor/Volunteer Reporting Duties (§115.61)

- a. Contractors and Volunteers are required to immediately report any of the following:
 - 1) Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a Facility whether or not it is a GEO Facility;
 - 2) Retaliation against offenders or Employees who reported such an incident; and
 - 3) Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

b. Apart from reporting to designated supervisors or officials; Volunteers shall not reveal any information related to a Sexual Abuse report to anyone.”

All random and specialized staff interviewed by the auditor clearly understood their duty and responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in LVCC, retaliation against an offender or staff member who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The medical and mental health staff confirmed their understanding that they are mandatory reporters. The medical and mental health staff also stated they inform offenders of the practitioner’s duty to report and the limitations of confidentiality, at the onset of services.

All the staff understand that allegations of sexual abuse are to be treated confidentially and they are to be revealed only to those designated by GEO or DOC policies.

The Warden reported to the auditor that LVCC has not had any PREA cases involving vulnerable persons which required mandatory reporting to state entities.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? 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

GEO policy 5.1.2-A states,

“M. Actions Required After Report of Sexual Abuse

1. Facility Protection Duties (§115.62/§115.262)

- a. When a Facility learns that an Individual in a GEO Facility or Program is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of Sexually Abusive Behavior and Sexual Harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e. “third party”) are credible and respond accordingly.”

LVCC policy 17.003 states,
"Facility Protection Duties (§115.62)

- a. When the facility learns that an offender is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly."

During the interviews, the random staff described exactly how they would respond to a substantial risk of imminent sexual abuse to an offender and the immediate steps and actions the staff member would take to protect the alleged possible victim, including immediately separating the offender from the threat.

The Warden told the auditor if an offender was subject to a substantial risk for sexual abuse the threat would be taken very seriously and a multi-disciplinary approach would be taken that would involve the administration, the security staff, the mental health staff, the medical staff, and others as needed.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate 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

115.63 (b)

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

115.63 (c)

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

115.63 (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

GEO policy 5.1.2-A states,

"5. Reporting to Other Confinement Facilities (§115.63/§115.263)

- a. In the event that an Individual in a GEO Facility or Program alleges that Sexual Abuse occurred while confined at another Facility, the Facility shall document those allegations and the Facility Administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
- b. The Facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA Compliance Manager and Corporate PREA Coordinator.
- c. Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards."

LVCC policy 17.003 states,

"Reporting to Other Confinement Facilities (§115.63)

- a. In the event that an offender alleges that sexual abuse occurred while confined at another facility, LVCC shall document those allegations and the Facility Administrator or Assistant Facility Administrator (in the absence of the Facility Administrator) where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
- b. LVCC shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA Compliance Manager and Corporate PREA Coordinator.
- c. Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards.

The Warden, the PCM, and the investigator said if they received an allegation from an offender that he had been sexually abused at another correctional facility, the Warden would call the warden of the other facility and make him/her aware of the allegation and ask that warden to begin an investigation. The LVCC Warden would then follow-up the phone with an email to confirm the discussion. The Warden said he would also ask the other warden for a copy of the final investigation report.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

115.64 (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

"GEO policy 5.1.2-A states,

2. Staff First Responder Duties (§115.64/§115.264)

Upon receipt of a report that an Individual in a GEO Facility or Program was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall:

- Separate the alleged victim and abuser.
- Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff.
- It is important that all contact with the alleged victim be sensitive, supportive, and non-judgmental.
- Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident."

LVCC policy 17.003 states,

"Staff First Responder Duties (§115.64)

Upon receipt of a report that an offender was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall:

- a. Separate the alleged victim and abuser.
- b. Immediately notify the Duty Officer or Warden and remain on the scene until relieved by responding personnel.
- c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- d. Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- e. If the first responder is not a security staff member, the responder request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.
- f. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident."

All of the security staff the auditor interview described in detail their duties as first responders and the steps they would take to immediately separate the victim from the abuser, preserve and protect the evidence at the crime scene, and ensure the victim and the abuser do not take any actions that could destroy physical evidence (no showers, changing clothing, using the toilet, brushing teeth, eating, drinking or smoking).

When the auditor interviewed a non-security staff member (a teacher) the person could not describe the steps she would take if an offender reported an allegation of sexual abuse to her. The auditor found LVCC did not meet the standard. At the Exit Meeting the auditor discussed the needed corrective action with the GEO PREA Director and the administrative team. The PREA Director said that all staff would be given refresher training beginning as soon as possible after the audit. In April, the PREA Director provided the auditor with the training rosters of all the staff who had participated in the First Responder Duties refresher training. Security and non-security staff participated in the training, including the teacher the auditor had interviewed. LVCC meets the standard.

Standard 115.65: Coordinated response

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

115.65 (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

"GEO policy 5.1.2-A states,

4. Coordinated Response (§115.65/§115.265)

a. Each Facility shall develop written Facility plans to coordinate the actions taken in response to incidents of Sexual Abuse.

b. The plans shall coordinate actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership.

c. The local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response.

LVCC policy 17.003 states,

"Coordinated Response (§115.65)

a. LVCC will develop written plans to coordinate the actions taken in response to incidents of sexual abuse.

b. The plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership.

c. The local PREA Compliance Manager shall be a required participant, the Corporate PREA Coordinator, and the VADOC PREA Analyst may be consulted as part of this coordinated response.

The PCM provided the Coordinated Response Plan to the auditor prior to the audit. The auditor reviewed the plan and found the plan to be very comprehensive in scope and detail. The facility also has a PREA Incident Checklist for Incidents of Sexual Abuse and Harassment that includes names and phone numbers of essential people who must be notified.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (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

No collective bargaining unit exists at Lawrenceville Correctional Center. Public employee collective bargaining is not allowed under the law.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (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

"GEO policy 5.1.2-A states,

2. Protection Against Retaliation (§115.67/§115.267)

- a. Facilities shall implement procedures to protect Individuals in a GEO Facility or Program and Employees who report Sexual Abuse or Sexual Harassment or cooperate with investigations, from retaliation by other Individuals in a GEO Facility or Program or Employees.
- b. The Facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of Individuals in a GEO Facility or Program.
- c. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations.
- d. A Mental Health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist.
- e. Any issues discussed shall be noted on the "Protection from Retaliation Log" (see Attachment H), to include corrective actions taken to address the issue.
- f. For at least 90 days following a report of Sexual Abuse, the Facility shall monitor the conduct and treatment of Individuals in a GEO Facility or Program who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Individuals in a GEO Facility or Program or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.
- g. Items to be monitored for Individuals in a GEO Facility or Program include disciplinary reports and housing or program changes.
- h. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the Facility Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.
- i. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation.
- j. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log (see Attachment I)", to include corrective actions taken to address the issue.
- k. Items to be monitored for Employees include negative performance reviews and Employee reassignments.
- l. If any other individual expresses a fear of retaliation, the Facility shall take appropriate measures to protect that individual as well. m. Completed Monitoring Logs shall be retained in the investigative file of the corresponding PREA incident.

LVCC policy 17.003 states,

"Protection Against Retaliation (§115.67)

- a. LVCC shall implement procedures to protect offenders and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other offenders or employees.
- b. The PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of offenders.

- c. LVCC shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- d. A Mental Health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist.
- e. Any issues discussed shall be noted on the "Protection from Retaliation Log, to include corrective actions taken to address the issue. Completed Logs shall be retained in the investigative file of the corresponding PREA incident.
- f. For at least 90 days following a report of sexual abuse, LVCC shall monitor the conduct and treatment of offenders or employees who reported the sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.
- g. Items to be monitored for offenders include disciplinary reports and housing or program changes.
- h. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the Facility Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.
- i. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation.
- j. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log (see Attachment I)", to include corrective actions taken to address the issue.
- k. Items to be monitored for Employees include negative performance reviews and Employee reassignments.
- l. If any other individual expresses a fear of retaliation, the Facility shall take appropriate measures to protect that individual as well.
- m. Completed Monitoring Logs shall be retained in the investigative file of the corresponding PREA incident."

The PCM is the designated staff member charged with monitoring retaliation. The PCM said he initiates the contact with the offender and/or the staff member who made the sexual abuse or sexual harassment allegation or was a witness to the incident and begins a monitoring log to document his contacts. The PCM said he would monitor any housing changes, removal of alleged abuser from contact with the victim, "charge history," and the provision of emotional support services offenders who fear retaliation for reporting sexual abuse or sexual harassment. He would also monitor the victim's work assignments and participation in other programs. The PCM said he would have a weekly contact with the victim. Monitoring would continue for a minimum of 90 days, unless the allegation was determined to be "Unfounded."

With regard to monitoring staff, the PCM said he would monitor for any changes in shift assignments, post, assignments, or disciplinary issues. He also said he and the Human Resources Manager would refer the employee to the Employee Assistance Program, for emotional support, if indicated.

The PCM said he would also keep the executive team informed of any staff or offenders who are being monitored for retaliation.

In reviewing the 13 investigations, the auditor confirmed that the monitoring logs were in the investigation files. Some of the investigations that were determined to be “unfounded” did not have a log in the file.

When the auditor interviewed the five targeted offenders who had reported a sexual abuse, the offenders confirmed that they had been, or were continuing to be, monitored by the PCM.

The Warden told the auditor that if there was any mention of staff retaliation, he would begin an immediate investigation. If the individual doing the retaliation was known, the Warden said he would take disciplinary action against the person.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? 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

GEO policy 5.1.2-A states,

“6. Post-allegation Protective Custody (§115.68)

Any use of segregated housing to protect an Individual in a GEO Facility or Program who is alleged to have suffered Sexual Abuse shall be subject to the requirements of Section K (1) Protective Custody.”

LVCC policy 17.003 states,

“Post-allegation Protective Custody (§115.68) Any use of segregated housing to protect an offender who is alleged to have suffered Sexual Abuse shall be subject to the requirements of the Protective Custody section above.”

The Warden and the PCM confirmed that if a sexual abuse victim had to be placed in the RHU for his protection, it would be done with all the requirements of standard 115.43, and GEO policy 5.1.2-A and LVCC policy 17.003 regarding such placement be strictly followed.

There were no offenders who had suffered sexual abuse in the RHU for protection during the audit. The Warden provided the auditor a written statement that said, “Lawrenceville Correctional Center has

not placed any offenders who have alleged to have suffered sexual abuse in involuntary restrictive housing pursuant to reporting a PREA allegation.”

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (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

115.71 (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

115.71 (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 inmate or staff? Yes No

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

115.71 (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

115.71 (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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(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

GEO policy 5.1.2 – E states,

"B. Investigations

1. Criminal and Administrative Agency Investigations (§115.71/115.2711115.371)
 - a. An administrative or criminal investigation shall be completed for all allegations of Sexual Abuse and Sexual Harassment at GEO Facilities.
 - b. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of Sexual Abuse and Sexual Harassment.
 - c. Specific procedures not listed in this policy which are required by contractual obligations shall be followed.
 - d. When the facility conducts its own investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. GEO shall use investigators who have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In Juvenile Facilities, specialized training shall include techniques for interviewing juvenile sexual abuse victims.
 - e. Where the facility does not conduct Sexual Abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall request documentation from the agency that it has provided such training to its investigators who conduct such investigations. Training documentation shall be kept on file at the facility.
 - f. When outside agencies investigate Sexual Abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the Corporate PREA Director for review and closure.
 - g. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Individual in a GEO Facility or Program or staff.
 - h. No agency shall require an Individual in a GEO Facility or Program who alleges Sexual Abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
 - i. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
 - j. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

2. Investigative Reports

- a. An investigative report shall be written for all investigations of allegations of Sexual Abuse and Sexual Harassment. Facilities shall utilize the investigative report template (See attachment A) for all PREA investigations unless another format is required by the contracting agency.
- b. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator.
- c. Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- d. Evidentiary standard for administrative investigations (§115.72/§115.272). Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Harassment are Substantiated.
- e. Investigative reports shall include attached copies of all documentary evidence where feasible.
- f. All investigations shall be logged and tracked upon receipt of notification.
- g. At the conclusion of every investigation of Sexual Abuse, the written results shall be reviewed by the Facility Administrator and promptly forwarded to the Corporate PREA Coordinator for review.
- h. Due to their confidential nature, all Sexual Abuse and Sexual Harassment investigative files shall be retained in a secure location with restricted access as designated by the Facility Administrator.
- i. GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.
- j. Because of the very sensitive nature of information about victims and their medical condition, including infectious disease testing, staff must be particularly vigilant about maintaining confidentiality and releasing information only for legitimate need-to-know reasons."

The policy adds, "When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

LVCC policy 17.003 states,

"Criminal and Administrative Agency Investigations (§115. 711)

(§115.22) LVCC shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. These referrals will be documented and retained in accordance with VADOC and GEO records retention policies.

An investigation will be conducted and documented whenever a sexual assault or threat is reported. (5-3D-4281-3) Victims of sexual assaults are referred, under appropriate security provisions, to a community facility for treatment and gathering of evidence. (56C-4406)

- a. An administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment at Lawrenceville Correctional Facility (§115.22[a], §115.71[k]). Initial investigations may be conducted by the facility investigator. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence with attached copies of all documents where feasible.
- b. The Warden and VADOC PR
- c. When LVCC conducts investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators will have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (§115.34). LVCC shall maintain documentation of this specialized training.
- d. Where the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the Corporate PREA Director for review and closure.
- e. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- f. Evidentiary standard for administrative investigations (§115.72). LVCC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.
- g. Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- h. Investigative reports shall include attached copies of all documentary evidence where feasible.
- i. All investigations shall be logged and tracked upon receipt of notification.
- J. At the conclusion of every investigation of Sexual Abuse, the written results shall be reviewed by the Facility Administrator and promptly forwarded to the Corporate PREA Coordinator for review.
- k. Due to their confidential nature, all Sexual Abuse and Sexual Harassment investigative files shall be retained in a secure location with restricted access as designated by the Facility Administrator.
- l. GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.

- m. Because of the very sensitive nature of information about victims and their medical condition, including infectious disease testing, staff must be particularly vigilant about maintaining confidentiality and releasing information only for legitimate need-to-know reasons.
- n. LVCC shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- o. The Special Investigations Unit (SIU) may, if referred, conduct investigations into criminal behavior, procedural or administrative violations, or employee misconduct affecting the operations of LVCC. The Chief of the Special Investigations Unit or a designee shall review the nature of the allegations received to determine if involvement is necessary.
- p. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
- q. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as individual.
- r. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- s. In the event of facility transfers, if the transfer location is known, the Warden shall notify the receiving Warden (in writing) of the ongoing investigation. The written notification shall be retained in the investigative file.
- t. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. When the quality of evidence appears to support criminal prosecution, LVC shall conduct compelled interviews only after consulting with prosecutors."

The investigator informed the auditor that all the LVCC investigators have had the GEO PREA Investigator Training. The auditor reviewed the Investigator Training curriculum and found it to be very comprehensive. Documentation was provided to the auditor that confirmed the investigators had received the training.

The investigator said that a PREA investigation would begin as soon as the allegation of sexual abuse or sexual harassment was received, and the victim was separated from the abuser and in a safe place. If necessary, the victim would be sent to the medical office for evaluation and treatment. The investigation would begin by interviewing the victim to understand the nature of the allegation. The investigator would then review any video recordings, examine log books and interview any possible witnesses. The investigator would also be requesting the institutional histories of the victim and the abuser. The investigator would also be responsible for gathering direct and circumstantial evidence in the investigation of an incident of sexual abuse. If the initial information and evidence points to a prosecutable crime, the VA DOC Special Investigations Unit (SIU) would lead the investigation and handle the criminal investigation and work with the Commonwealth's Attorney. The SIU and the County Commonwealth's Attorney would decide if there was sufficient evidence to move forward with prosecution. The investigator said the investigation would continue even if a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. The investigation would also continue even if the alleged abuser left the facility prior to a completed investigation. The investigator said LVCC would never require an inmate-victim to submit to a polygraph exam or other truth-telling device as a condition for proceeding with an investigation. The investigator said the credibility of an alleged victim, suspect, or witness would be judged on an individual basis and taken at face value. Each case is investigated objectively.

As previously stated, the auditor selected for review 13 PREA Investigation Reports of the 30 that were conducted in 2018.

Of the 13 reports reviewed, five alleged inmate-on-inmate sexual harassment, two alleged inmate-on-inmate sexual abuse, three staff-on-inmate sexual harassment, and three staff-on-inmate sexual abuse. One of the inmate-on-inmate sexual harassment allegations was unsubstantiated and four were unfounded. The two inmate-on-inmate sexual abuse allegations were unfounded. One of the staff-on-inmate sexual harassment allegations was unsubstantiated and two were unfounded. The three allegations of staff-on-inmate sexual abuse were still under investigation. In two of the investigations the offenders were informed of the outcome. In one investigation the auditor did not see documentation of notification. In four cases the offenders were transferred before the investigation was completed. Four of the investigations were unfounded (one of the offenders was informed of the outcome and was also counted as one of the two informed). Three investigations were on-going. The auditor found that the investigations were thorough, objective and completed in a reasonable period of time. Because of the number of parties involved in some investigations, it can take longer to complete the investigation.

The investigator told the auditor that in every investigation, the investigator also determines whether staff actions or failures to act contributed to the abuse. The administrative findings are also documented in a report. All criminal investigations are documented in written reports and include a description of the physical, testimonial, and documentary evidence gathered.

Written reports are maintained for a minimum of five years after the abuser's incarceration has ended. PREA investigations are maintained in a secure room in locked file cabinets.

The Virginia DOC SIU is a fully certified law enforcement unit whose investigators have arrest powers. The investigator said LVCC has an excellent working relationship with the SIU and fully cooperates in all investigations.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (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

GEO policy 5.1.2-E states,

"Evidentiary standard for administrative investigations (§115.72/§115.272). Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Harassment are Substantiated."

LVCC policy 17.003 states,

"f. Evidentiary standard for administrative investigations (§1 15. 72). L VCC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated."

When the auditor interviewed the investigator, the investigator confirmed that the standard of evidence he would require to substantiate an allegation of sexual abuse or sexual harassment would be no higher than a preponderance of the evidence.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No

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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

115.73 (e)

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

115.73 (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

GEO policy 5.1.2-E states,

"K. Reporting to Individuals in a GEO Facility or Program (§115.73/§115.273/§115.373)

1. At the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded.
2. If the alleged abuser was an Employee, the victim shall also be informed whenever:
 - a) The Employee is no longer posted within the victim's housing unit/area.
 - b) The Employee is no longer employed at the facility;
 - c) The facility learns that the Employee has been indicted on a charge related to the Sexual Abuse within the facility; or,
 - d) The facility learns that the Employee has been convicted on a charge related to Sexual Abuse within the facility.
3. If the alleged abuser was another Individual in a GEO Facility or Program, the victim shall also be informed whenever:
 - a) The facility learns that the alleged abuser has been indicted on a charge related to Sexual Abuse within the facility; or,
 - b) The facility learns that the alleged abuser has been convicted on a charge related to Sexual Abuse within the facility. Note: Items (b) and (c) are not required for allegations determined Unfounded.
4. The individual shall receive the original completed "Notification of Outcome of Allegation" form (see attachment D) in a timely manner and a copy of the form shall be retained as part of the investigative file.
5. The individual will be provided an updated notification at the conclusion of a criminal proceeding, if the individual is still in custody at the facility.
6. The facility's obligation to report under this section shall terminate if the individual is released from custody.
7. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual.
8. At the conclusion of every investigation of Sexual Abuse, the written results shall be promptly forwarded to the Corporate PREA Coordinator for review."

LVCC policy, 17.003 states,

"Reporting to Offenders (§115.73)

At the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the offender who made the allegation of sexual abuse or sexual harassment in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded.

If the alleged abuser was an employee, the victim shall also be informed whenever:

- a) The employee is no longer posted within the victim's housing unit/area
- b) The employee is no longer employed at the facility
- c) LVCC learns that the employee has been indicted on a charge related to the sexual abuse within the facility; or,
- d) LVCC learns that the employee has been convicted on a charge related to Sexual Abuse within the facility.

If the alleged abuser was another offender in a GEO/VADOC Facility, the victim shall also be informed whenever:

- a) LVCC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,
- b) LVCC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Note: Items (b) and (c) are not required for allegations determined Unfounded.

The offender shall receive the original completed "Notification of Outcome of Allegation" form in a timely manner and a copy of the form shall be retained as part of the investigative file.

The offender will be provided an updated notification at the conclusion of a criminal proceeding, if the offender is still in custody at the facility. LVCC's obligation to report under this section shall terminate if the offender is released from custody.

If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the offender.

At the conclusion of every investigation of sexual abuse, the written results shall be promptly forwarded to the Corporate PREA Coordinator for review."

At the conclusion of a sex abuse investigation, LVCC will inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. GEO uses a form titled "Notification of Outcome of Allegation." This document informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The form also indicates which agency conducted the investigation. The Abuser's Status is also shown and indicates if there has been an indictment, conviction, or no charge. If the alleged abuser was a staff member, the form will indicate if the person is no longer working in the victim's housing area, was indicted on a charge related to the sexual abuse allegation and whether the staff member was convicted on a charge related to the sexual abuse allegation. The victim acknowledges in writing that he has received the form. The form is also signed by the staff member who issued the notice. The form is dated by both parties. The offender receives the original and a copy of the completed form is retained in the investigation file. When the auditor reviewed the five investigations that alleged sexual abuse, he found the "Notification of Outcome of Allegation" in one of the files. In three of the cases, investigations were on-going, and in the fifth case, the allegation was made anonymously.

When the auditor interviewed the five offenders who made a sexual abuse allegation in LVCC, he asked if they had been informed of the outcome of the allegation. The first victim said he was informed that charges were pending and that the case is still on-going. In the second case, the victim said he did not remember the outcome of the case, but knows the abuser was moved. In the third case the victim told the auditor he was aware the abuser was moved to a different housing unit but was not sure if charges were filed. The victim in the fourth case told the auditor he believes the case was unfounded, but he has not been officially told, yet. He is still waiting for an official word. In the last case, the offender said he has not heard anything yet about the case, but believes the correctional officer was targeted. The case is on-going.

The investigator confirmed that offenders are informed of the outcome of the investigations and the status of the abuser, unless the investigation determined the allegation was unfounded.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (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

GEO policy 5.1.2-E states,

"L. Disciplinary Actions

1. Employee Disciplinary Sanctions (§115.76/§115.276)
 - a. Employees may be subject to significant disciplinary sanctions for sustained violations of Sexual Abuse and Harassment policies, up to and including termination for any Employee found guilty of Sexual Abuse.
 - b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in Sexual Abuse.
 - c. Disciplinary sanctions for violations of agency policies relating to Sexual Abuse 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.

d. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.”

LVCC policy 17.003 states,

“Employee Disciplinary Sanctions (§115. 76)

Sexual conduct between staff and offenders, volunteers, or contract personnel and offenders, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. (5-30-4281-6)

LVCC prohibits sexual harassment. (5-1 C-4056) Employees and agents of the facility including volunteers, contractors and vendors are subject to disciplinary action, including dismissal and termination of contracts and/or services, if found guilty of sexual harassment charges brought by employees or offenders.

a. Employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse.

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

c. Disciplinary sanctions for violations of agency policies relating to sexual abuse 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.

d. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.”

The GEO Employee Handbook states,

“Sexual Abuse and Sexual Harassment - GEO has a zero tolerance for sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or otherwise served by GEO. Therefore, sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination.

The Prison Rape Elimination Act (PREA) prohibits the hiring, promotion or otherwise enlisting the services of anyone who may have contact with an individual lawfully housed in a GEO facility or program who has engaged in, been convicted of or been civilly or administratively adjudicated for engaging in sexual abuse or sexual activity facilitated by force in confinement settings or the community. PREA also requires that any incident of sexual harassment be considered in determining whether to hire, promote or otherwise enlist the services of anyone who may have contact with an individual lawfully housed at a GEO facility or program.

Pursuant to PREA, employees have a continuing affirmative duty to disclose sexual abuse or sexual harassment of an individual incarcerated or detained.”

Employees sign and date an Employee Handbook Acknowledgement in which they confirm they have received the Handbook and that they will read and understand it and that if they have questions, they are to ask a supervisor.

The PCM provided documentation to the auditor that in 2017 one correctional officer was terminated for engaging in sexual relations with an offender and in 2018 another correctional officer was terminated for engaging in sexual relations with an offender. Both cases were reported to the SIU.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? 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

115.77 (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 inmates? 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

GEO policy 5.1.2-E states,

“3. Corrective Action for Contractors and Volunteers (§115.77/§115.277)

a. Any Contractor or Volunteer who engages in Sexual Abuse or Sexual Harassment shall be prohibited from contact with Individuals in a GEO Facility or Program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.

b. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by the Contractor or Volunteer, the facility shall notify the applicable GEO Contracting Authority who will take remedial measures and shall consider whether to prohibit further contact with Individuals in a GEO Facility of Program.”

LVCC policy 17.003 states,

“Corrective Action for Contractors and Volunteers (§115.77)

- a. Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with offenders at LVCC and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.
- b. In the case of any other violation of GEO/VADOC sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO Contracting Authority who will take remedial measures and shall consider whether to prohibit further contact with offenders.”

The Warden told the auditor the contractor or volunteer would be immediately removed from the facility and the VA DOC SIU would investigate the incident and decide whether to refer the matter to the Commonwealth’s Attorney for criminal prosecution.

The Warden stated that “Lawrenceville Correctional Center has not had any allegations involving any contractors and/or volunteers.”

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) 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

GEO policy 5.1.2-E states,

"2. Individuals in a GEO Facility or Program Disciplinary Sanctions (§115.78/§115.278)

- Individuals in a GEO Facility or Program who are found guilty of engaging in Sexual Abuse involving other Individuals in a GEO Facility or Program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.
- Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.
- The disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.
- If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate.
- Disciplining an Individual in a GEO Facility or Program for sexual contact with an Employee is prohibited unless it is found that the Employee did not consent to the contact.
- A report of Sexual Abuse made in good faith by an Individual in a GEO Facility or Program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.
- Facilities may not deem that Sexual Activity between Individuals in a GEO Facility or Program is Sexual Abuse unless it is determined that the activity was coerced.
- The PREA Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes.
- The incident shall be reported to law enforcement, unless the activity was clearly not criminal."

LVCC policy 17.003 states,

“Disciplinary Sanctions for Offenders (§115.78)

- a. Offenders at LVCC who are found guilty of engaging in sexual abuse or sexual harassment involving other offenders in a GEONADOC Facility (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.
- b. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.
- c. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any should be imposed.
- d. LVCC will consider counseling or other interventions designed to address the reasons or motivations for the abuse and may require the offender to participate.
- e. Disciplining an offender at LVCC for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.
- f. A report of sexual abuse made in good faith by an offender, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.
- g. LVCC may not deem that sexual activity between offenders is sexual abuse unless it is determined that the activity was coerced.
- h. The PREA Compliance Manager shall receive copies of all disciplinary reports regarding sexual activity, sexual abuse and/or sexual harassment for monitoring purposes.
- i. The incident shall be reported to law enforcement, unless the activity was clearly not criminal.”

The Warden told the auditor that the VA DOC would decide on the appropriate discipline based on DOC OP 861.1, “Offender Discipline, Institutions.” Under this DOC policy, offenders are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The policy also considers whether an offender’s mental disabilities or mental illness contributed to his behavior.

The Warden reported that “Lawrenceville Correctional Center has not had any offenders that have had disciplinary sanctions related to sexual misconduct.”

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? 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

GEO policy 5.1.2-A states,

"2. Medical and Mental Health Screenings; History of Sexual Abuse (§115.81)

Note: This section is not applicable to Community Confinement Facilities.

a. If during the intake assessment, persons tasked with screening determine that an Individual in a GEO Facility or Program is at risk for either sexual victimization or abusiveness, the individual shall be referred to Mental Health for further evaluation.

- b. Any Individual in a GEO Facility or Program who is identified (pursuant to the screening conducted in Section D 1) who has previously experienced prior sexual victimization or has previously perpetrated Sexual Abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with a Medical or Mental Health Practitioner within 14 days of the initial intake screening.
- c. Information related to sexual victimization or abusiveness in an institutional setting is limited only to Medical and Mental Health Practitioners and other Employees as necessary to inform treatment plans, security and management decisions or otherwise required by Federal, State or local law.
- d. Medical and Mental Health Practitioners are required to obtain informed consent from Individuals in a GEO Facility or Program before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of 18)."

LVCC policy 17.003 states,

"Medical and Mental Health Screenings; History of Sexual Abuse (§115.81)

- a. If during the intake assessment, persons tasked with screening determine that an offender is at risk for either sexual victimization or abusiveness, the offender shall be referred to Mental Health for further evaluation.
- b. Any offender who is identified as previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with a Medical or Mental Health Practitioner within 14 days of the initial classification screening.
- c. Information related to sexual victimization or abusiveness in an institutional setting is limited only to Medical and Mental Health Practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise required by federal, state or local law.
- d. Medical and Mental Health Practitioners are required to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting."

Prior to the on-site audit, the PCM sent the auditor three examples of CORIS Classification Assessments in which the offenders were identified as persons who previously perpetrated sexual abuse. The assessment documents show the QMHP had been notified and the date. The Prison Rape Elimination Act (PREA) QMHP Follow-up form documented these offenders were seen by the QMHP and the date each was seen. All three had been seen within the 14-day period required by the standard. When offenders are seen by the QMHP, they are asked to sign the Limits of Confidentiality (informed Consent) form. The CPM provided three examples to the auditor. When the auditor interviewed two QMHP, both confirmed they obtain informed consent from offenders before reporting about prior sexual victimization that did not occur in an institutional setting.

The auditor reviewed 17 offender files and found the CORIS Classification Assessments in each file and the appropriate follow-up Mental Health appointments and assessments, when indicated.

The auditor interviewed three offenders who disclosed sexual victimization during risk screening. Two of the three offenders said they were offered an appointment with the QMHP, but they declined the invitation. The third inmate said he was not told about seeing a QMHP. The auditor passed the information on to the appropriate Unit Manager who notified a QMHP.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate 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

115.82 (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 § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate 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

115.82 (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

GEO policy 5.1.2-A states,

“Access to Emergency Medical and Mental Health Services (§115.82/§115.282)

- a. Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available.
- b. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- c. No attempt will be made by Facility medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim’s medical condition; however, visible injuries shall be documented both photographically and in writing, and placed in the victim’s medical record.
- d. Facility Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers shall either be transported to a local community Facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the Facility to conduct the examination. All refusals of medical services shall be documented.

LVCC policy 17.003 states,

“Access to Emergency Medical and Mental Health Services (§115.82)

- a. Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners.
- b. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- c. No attempt will be made by LVCC's medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing, and placed in the victim's medical record.
- d. LVCC medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers shall either be transported to VCU hospital or Community Memorial Health Center for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). All refusals of medical services shall be documented.”

The Health Administrator confirmed that these procedures are followed as written. She stated DOC offenders are always transported to the VCU Medical Center in Richmond, unless the condition requires more immediate care, in which case, the offender would be transported to Community Memorial Health Center in South Hill, Virginia.

The auditor reviewed a forensic exam that was completed in November of 2018 at the VCU Medical Center in Richmond. The victim had been sexually abused by three other offenders in LVCC. An LVCC

Captain was informed of the abuse allegation at 1750 hours, when the victim was taken to the medical department at the facility. After the medical staff said he could be transported, the victim was taken to VCU Medical Center and arrived before midnight. The forensic exam report included directives for on-going medical and mental health care for the victim at LVCC.

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 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

GEO policy 5.1.2-A states,

"N. Ongoing Actions After Reports of Sexual Abuse

1. Ongoing Medical and Mental Health Care (§115.83/§115.283)

- a. Each Facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile Facility.
- b. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
- c. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.
- d. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.
- e. The Facility shall attempt to conduct a mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those inmate or resident abusers in which a PREA investigation determined either administratively substantiated or substantiated by outside law enforcement.
- f. All refusals for medical and mental health services shall be documented."

LVCC policy 17.003 states,

“Ongoing Medical and Mental Health Care (§115.83)

- a. LVCC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs.
- b. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
- c. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community.
- d. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.
- e. LVCC shall attempt to conduct a mental health evaluation on all known offender abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those inmate or resident abusers in which a PREA investigation determined either administratively substantiated or substantiated by outside law enforcement.
- f. All refusals for medical and mental health services shall be documented.”

In reviewing the previously mentioned forensic exam, the auditor noted that the SAFE stated what follow-up services should be provided to the offender upon his return to LVCC. The Health Administrator stated that LVCC would provide the follow-up care directed. The victim of a sexual abuse will be offered tests for sexually transmitted infections as medically appropriate.

The mental health staff said they would see the victim after his return from the hospital and evaluate the offender for the level of trauma he has experienced as a result of the sexual abuse. The victim’s prior history of victimization, Axis I diagnosis, and co-occurring disorders, will also be evaluated. The victim may be referred to the psychiatrist, if indicated. The mental health staff said the primary concern is focused on the victim feeling safe. With regard to the evaluation of the inmate-on-inmate abuser, the mental health staff said that in most cases the inmate-on-inmate abuser is transferred to another VA DOC facility because of the charge.

The Health Administrator and the two QMHP told the auditor they believe the medical and mental health services that are provided to the offenders at LVCC are better than the community level of care because the services are on site. All treatment services provided to the victim of a sexual abuse will be done without charge to the victim.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (c)

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

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (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

GEO policy 5.1.2-A states,

- “3. Sexual Abuse Incident Reviews (§115.86/§115.286)
- a. Facilities are required to conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation in which the allegation has been determine substantiated or unsubstantiated.
 - b. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be consulted as part of this review.
 - c. Unless mandated by client contract, a “PREA After Action Review Report (see Attachment J)” of the team’s findings shall be completed and submitted to the Corporate PREA Coordinator no later than 10 working days after the review. The Facility shall implement the recommendations for improvement or document its reasons for not doing so.
 - d. The PREA Compliance Manager shall maintain copies of all completed “PREA After Action Review Reports” and a copy shall also be maintained in the corresponding investigative file.”

The Warden and the PCM said an After Action Review Meeting (Sexual Incident Review Team Meeting) is held following the conclusion of a substantiated or unsubstantiated allegation of sexual abuse.

During the After Action Review Team Meeting, the members of the team will consider

1. The need for policy or practice changes,
2. Determine if the sexual abuse was motivated by race
3. Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse
4. Assess the adequacy of staffing levels in that area during that shift
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and
6. Prepare an After Action Review Report of findings and recommendations for improvements to the Warden, the GEO PREA Director, the Corporate Office, and the Virginia DOC.

The PCM told the auditor he is responsible for the preparation of the report and for monitoring the implementation of the report’s recommendations. The After Action Review Report is a template that describes the sexual abuse allegation, states the finding of the investigation and addresses all the elements of this standard, as described above. The auditor reviewed three After Action Review Reports that were sent in advance of the on-site audit. In reviewing the 13 investigations, the auditor reviewed two After Action Review Meeting Reports. Both of these cases involved an allegation of sexual harassment. The remaining 11 investigations were either unfounded or the investigation was on-going. The auditor found the After Action Review Reports to be very thorough, objective, and timely.

The Warden said the After Action Review Team (Sexual Abuse Incident Review Team) includes the Associate Warden for Operations, the Associate Warden for Programs, the PREA Investigator, the PREA Compliance Manger, the Health Services Administrator, a QMHP, the Chief of Security, and the Captain.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

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

115.87 (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

115.87 (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

115.87 (e)

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

115.87 (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

GEO policy 5.1.2-A states,

" O. Data 1. Data Collection (§115.87/§115.287)

- a. Each Facility shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator.
- b. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).
- c. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.
- d. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. ("Monthly PREA Incident Tracking Log", see Attachment K).
- e. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment and Sexual Activity as required."

LVCC policy 17.003 states,

"Data Collection (§115.87)

- a. LVCC shall collect and retain data related to sexual abuse and/or sexual harassment as directed by the Corporate PREA Coordinator.
- b. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).
- c. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.
- d. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. ("Monthly PREA Incident Tracking Log").
- e. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment and Sexual Activity as required."

Data is collected and organized by the PCM on every allegation of sexual abuse and sexual harassment at LVCC. Information is provided to the PREA Compliance Manager primarily from the institution investigators. The data is compiled on a Monthly PREA Incident Tracking Log that is forwarded to the PREA Coordinator in the GEO Corporate Office where it is collected and aggregated for all the company's facilities.

Annually, the PCM prepares a spreadsheet that shows the date the incident was reported, the date the PREA survey was created, the investigation/survey number, the OPR number, and the SIR number. A brief description, the incident type, the finding, and the investigation status are also shown. The spreadsheet is easy to review and identify trends. The spreadsheet is used company-wide.

The incident-based data that is collected includes all the data necessary to answer all the questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The spreadsheet and the Monthly PREA Tracking Log are also shared with the Virginia DOC.

The GEO Corporate Office has a staff that analyze the data and prepare reports that are used throughout the corporation to identify issues and improve sexual safety in all of the GEO programs.

The auditor finds that GEO exceeds the standard in the organized way it collects PREA data, the analysis of the data, and how it uses the data to make informed decisions to improve sexual safety throughout all of its facilities. For this reason, the auditor finds that GEO/LVCC exceeds the requirements of this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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

115.88 (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

115.88 (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

115.88 (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

GEO policy 5.1.2-A states,

"2. Data Review for Corrective Action (§115.88/§115.288)

- a. GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:
 - 1. Identifying problem areas;
 - 2. Taking corrective action on an ongoing basis; and
 - 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- b. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.
- c. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract.
- d. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."

LVCC policy 17.003 states,

Data Review for Corrective Action (§115.88)

- a. GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:
 - 1. Identifying problem areas;
 - 2. Taking corrective action on an ongoing basis; and
 - 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- b. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.

- c. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website and the client's website.
- d. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

As previously stated, the GEO policy 5.2.1-A requires LVCC to review the data collected regarding sexual abuse and sexual harassment allegations to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions.

The GEO Group Annual PREA Reports are very comprehensive and include numerous data points and areas of information regarding sexual abuse and sexual harassment. The GEO Annual PREA Report is available on the GEO Group Web site.

The PCM also shared the Virginia Department of Corrections Annual Report with the auditor, which includes data from GEO/LVCC.

The auditor finds that GEO exceeds the standard in the organized way it goes about collecting PREA data, doing an analysis of the data, and making changes in systems or physical plants, based on the data. GEO uses its Annual Report to track vital information and to make informed decisions to improve sexual safety throughout all of its facilities. For this reason, the auditor finds that GEO/LVCC exceeds the requirements of this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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

GEO policy 5.1.2-A states,

“3. Storage, Publication, and Destruction (§115.89/§115.289) Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed.”

The PCM said all PREA investigations are maintained in locked cabinets in a secure office area. Access to the investigation files is limited to those who have a need to know. Aggregated sexual abuse data is publically available through the GEO Annual PREA reports which are found on the GEO Web site.

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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 inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates 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.

The GEO Group PREA Director ensures that all of the GEO facilities and programs are audited a scheduled basis. The audit reports are posted on The GEO Group Web site.

The auditor spent approximately 40 hours over a period of four days on site, at the facility.

The auditor was given complete access to the entire LVCC facility. The GEO PREA Director and the administrative team at the facility were very cooperative. The audit was given complete privacy during all interviews. Information and data was provided to the auditor upon request.

As previously reported, the auditor received one anonymous letter from an offender in LVCC. The auditor was also told by Just Detention International that they had also received a letter from an offender, but JDI could not disclose his name. The auditor did ask JDI to reply to the offender and encourage him to reach out to the auditor, but no offender specifically requested to talk to the auditor.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeals 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.

The GEO Group posts all of its PREA Audit Reports on the Web site. The reports are easily available to the public. The GEO Web site is very "user friendly."

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

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.

Charles J. Kehoe

November 19, 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.