

PREA Facility Audit Report: Final

Name of Facility: Haynesville Correctional Unit 17

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/12/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 05/12/2022

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	03/07/2022
End Date of On-Site Audit:	03/08/2022

FACILITY INFORMATION	
Facility name:	Haynesville Correctional Unit 17
Facility physical address:	Camp Seventeen Road , Haynesville , Virginia - 22472
Facility mailing address:	P.O. Box 39, Haynesville, Virginia - 22472

Primary Contact	
Name:	Jessica Vandlandingham
Email Address:	jessica.vanlandingham@vadoc.virginia.gov
Telephone Number:	804-250-4135

Warden/Jail Administrator/Sheriff/Director	
Name:	Anthony White
Email Address:	anthony.white@vadoc.virginia.gov
Telephone Number:	804-333-4337

Facility PREA Compliance Manager	
Name:	Jessica Vanlandingham
Email Address:	jessica.vanlandingham@vadoc.virginia.gov
Telephone Number:	O: 804-250-4135

Facility Health Service Administrator On-site	
Name:	Brenda Lewis
Email Address:	brenda.lewis@vadoc.virginia.gov
Telephone Number:	804-250-4115

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	73
Average daily population for the past 12 months:	75
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	41.4
Facility security levels/inmate custody levels:	SL 1
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	45
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Virginia Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	6900 Atmore Drive, Richmond, Virginia - 23225
Mailing Address:	P.O. Box 26963, Richmond, Virginia - 23261
Telephone number:	804-674-3000

Agency Chief Executive Officer Information:	
Name:	Harold Clarke
Email Address:	Harold.Clarke@vadoc.virginia.gov
Telephone Number:	804-887-8080

Agency-Wide PREA Coordinator Information			
Name:	Tammy Barbetto	Email Address:	tammy.barbetto@vadoc.virginia.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-07
2. End date of the onsite portion of the audit:	2022-03-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with local rape crisis agencies, local hospital with SAFE/SANE Nurse, reviewed websites for other support groups and news stories for any listed concerns. The Auditor also reviewed state websites, local and national news websites for pertinent information in determining compliance with the standards.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	75
15. Average daily population for the past 12 months:	75
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	70
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Because of the lack of targeted individuals, the Auditor asked questions about the investigative process for the inmate who claimed sexual harassment even though it was determined that the allegation did not occur. This was done to assess the investigative process and the number for 45 is zero as it was not a sexual abuse case
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	45
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

17

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

The Auditor was provided a list of inmates whereby I could determine which of the two housing units the individual was assigned. The form also provided information on the individual's race. The Auditor was also able to use last names, inmate numbers to determine and bunk assignment to look at ethnicity, location and grouping of individuals. The Auditor met with a larger number than required as the facility had limited number of individuals in the targeted population.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

No text provided.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

1

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p> <p>Because of the lack of targeted individuals, the Auditor asked questions about the investigative process for the inmate who claimed sexual harassment even though it was determined that the allegation did not occur. This was done to assess the investigative process and the number for 45 is zero as it was not a sexual abuse case</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed with the management team including the Agency PREA Coordinator and the Facility PREA Compliance Manager to ensure the day one totals for this category were accurate. The auditor also looked on the tour to see if there were individual who may appear significantly younger or older than the population or may have a disability or may be subjected to targeting. The Auditor also asked random residents about treatment of LGBTI individuals, access to medical and mental health services and if they perceived if staff would aid individuals with disabilities or language barriers.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Because of the lack of targeted individuals, the Auditor asked questions about the investigative process for the inmate who claimed sexual harassment even though it was determined that the allegation did not occur. This was done to assess the investigative process and the number for 45 is zero as it was not a sexual abuse case</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The Auditor interview individuals who had been at the facility less than a year to individuals with as many as 27 years with the DOC. The Auditor spoke with individuals who were in a variety of roles, who included both line staff and supervisors as well as other positions in the facility. The Auditor also took time on the tours to have informal interviews with other staff the inmates work with including culinary, water treatment, refuse collect and warehouse work, Some of these individuals are not employees of the HCU#17 but are employed through the DOC at the larger Haynesville Correctional Center.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Several Interviews were done in advance including agency head, contracting, and the PREA Coordinator, the Auditor spoke to most other positions onsite. Other interviews such as mental health took place as part of the HCC interviews. The facility investigator was interviewed as was criminal investigators. The Auditor also considered the random staff members answers to determine preparedness absent an actual sexual assault. Some of the facility leadership answered more than one set of questions. The Auditor also interviewed both the Superintendent and the Major who was acting Superintendent until a few weeks prior to the audit. The facility had not been allowing visitors into the facility during the past year due to the pandemic. The Auditor interviewed one individual contractor who works with the inmates in the community through the Virginia DOT.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The Auditor was able to move freely about the facility and speak to inmates and staff informally as well as in formal interview process. The Auditor was able to see posting of PREA information, and used the phone system to test the ability to make free calls to the outside reporting agency.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>The Auditor was able to review with the PREA Coordinator and the HR representative at HCC on the Friday after the site visit to HCU. The Auditor looked at record and requested training documentation on the same individuals. The Auditor also review the client records to support training and screening of inmates at the facility. The Inmate sampling used a random number to generate identified individuals. Similar process was used to identify the inmate records</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	no cases
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The one case in question was alleged to have been sexual harassment. The inmate later recanted his statement and the allegation likely did not meet the threshold to be considered sexual harassment</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>DX Consultants</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>OP 038.3 Prison Rape Elimination Act (PREA)</p> <p>OP 135.2 Rules of Conduct Governing Employees Relationships with Offenders</p> <p>PREA Coordinator and PREA Analyst job descriptions</p> <p>PREA Office regional assignments</p> <p>Agency-wide flow chart</p> <p>Letter Appointing PREA Compliance Manager at Haynesville Correctional Unit 17</p> <p>HCU 17 Facility Management Chart</p> <p>Zero Tolerance posters/ notifications</p> <p>Signage for the PCM in the facility</p> <p>Individuals interviewed/ observations.</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Director of DOC</p> <p>Interview with Superintendent</p> <p>Interview with Staff</p> <p>Interview with Inmates</p> <p>Tour Observations</p> <p>Summary determination.</p> <p>Indicator (a). The Virginia Department of Correction has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy OP 038.3 Prison Rape Elimination Act (PREA) was written to address the various requirements of the standards. The 18-page policy sets forth a zero-tolerance expectation for any sexual activity. Page 3 of the policy states. "The DOC has a Zero Tolerance Policy that strictly prohibits any fraternization, sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operating procedure." The policy goes on pages 3 and 4 to describe prohibited behaviors. The policy sets forth the requirements of agency administrators and facility administrators to ensure PREA compliance. Pages 4-7 cover different aspects of the Virginia DOC prevention efforts. Pages 8-9 of OP 038.3 covers the detection efforts while pages 10-12 cover responding to issues of sexual harassment or sexual abuse. Policy OP 135.2 Rules of Conduct Governing Employees Relationships with Offenders further states the Virginia DOC's zero-tolerance position toward sexual misconduct.</p> <p>The Facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Also, posters throughout the facility remind inmates and staff of the Zero Tolerance expectation. Random inmates reported an environment free from sexual misconduct.</p> <p>Indicator (b). Haynesville Correctional Unit 17 is one of 41 Adult Correctional facilities run by the Virginia Department of Corrections. PREA policy OP 038.3 Prison Rape Elimination Act (PREA) defines the role of the PREA Coordinator (pages 3) and states the PREA/ADA Supervisor will serve in this capacity. The policy defines the PREA Coordinator's "authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act (PREA) National Standards in</p>

all DOC facilities.”. Supporting documents show the PREA Coordinator assignment, the role within the agency administrative chart. The PREA Coordinator is supported by a staff of PREA Analysts who cover three regions and field statewide calls from the PREA hotline. Interviews with the PREA Coordinator confirm she has sufficient time, access to key correctional administrators, including the Director of the Department of Corrections, to influence policy and resources to ensure PREA safe environments in the Virginia DOC system. The PREA Analyst working for the PREA Coordinator ensures that facilities maintain compliance through regular monitoring visits and provided technical assistance and training when needed. The PREA Coordinator and a Regional Analyst supported the new Eastern Region PREA Analyst during the Audit.

Indicator (c) Haynesville Correctional Unit 17 has assigned a staff person to serve as the PREA Compliance Manager. The OP 038.3 Prison Rape Elimination Act (PREA) defines the role of the PREA Compliance Manager (pages 3). The policy requires the Superintendent to assign an individual to coordinate the facility’s efforts to comply with PREA. The Policy states the responsibility within the facility to coordinate the facility’s efforts to prevent, detect, and respond to allegations of sexual misconduct. The Auditor was provided a facility flow chart showing the relationship between the PREA Compliance Manager role and Haynesville Correctional Unit 17’s leadership. Supporting documentation also includes a memo from the state’s original PREA Coordinator defining the roles and expectations of a PREA Compliance Manager. Interviews with the PREA Coordinator, PREA Analyst and Superintendent confirm the PREA Compliance Manager has sufficient access to key correctional administrators including the Superintendent to influence policy and resources to ensure PREA safe environment at Haynesville Correctional Unit 17. Inmates were all aware of the role of the PREA Compliance Manager, and able to identify her and support that she is accessible to them.

Compliance Determination:

The Virginia Department of Corrections has policies that define the steps taken to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The policy OP 038.3 Prison Rape Elimination Act (PREA) and OP 135.2 Rules of Conduct Governing Employees Relationships with Offenders define the Zero Tolerance expectation. The policies define the roles of the state PREA Coordinator and the facility PREA Compliance Manager as well as prohibited behaviors for all staff, volunteers, contractors, and inmates. Interviews with the Agency PREA Coordinator and facility PREA Compliance Manager, confirm their roles to ensure PREA compliance is maintained. Both individuals believe they have the capacity in their jobs to advocate for a policy or procedural changes needed to support inmate safety. This was confirmed with Superintendent and the Director of Department of Corrections for Virginia DOC.

Interviews with the Director and the Superintendent support compliance with all standard expectations. Policies reviewed by the Auditor in completing the Audit process not only described in depth the agency’s expectation to protect, detect and respond to sexual misconduct but clearly defines the roles of the state PREA Coordinator and the facility’s PREA Compliance Managers. The facility has a safe environment where inmates supported violent sexual assault is not a concern. Random staff interviews further support a zero-tolerance culture. Individual staff interviewed supported a well-trained compliment who is aware of their duties in promoting a sexually safe environment. The Auditor considered the observed relationship between the PREA office staff and the facility leadership which supported regular contact and discussions on PREA compliance efforts. The Auditor believes the standard has been exceeded based on the strong relationship between the PREA Office and the facility. Strengthening the determination was a knowledgeable leadership on PREA expectations and who clearly interacts with inmates regularly. The majority of inmates reported PREA is not a concern at HCU #17 but still identified who the PREA Compliance Manager was.

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 708 358">OP 038.3 Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 389 572 416">OP 260.1 Procurement of Goods</p> <p data-bbox="240 448 419 474">VA DOC Website</p> <p data-bbox="240 506 772 533">VA Contract with the GEO Group including extension</p> <p data-bbox="240 564 443 591">Geo Group Website</p> <p data-bbox="240 622 517 649">VA DOC Monitoring Report</p> <p data-bbox="240 680 687 707">2019 PREA Audit report for Lawrenceville CI</p> <p data-bbox="240 792 617 819">Individuals interviewed/ observations.</p> <p data-bbox="240 851 624 878">Interview with PREA Coordinator (PC)</p> <p data-bbox="240 909 568 936">Interview with Contract Manager</p> <p data-bbox="240 1021 488 1048">Summary Determination</p> <p data-bbox="240 1133 1485 1630">Indicator a) The pre-audit report indicated the Department of Corrections has one contracted facility. The Auditor was provided documentation of the 1500 bed contracted facility in Lawrenceville, Virginia. The Virginia Department of Corrections addresses the requirements of this indicator in two policies. The agency's PREA policy OP 038.3- PREA (page 4) states, "contract for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards". Policy OP 260.1- Procurement of Goods (page 10) states, "All contracts for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.". It goes on to define the guidelines for emergency contracting of a facility that is not compliant with PREA. "Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, will the DOC enter into a contract with any entity that fails to comply with these standards. In such a case, all unsuccessful attempts to find an entity in compliance with standards must be documented." The Auditor was provided with several documents including contracts with the GEO Group and annual renewals of the contract. Article 4 (page 11) of the 2018 contract with the GEO Group requires compliance with American Correctional Association, PREA standards, and state regulations. The Contract Monitor confirmed the process for contracting with the GEO group. There were no inmates sent from Haynesville Correctional Unit 17 to the Lawrenceville facility in the past year.</p> <p data-bbox="240 1715 1485 2078">Indicator b) The Auditor found language in the two policies mentioned in indicator a). The policies state "Any new contract or contract renewal must provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards." The Auditor learned from the GEO website and documents provided that the facility in Lawrenceville has been under contract since 2003. The Auditor also reviewed The Virginia Department of Corrections website which shows the facility in Lawrenceville has undergone two PREA audits (2016, 2019). The most recent PREA Audit of Lawrenceville Correctional Center occurred in March of 2019. The Auditor requested additional documentation to support ongoing monitoring of the facility. The Contract Monitor reports that the facility is normally visited quarterly by the PREA Analyst for that region and that a VA DOC employee works on-site to ensure routine communication of issues between the DOC and GEO. The PREA Analyst and PREA Coordinator described the monitoring process. The facility provided 15 months' worth of monitoring reports completed by the VA DOC at the GEO run facility. The Lawrenceville Correctional Institution is required to notify the PREA/ADA Office of all complaints.</p>

Compliance Determination:

The Auditor reviewed agency policies, contracts, and contract renewals with the GEO Group. Agency contracts and renewals for the confinement of VA DOC offenders included the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Virginia Department of Corrections meets the requirements of this standard based on the documents reviewed and information from the Contract Manager, PREA Coordinator, and PREA monitoring reports provided. The Auditor also reviewed the 2019 PREA Audit Report for the GEO run facility.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>OP 401.1 the Development and Maintenance of Post Orders</p> <p>OP 401.2 Security Staffing</p> <p>Staff Duty Rosters</p> <p>HCU Staffing plan</p> <p>Annual Review</p> <p>Logs and Video of Supervisor Tours</p> <p>Individuals interviewed/ observations.</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Superintendent.</p> <p>Interview with the Major</p> <p>Interview with Staff</p> <p>Interviews with Inmates</p> <p>Summary Determination</p> <p>Indicator a). Policy 401.2 Security Staffing (page 8) covers the language of this indicator. The policy uses the standard language to describe the requirements of the development and on-going reviews of staffing needs at Virginia's Department of Corrections facilities. The policy language includes the 11 elements listed in indicator a). "The facility staffing plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities will take into consideration: (§115.13[a]; §115.213[a])</p> <ul style="list-style-type: none"> a. Generally accepted detention and correctional practices b. Any judicial findings of inadequacy c. Any findings of inadequacy from Federal investigative agencies d. Any findings of inadequacy from internal or external oversight bodies e. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) (§115.213[a]) f. The composition of the offender population (§115.213[a]) g. The number and placement of supervisory staff h. Institution programs occurring on a particular shift i. Any applicable State or local laws, regulations, or standards j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse (§115.213[a]) k. Any other relevant factors (§115.213[a])"

The Haynesville Correctional Unit #17 has provided a copy of the facility's current staffing plan for 2020. The facility has provided documents including the narrative, schematics of the facility, staffing assignments and we reviewed camera locations that support the elements of this standard. The facility is well covered with cameras in the interior, the Auditor had made some suggestion where additional resources could aid in monitoring in the open complex. The facility is not under any legal judgment or been sighted by any state or federal oversight body. The Auditor made some suggestions on improving the documentation to add more information on support positions such as correctional case managers, mental health professionals, and the Unit Managers who routinely move through the units. The staffing plan was developed on a number higher than the current or past year averages.

Indicator b). Interview with the Superintendent confirms the Haynesville Correctional Unit #17 has not gone under its approved minimal staffing in the past year. The facility can 'draft' overtime work from either voluntary or mandated staff to reach institutional minimums. There is a daily log for each shift documenting when staff calls out and who is replacing the post assignment. The Superintendent gets a report on the amount of overtime drafted. The Superintendent and the Major would be notified of any emergency where minimums would not be met. The Superintendent also confirms the ability to order in staff if needed. Supervisory staff also confirmed the ability to mandate staff if needed to maintain facility safety.

Indicator c). The 2021 annual review of the staffing plan was completed by the PREA Office with the Superintendent, the Institutional Investigator, and the PREA Compliance Manager. The report included information on staffing needs, adjustments made to the staffing plan, and identified areas for monitoring technology to improve institutional safety. The report is reviewed and recommendations are made to the regional office. The Superintendent was aware of the process. Having taken over the facility in the weeks leading up to the audit he described that his own process for evaluating staffing and security needs. The Auditor confirmed with the Superintendent and the PREA Coordinator that concerns or requested resources would then be advocated through these individuals for allocation of funds.

Indicator d). Virginia DOC policy OP 401.1 Development and Maintenance of Post Orders addresses the concerns of this indicator. The Policy states "Post Orders will require that Lieutenants and above conduct and document unannounced rounds identify and deter staff sexual abuse and sexual harassment." "Unannounced rounds must be conducted intermittently during the month and must be conducted on both night and day shifts." The Policy also goes on to state "Staff assigned to any post are prohibited from alerting other employees that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment." The Auditor was provided copies of documentation of unannounced rounds from different locations in the institution including Upper and lower levels and the temporary holding area. The Auditor also confirmed the unannounced rounds through visual observation of logs in housing units and other locals in the prison during the tour. The Auditor interviewed housing officers, the gate office officers, and supervisory staff to confirm that tours are unannounced. 4 different months of logs were provided in advance to support the process has been ongoing. The Auditor was also provided a schedule in which 10 individuals between line supervisors and facility management are to tour the facility daily. This process ensures not only inmate access to custodial supervisors but access to upper management including the Major and the PREA Compliance Manager as well as the facility investigator.

Compliance Determination:

The Auditor determined the Haynesville Correctional Unit #17 meets the requirements of this standard.

The Auditor concluded the facility has an adequate staffing plan to protect inmates from sexual abuse through observation and discussions with the inmate population. The Auditor reviewed VA DOC policies that applied, the facility Staffing Plan, Unannounced Rounds, Duty Rosters, annual staffing plan review. The Auditor confirmed practice through observations on the tour, and interviews conducted with staff and inmates. The facility has seen some staff turnover in the past year and has had its staff impacted during the COVID-19 crisis but has maintained its minimums reportedly. The Auditor's interviews with the Superintendent, PREA Compliance Manager, and PREA Coordinator confirmed a process is in place to communicate when an identified need is recognized. The Superintendent spoke about staffing, video, and what he sees as potential risks as he makes his initial assessment of the facility as the new Superintendent.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>OP 425.4 Management of Cell and Bed Assignment</p> <p>Memo from Major (acting Superintendent)</p> <p>Population report</p> <p>Individuals interviewed/ observations.</p> <p>Interview with PREA Compliance Manger</p> <p>Interview with Random staff</p> <p>Observation of Population on tour</p> <p>Summary Determination</p> <p>Indicator a) There are no Youthful inmates housed at Haynesville Correctional Unit 17.</p> <p>Indicator b) There are no Youthful Inmates housed at Haynesville Correctional Unit 17.</p> <p>Indicator c) There are no Youthful Inmates housed at Haynesville Correctional Unit 17</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has a policy OP 425.4 Management of Cell and Bed Assignments that addresses the requirements of this standard. Though Youthful Inmates do not exist at Haynesville Correctional Unit #17 the agency has policy language defining the requirements of sight and sound separation in the housing of Youthful Inmates from adult prisoners. "F. Youthful Inmates (§115.14) (Under age 18, convicted as an adult; not under Youthful Offender Law)</p> <ol style="list-style-type: none"> 1. The DOC provides specialized housing arrangements for youthful inmates that meet the requirements of this standard. 2. A youthful inmate will not be placed in a housing unit in which the inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. 3. Direct supervision by institutional staff is required at all times when a youthful inmate and an adult inmate have sight, sound, or physical contact with one another. 4. All youthful inmates will be assigned to the specialized unit, unless this assignment would create a risk to the safe, secure, and orderly operation of the institution. Exigent circumstances may require removal to a Restorative Housing Unit" <p>The Major, who was the interim Superintendent, provided a memo confirming no YO admissions in the past three years. Absent a Youthful Inmate the Auditor could only rely on policy language in determining compliance. The Auditor reviewed the population report and observed it on the tour to ensure no youthful inmates were in the current population.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>OP 350.2 Training and Development</p> <p>OP 401.1 Development and Maintenance of Post Orders</p> <p>OP 401.2 Security Staffing</p> <p>OP 445.4 Screening and Searches of Persons</p> <p>OP 720.2 Medical Screening, Classification & Levels of Care</p> <p>OP 801.1 Facility Physical Plant and Sanitation</p> <p>Search Training Materials</p> <p>Memo on trainings</p> <p>Individuals interviewed/ observations.</p> <p>Interview with Superintendent</p> <p>Interview with Random Staff</p> <p>Interview with Random Inmates</p> <p>Summary Determination</p> <p>Indicator (a). Haynesville Correctional Unit does not perform body cavity searches or cross gender strip searched of inmates. The facility reported no cases in the past year. Policy 445.4, the agency's search policy, sets forth the requirements for body cavity searches and cross gender strip searches including language supporting the client gender Identify for transgender and intersex inmates. The policy states, "One Corrections Officer and one other DOC employee both of whom are of the same gender as the inmate or CCAP probationer/parolee or of the gender indicated on the approved Strip Search Deviation Request will accompany the inmate or CCAP probationer/parolee into an appropriate area where privacy can be ensured. (5-ACI-3A-21; 4-ACRS-2C-06; §115.15[a], §115.215[a]) a. No person of the opposite gender can be present or witness the strip search."</p> <p>The agency policy requires if there is a belief that an inmate is concealing contraband the Facility Director and the Regional Director be notified and that any probing of a body cavity is completed by a medical professional. The policy does require a security person to be present of the same gender as the inmate. The policy goes on to state that if the offender is transgender or Intersex the gender of the security staff person will be consistent with the individual approved Strip Search Deviation Request. "A medical practitioner, only, will conduct the body cavity search and inspection in private. (5-ACI3A-20, 4-ACRS-2C-05[!]; §115.15[a]) i. The medical practitioner conducting the body cavity search may or may not be the same gender as the inmate being searched. ii. At least one DOC employee of the same gender as the inmate being searched or of the gender indicated on an approved Strip Search Deviation Request must be present at all times." The facility reports there were no incidents of cross-gender body cavity searches. The Superintendent, Major and PREA Compliance Manager report that all body cavity searches would be documented including the individual present and the justification for such actions. Policy OP 445.4 also references the required elements of the mandated incident report consistent with the stated expectations</p> <p>Indicator b). The Haynesville Correctional Unit #17 does not house female inmates.</p> <p>Indicator c). Virginia DOC policy OP 445.4 covers the language of this indicator. The policy states in sections on frisk search, strip search, and body cavity searches that all cross-gender searches will be documented in an incident report consistent with OP 038.1 Reporting Serious or Unusual Incidents. There are no females at HCU and no reported emergency requiring a cross gender strip search of a male inmate. Policy requires notification to the PREA Office on any cross-gender strip</p>

searches that occur.

Indicator d). Policy OP 801.1 (page 3) states "Facility procedures and practices shall enable offenders to shower, perform bodily functions, and change clothing without a 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". Policy OP 401.2 describes as part of the housing unit supervision the same description as stated above as well as a requirement of opposite gender staff announcements. "Staff of the opposite gender must announce their presence when entering an offender housing unit and must document these announcements in the logbook." The Auditor confirmed through the random interviews with staff and inmates the practices of cross-gender announcements. The Auditor was provided with logbook entries showing the announcements were made and documented. The Auditor also reviewed the logbooks at the various staff desks in the facility. During the tour and subsequent movement in the facility, the Auditor saw a variety of staff announcements including announcements by the officers working in both levels of the facility. The has small bathrooms in the housing units and a large toilet/washroom and a separate gang shower area on the lower level. The shower area which also included a drying area has a wall protecting inmates from incidental viewing. Some inmates stated they were not comfortable in the gang setting wanting more privacy from their peers. Inmates did not feel female staff could see them unless they were close to the shower area on a tour of which inmate support, the female officers generally make observations from a distance or announce when they are coming nearer. The Auditor did not find the shower set up to be in violation with the standard but spoke with the Superintendent and the PREA Coordinator about ways to maintain the security but provide some more assemblance of privacy.

Indicator (e) Two Virginia DOC policies address the requirements of this indicator. OP 720.2 and OP 445.4 require that Transgender individuals will not be strip-searched to determine one's genital status. The policy requires that if unknown the determination is made through interviews with the inmate or as part of a physical exam conducted by a medical practitioner. "If a transgender or intersex offender's genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if, necessary, by learning this information as part of a broader medical examination conducted in private". Random staff interviews confirm the training on searches included the use of the back or edge of the hand when completing a cross-gender pat search. They were able to describe the search process including respectful communication and awareness of potential trauma histories. Transgender Inmates would shower reportedly during counts.

Indicator (f) All staff interviewed report they have received training on searches including how to complete pat searches of transgendered or intersex individuals. The staff knew that there was a committee that reviewed the inmates request for the gender staff they would feel more comfortable. The facility provided training record and curriculum that describes the search process. The staff know to use the back or blade of the hand and to communicate with the individuals to explain what is going to happen next. Staff were aware that some individuals maybe startled by touch due to past trauma. Agency training policy OP 350.2 Training and development addresses this indicator as a requirement for all custody staff. "Cross gender frisk searches and searches of transgender and intersex inmate/probationer/parolees in a professional and respectful manner and in the least intrusive manner possible consistent with security needs"

Compliance Determination:

The Auditor confirmed through the interview process that staff had been appropriately trained to conduct cross-gender searches, respectful searches of transgender individuals, and make opposite gender announcements when entering offender living units. Inmate interviews confirmed the ability to shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. The Auditor reviewed the agency's policies and procedures, training documents, made observations during the tour, and interviewed staff and inmates in determining compliance with this standard. There were no transgendered individuals in the population to interview on indicator (e) or (f).

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy – 038.3 Prison Rape Elimination Act (PREA)

PREA Brochure in English and Spanish

Interpretive Service Contracts (Propio and Purple)

Comprehensive Education Video

PREA info in Braille

Memo from Superintendent on Interpretive services

PREA Posting in the facility in multiple languages

Individuals interviewed/ observations made.

Inmate education acknowledgment

Interviews with Staff

Interviews with Offenders

Observations of PREA Information posted

Summary Determination

Indicator a). Haynesville Correctional Unit #17 has services in place to ensure disabled and Limited English Proficient Inmates have the appropriate understanding and access to services described in this standard. As a work program, individuals with significant disabilities or language barriers might not be referred to the program. The facility was only able to identify one individual with a physical disability. Policy OP 038.3 the PREA policy defines disabled and limited English proficiency in the same language of the standard. The policy ensures equal access to the facility's efforts to protect, detect, and respond to incidents of sexual abuse and sexual harassment. The policy acknowledges the protections afforded under the American's with Disabilities Act. All employees are informed of the at-risk populations described in this standard. The Director of the Department of Corrections spoke on the expectations of providing full access and protections to these at-risk populations. The PREA Coordinator also oversees the agency's efforts to ensure compliance with ADA regulations.

Interviews with targeted inmates and staff support there are services in place to ensure residence understand PREA and how to report a concern.

Indicator b). OP 038.3 states "Facility staff must take reasonable steps to ensure offenders who are limited English proficient, are afforded meaningful access to all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." The facility provided contracts with an agency that can provide interpretive services in over fifty languages in under a three-minute response time. The Auditor was also provided a secondary contract with an organization called Purple who can support inmates who use American Sign Language. The Auditor reviewed the documents to ensure they were current, and the facility provided records supporting the contracts have been in place predating the previous audit cycle. The Auditor was unable to speak with bilingual individuals as no individual lacked English speaking. The Auditor selected individuals with Hispanic and Asian associated last names when determining the individuals to interview. The Auditor also spoke with the PREA Compliance Manager on how they handle these situations if they were to arise.

Indicator c). Random staff interviewed knew it was inappropriate to use one inmate to interpret for another. Staff knew it could only be done in the most extreme situations. The agency PREA policy (OP 038.3 (page 7) states " Facility staff cannot rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under, or the investigation of the offender's allegations. Video Remote Interpreting (VRI) should be utilized to effectively communicate with deaf offenders when American Sign Language interpreters are not available on-site." There has been no incident in which an inmate interpreter has been used to address any PREA related concern in this Audit cycle.

Compliance Determination:

The State PREA Coordinator is also the head of the ADA compliance unit which further ensures PREA education and access to services for protected populations occur. The Auditor was able to see the documentation in English and Spanish the two most common languages in the Virginia DOC population. The Auditor was also able to confirm the use of Just Detention International's video "PREA What you need to know" is used as part of the inmate education and is available in multiple languages. The Auditor was informed that there were no occasions in which interpretive services were needed. The Auditor spoke with individuals in the population who were bilingual but did not find any individuals with whom an interpretive service was needed. The Auditor also confirmed with individuals with a variety of disabilities on their ability to receive support if they did not understand PREA or the agency's efforts. Inmates support there is staff available to assist individuals who have hearing, emotional, or comprehension disabilities in addition to those with language barriers. Given the policy provided, the contracts in place, the staff and inmate knowledge of accessing services, and the statewide support the Auditor finds the standard expectations are being met.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 102.2 Recruitment Selection and Appointment</p> <p>Policy OP 102.3 Background Investigation Program</p> <p>Policy OP 102.7 Employment Records</p> <p>Policy OP 135.1 Standards of Conduct</p> <p>Policy OP 145.2 Employee Performance Management</p> <p>Policy OP 260.1 Procurement of Goods and Services</p> <p>Employee, contractor and volunteer records</p> <p>Memo on contracted employees</p> <p>Chart of Criminal Checks for all employees</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Human Resource Staff</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Superintendent</p> <p>Summary Determination</p> <p>Indicator (a). The Virginia Department of Corrections currently uses an online process for perspective applicants to apply to jobs in the DOC. In policy and in the application process the agency prohibits hiring individuals with histories of engaging in items listed in this indicator. Virginia DOC policy OP 102.2 Recruitment Selection and Appointment page 5 addresses the requirements of this indicator in the section on employee eligibility. The Policy strictly prohibits the employment or contracting the services of individuals who have engaged in, have been convicted of engaging in or attempting to engage in or administratively been adjudicated for sexual assault. The policy states under eligibility, "Eligibility</p> <p>1. The DOC will not hire or promote anyone for a position that may have contact with inmates, probationers, or parolees who has been:</p> <p>a. 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, Civil Rights of Institutionalized Persons);</p> <p>b. Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>c. Civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse."</p> <p>Agency policy OP 260.1 Procurement of Goods and Services utilizes the same language requirements for contracted employees. Interviews with HR staff support the process of screening all applicants for employment at the Haynesville Correctional Unit #17 including contracted employees. Any approved volunteer undergoes the same screening process and the same acknowledgment form.</p> <p>The employee application process requires potential candidates to confirm that they have not engaged in any form of the sexual misconduct described in indicator (a) including sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent. The Auditor confirmed the questions are asked at the time of hire and promotional periods. In determining compliance, the Auditor reviewed 25 files, including individuals hired in the last year. The Virginia DOC has had the PREA questions as part of the</p>

employment applications since 2014. The Auditor was able to see in the HR files reviewed where the questions were asked of employees hired before that date in their annual reviews. HCU #17 Records are maintained at the neighboring Haynesville Correctional Center where the auditor reviewed the files on site.

Indicator (b). The Virginia Department of Corrections policy prohibits the employment or contracting of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff person that the Virginia DOC does perform the criminal background checks on these individuals. The Auditor reviewed contracted employees as part of this standards review process. The Human Resource staff confirmed that all individuals who are recommended for hire or promotion who have potential concerning issues in their work or personal history would be brought to the Superintendent's attention before any offer of a position in the institution. The Agency's regional office will also be completing the actual criminal checks and sending notice back to the facility if a concern arises. The DOC prescreening process for its employees would seek to find information on criminal offenses and the agency does reach out to former employers for other behaviors that might have caused discipline. Similarly, DOC employees who had prior concerns in other facilities would be flagged for past behaviors before a transfer would be approved. Haynesville Correctional Unit has not hired any contracted staff in the past year.

Indicator (c). The Virginia Department of Corrections completes criminal background checks on all employees. The Agency policy OP102.3 Background Investigation Program covers the requirements of this standard. Policy language describes elements in the process. "Facility employees may perform limited background investigations for non-sensitive volunteers in a facility with a copy of the completed Application for Volunteer/Intern Services 027_F2 forwarded to the BIU Supervisor for recording and retention.

1. The following documents should be attached:

- a. Authority for Release of Information 102_F7
- b. A copy of the applicants Driver's License or other government issued photo identification
- c. Fingerprint Cards, if applicable, or provide Live Scan TCN number
- d. The BIU must perform a full background investigation for volunteers in sensitive positions the

following documents to BIU:

- i. Application for Volunteer/Intern Services 027_F2
 - ii. Background Investigation Questionnaire 102_F2
 - iii. Request for Background Investigation 102_F6
 - iv. Authority for Release of Information 102_F7
 - v. A copy of the applicants Driver's License or other government issued photo identification
 - vi. A Copy of the applicants License or Certification, if applicable
 - vii. Live Scan TCN number, if applicable, or provide two completed inked Fingerprint Cards.
- e. The Organizational Unit Head may grant preliminary approval, based on preliminary reports, for volunteers to serve in sensitive positions pending completion of the full background investigation."

In discussions with the Human Resources staff and the Agency PREA Coordinator, these are consistently done both as a pre-employment and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. The Virginia law does not allow for the record to be maintained as part of the employee's file and requires reportedly the document to be destroyed after use. The Human Resources staff confirmed the process and was able to show the auditor how the process is completed. The staff have a system for tracking individuals who are due the 5-year checks. The Auditor, PREA Coordinator, and the Human Resources staff person discussed elements that are required to be maintained and the documentation currently in place. The facility has a log of when the checks occurred.

Indicator (d). HCU 17 as stated in Indicator (a) completes criminal background checks on all contracted employees and any approved volunteers. Interviews with contracted staff and volunteers support they were required to pass a background check

before being allowed into the facility. Employees who are contracted and have routine contact with inmates go through the same process as fulltime employees reportedly. The Policy allows for other screening of non-sensitive persons to be done at the facility level. "Facility employees may preform limited background investigations for non-sensitive temporary position contractors in a facility with the appropriate sections of the Confidential Summary Background Investigation Report 102_F10 completed and forwarded to the BIU Supervisor for recording and retention."

Indicator (e). Discussions with the Human resources staff support that staff have criminal background checks at the time of hire and at least every 5 years thereafter. As noted in indicator c) Virginia does not allow criminal record checks (VICN) to be maintained in their human resources file. The policy sets forth the "The Human Resource Officer shall document in the Access Employee Database that the criminal records check (VICIN) was conducted." The Human Resources staff confirmed the process is done and how if new charges were found the steps taken to notify the Superintendent. The Auditor requested and received additional documentation to support the process is being completed. The Superintendent has ordered an additional documentation process to more readily support an ongoing practice. The Auditor also spoke with the PREA Coordinator on options to further support compliance.

Indicator (f). As noted in Indicator (a) all HCU 17 employees are asked to complete the Employee Application which includes questions required in indicator a). The employees after hire also complete a form titled PREA Mandatory Sexual Misconduct Disclosure. Staff is asked the aforementioned questions as well as create a continuing responsibility to disclose such misconduct. The form states, "All answers and statements are true incomplete to the best of my knowledge. By signing this form, I am acknowledging that the information provided above is accurate and complete and that I have a continuing affirmative duty to disclose any such misconduct." The Virginia DOC had all existing employees complete the form.

Indicator (g). Policy OP 135.1 Standard of Conduct states " Material omissions regarding convictions or charges of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent), civil or administrative adjudication for sexual activity by force shall be grounds for termination." Contained also in the PREA Employee Questionnaire is the following passage: "any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination." The PREA Mandatory Sexual Misconduct Form and the employment applications reviewed in staff files confirm the process is routinely done.

Indicator (h). The Virginia DOC allows for the agency, with proper releases of information, to disclose to other institutions any PREA related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, The Auditor was provided with three recent examples of the request made or received and the facility's response. The letters to the requesting facility are signed by the facility PREA Compliance Manager. The Human Resource staff member understood the importance of attempting to obtain information from previous institutional employers.

Compliance Determination:

The Virginia Department of Corrections has a policy in place to address the requirements of the standard including the completion of background checks, and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff at the HCC that oversee the hiring for HCU #17. The agency has all staff and contractors undergo criminal background checks. The Human Resource staff reports she works closely with regional and facility management to ensure the line of communication is maintained. The Virginia DOC has implemented forms in policy to document staff understand the requirements related to the various indicators in this standard. The Facility had provided examples in advance and the Auditor as for additional randomized examples of employee records.

The Virginia DOC has several policies that utilize the standard language to address the requirements. The Auditor was also able to review information from a total of 17 files of current and former staff, contractors, and volunteers. Interviews with Human Resource staff and PREA Coordinator further confirmed the process in place to ensure individuals who have engaged in sexual misconduct are not employed at Haynesville Correctional Unit #17 or able to get a job at another correctional institution if that facility request information. As outlined above, there were several factors used by the Auditor in determining compliance.

115.18	Upgrades to facilities and technologies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 715 358">OP 801.1 Facility Physical Plant and Sanitation</p> <p data-bbox="240 389 587 416">Memo from Acting Superintendent</p> <p data-bbox="240 448 427 474">Camera Locations</p> <p data-bbox="240 560 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="240 618 336 645">Interview</p> <p data-bbox="240 676 657 703">Interview with PREA Compliance Manger</p> <p data-bbox="240 734 542 761">Interview with Superintendent</p> <p data-bbox="240 792 611 819">Interview with Acting Superintendent</p> <p data-bbox="240 904 488 931">Summary Determination</p> <p data-bbox="240 1016 1468 1214">Indicator a). The concerns of Indicator a) are addressed in policy OP 801.1 which states " The effect of the facility's design, acquisition, expansion, or modification on the facility's ability to protect the offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility.". The Auditor was able to discuss with the Superintendent, the Major who was Acting Superintendent, the PREA Coordinator, and the PREA Compliance that no major changes/ renovations have occurred at HCU. Memo from the Major confirmed no modifications have been made to the physical plant that would effect safety.</p> <p data-bbox="240 1299 1465 1496">Indicator b). The Haynesville Correctional Unit #17 has not added any cameras or monitoring technology in the past three years. OP 801.1 states "For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect offenders from sexual abuse." The memo from the Major confirmed there have been no changes in the camera or monitoring technology. Some outbuildings where HCU #17 inmates work are covered on the neighboring Haynesville Correctional Center's camera system.</p> <p data-bbox="240 1581 517 1608">Compliance Determination:</p> <p data-bbox="240 1639 1484 1868">Agency policy 801.1 supports the Virginia Department of Corrections has in place a system to take into consideration inmate sexual safety in designing new spaces, modifying existing spaces, or adding monitoring technology. The interviews supported that there are strong avenues of communication between facility and agency administration to ensure appropriate resources can be applied to resolve identified concerns. The Auditor made recommendations on areas where monitoring technology could aid in supervision. The Auditor finds the standards have been met give that the DOC has policy in place, the facility and agency leadership have avenues in place and both indicators were currently not applicable since there were no changes in the past three years.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy – 030.1 Evidence Collection and Preservation</p> <p>Policy – 030.4 Special Investigations Unit</p> <p>Policy – 038.3 PREA</p> <p>Policy – 720.7 Emergency Medical Equipment and Care</p> <p>Policy – 730.2 MHS Screening Assessment and Classification</p> <p>Virginia Forensic Nurse Examiner Website</p> <p>Virginia Department of Criminal Justice Services Website</p> <p>MOU with Action Alliance</p> <p>VA DOJ- SART A Model Protocol for Virginia</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manger</p> <p>Interview with Random staff</p> <p>Interview with SANE/SAFE</p> <p>Interviews with Investigative staff</p> <p>Interview with Rape Crisis agency staff</p> <p>Summary Determination</p> <p>Indicator a). Virginia DOC has several policies in place for its Special Investigations Units (SIU) to follow to ensure a thorough investigation occurs. The agency policy, 030.4 Special Investigation Unit, sets forth in the 22-page document that investigations will be completed using a uniform practice. Pages12-13 specifically address the Prison Rape Elimination Act.</p> <p>Virginia DOC Policy 030.1 Evidence Collection and Preservation further define steps to be taken by investigators to protect evidence, chain of command and crime scene integrity. This policy also addresses video evidence and storage. The Virginia DOC completes all criminal and administrative investigations utilizing trained staff in the facility investigative unit or SIU (Special Investigation Unit) officer who completes criminal Investigations. The SIU staff are law enforcement staff in the state of Virginia with full arrest authority. Interview with SIU Investigator, confirms the training provided so all DOC investigators ensure a consistent approach to ensure the likelihood of obtaining physical evidence. Random staff at HCU #17 were able to describe in a first responder situation the steps to protect evidence until it can be properly obtained by the investigator or a SANE.</p> <p>Indicator b). The Special Investigation Unit policy also addresses the requirement of this indicator. The Auditor confirmed with the Investigator, the nurse in charge of, and Sexual Assault Examinations at the hospital on the protocol used for Sexual Assault Examinations. The SIU Investigator would not collect evidence as part of the forensic exam but is trained in working with victims of abuse and preserving crime scene evidence. The Hospital staff confirm they use the protocols approved through the International Association of Forensic Nursing. A review of the Website confirms the use of the protocol the National Protocol Sexual Assault Medical Forensic exams (2013) Adolescent (2016).</p>

Indicator c). All victims of sexual abuse at Haynesville Correctional Unit #17 would be taken to Virginia Commonwealth University Medical Center in Richmond approximately 58 miles away. Interview with hospital staff confirmed the staff includes trained nurses in completing forensic examinations of sexual abuse victims. It was confirmed consistent with DOC policy 720.7 Emergency Medical Equipment and Care (page 8) that there is no cost for the examination.

Indicator d). Haynesville Correctional Unit #17 has access to rape crisis agency staff through a Memorandum of Understanding with Action Alliance. The Virginia Department of Corrections has had an ongoing relationship dating back to 2014 with Action Alliance. Action Alliance is the umbrella organization for state domestic and sexual abuse agencies. The Auditor was provided the original agreement and all subsequent renewal for services. In interviews with Action Alliance staff, the Auditor was able to confirm the relationship between the agencies. Visitation by outside organizations has been limited due to the COVID-19 crisis but the representative stated they have capacity in the network to provide emotional support.

Indicator e). Haynesville Correctional Unit #17 has two policies that address the requirements of this indicator 038.3 PREA (page 13) and 730.2 MHS Screening and Assessment (page 8). Interview with SANE nurses, the Action Alliance representative, and the facility PREA Compliance Manager confirms the ability to support the inmate during an exam, a criminal investigation interview, or to provide ongoing support to victims. Interview with the Investigator confirms that a rape crisis support advocate is routinely offered to inmates. The Auditor also found the description of services in the MOU between VA-DOC and Action Alliance confirming supporting inmates at forensic exams or investigative interviews. The Representative of Action Alliance confirmed that supportive counseling would include a referral if the inmate was leaving HCU #17 to another part of the state. The states Criminal Justice Division also has a publication; Sexual Assault Response Teams; A Protocol for Virginia, supports the importance of advocates during the forensic exam and investigatory interviews as well as an ongoing resource for support.

Indicator f). The indicator is NA. Virginia Department of Corrections have trained individuals in their Special Investigations Unit (SIU) who would be responsible for completing criminal and administrative investigations.

Indicator g). The Auditor is not required to audit this provision

Indicator h). The indicator is NA. The Virginia Department of Corrections has entered into an MOU with Action Alliance to provide support to victims of sexual misconduct at Haynesville Correctional Unit #17.

Compliance Determination:

The Auditor finds that the standard is compliant. The facility allows inmates access to victim advocates from a rape crisis center through a current MOU with Action Alliance. The facility provides inmate victims access to Sexual Assault Nurse Examiner at no cost at the Virginia Commonwealth University Medical Center. The Auditor reviewed the agency's policies and procedures, Memorandum of Understanding, and talked with the hospital, rape crisis agency, facility investigator and a member of Virginia's SIU in determining compliance. Absent a sexual assault the above factors were the basis for determining compliance along with information from various state websites.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 647 358">Policy – 030.4 Special Investigation Unit</p> <p data-bbox="240 389 754 416">Policy – 038.3 Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 448 408 474">Agency Website</p> <p data-bbox="240 506 440 533">Investigation Matrix</p> <p data-bbox="240 564 987 591">Investigative Reports of Sexual Abuse and Sexual Harassment Allegations</p> <p data-bbox="240 622 863 649">Virginia law- 15.2-1704. Powers and duties of the police force.</p> <p data-bbox="240 730 616 757">Individuals interviewed/ observations.</p> <p data-bbox="240 788 467 815">Interview with Director</p> <p data-bbox="240 846 542 873">Interview with Superintendent</p> <p data-bbox="240 904 515 931">Interview with Investigators</p> <p data-bbox="240 963 692 990">Interview with Inmates who made allegations</p> <p data-bbox="240 1075 491 1102">Summary determination.</p> <p data-bbox="240 1191 1484 1451">Indicator a). The Auditor was provided with information on all sexual assault and sexual harassment claims made in the past year. Policy 030.4 Special Investigations Unit (page 10) requires 'the Unit Managers to ensure administrative or criminal investigations occur on all allegations of sexual assault or sexual harassment.' The Haynesville Correctional Unit #17 had investigated 1 allegation in the past year. The investigations reviewed by the Auditor included cases reported by inmates through the #55 Phone option. Interviews with the DOC Director and the Superintendent confirmed the expectation that all allegations be thoroughly investigated. The Superintendent discussed how he would expect the investigative process to occur administratively and criminally if appropriate. The Auditor was also provide an investigative matrix that describes the steps the facility takes and the SIU takes in completing investigations including PREA related allegations.</p> <p data-bbox="240 1541 1484 1733">Indicator b). Virginia DOC Policy OP 030.4 Special Investigation Unit (SIU) (page 3) sets forth the obligation that all cases of sexual assault and sexual harassment be investigated. The policy confirms the authority of SIU staff as having full police authority. The Auditor confirmed the policy is on the VA DOC website, while also reviewing state law in Virginia 15.2-1704 which defines the powers of police. Interview with the SIU agent confirmed the powers of arrest and authority to investigate crime in the facility including the ability to continue the investigation even if the alleged perpetrator or victim has left employment or custody of the institution.</p> <p data-bbox="240 1823 1420 1881">Indicator c). N/A - The Virginia Department of Corrections is responsible for Criminal Investigations and Administrative Investigations at Haynesville Correctional Unit 17.</p> <p data-bbox="240 1971 932 1998">Indicator d). N/A - The Auditor is not required to review this provision.</p> <p data-bbox="240 2087 932 2114">Indicator e). N/A - The Auditor is not required to review this provision.</p>

Compliance Determination: The documents reviewed by the Auditor confirm the authority of the DOC investigators to investigate sexual abuse and sexual harassment allegations. The Auditor was able to confirm with inmates that allegations are investigated even if they were not in agreement with the outcome. The facility was able to document a case for the Auditor to review on sexual harassment allegation. The results was unfounded and considered not PREA based on information reported. The volume of cases provided support there are appropriate resources to complete them in a timely fashion. The Auditor also took into consideration interviews with the Director, the SIU investigator, and the Superintendent to confirm all allegations of sexual assault and sexual harassment are investigated.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 102.6 Staff Orientation</p> <p>Policy 350.2 Training and Development</p> <p>Haynesville Correctional Unit #17 staff training records</p> <p>2020-2022 Training Curriculums, outlines, and exams for Online and Academy courses</p> <p>PREA/ADA monthly newsletters</p> <p>Memo on trainings during COVID</p> <p>Training rosters for HCC and HCU in 2021</p> <p>PREA Office newsletters</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Summary determination.</p> <p>Indicator a). The Virginia Department of Corrections has policy and trainings in place to address the requirements of this indicator. Agency policy OP 102.6 staff orientation states, "The DOC will train all employees who may have contact with offenders on:</p> <ul style="list-style-type: none"> a. Its zero-tolerance policy for sexual abuse and sexual harassment b. How to fulfill their responsibilities under DOC sexual abuse and sexual harassment prevention, detection, reporting, and response procedures c. The offenders' right to be free from sexual abuse and sexual harassment d. The right of offenders and employees 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 lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities." <p>The Auditor reviewed the training materials used to educate employees when hired and during annual refreshers. The training materials reviewed contained all 10 required elements of this indicator. Employees are trained and random staff interviews support an understanding of the agency's zero-tolerance policy toward sexual misconduct. Staff are told "Any behavior of a sexual nature between employees and offenders is prohibited. Employees are subject to a Group III offense under Operating Procedure 135.1 Standards of Conduct and may be prosecuted under the Code of Virginia." The Random staff were able to give examples of what they do in their daily jobs that help in protecting, detecting, and responding to</p>

incidents of sexual misconduct. The staff reported awareness of the inmates' and staff's rights to be able to report a concern without fear of retaliation. Staff were aware of individuals at greater risk and the symptoms they learned in the training of individuals who might be victims of abuse. Interviewed staff provided examples of different reasons sexual violence may occur in an institutional setting. A portion of the materials goes over staff standards of conduct, avoiding fraternization with inmates, and the mandatory responsibility to report individuals who violate the policy. Staff also were able to discuss what they learned about working with LGBTI inmates. Staff knew transgender and intersex inmates have a search procedure and using the preferred pronouns when speaking with the inmate. The trainings, according to staff, are usually offered in a classroom setting both in pre-service and annual training but due to COVID-19 some programming was done online with a quiz to prove knowledge. The staff are also given updates when policies are adjusted and the DOC's PREA/ADA unit puts out a newsletter monthly that refreshes staff on key issues in compliance. The policy on Training and Development (350.2) also covers the elements of the standard.

Indicator b). The training materials are developed for statewide use, as such its curriculum addresses working with male and female victims of abuse. Haynesville Correctional Unit has not had a transfer of any employee who had worked in a female-only environment in this audit cycle. Policy 102.6 (page 4) language reinforces the DOC's expectation of gender-specific training "Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa."

Indicator c). The Virginia DOC trains individuals on an annual basis in PREA. Training records confirm information received through random staff interviews and informal questions the Auditor asked of staff during the tour. New employees still receive classroom training on PREA at the state's academy. The Auditor looked at personnel records, training rosters to also confirm that all staff are getting PREA training regularly. Employees also report information is refreshed or updates explained in shift briefings.

Indicator d). The training records reviewed by the Auditor confirmed that staff signs an acknowledgment form that they understand the content of the training. The Auditor also was provided with each employee's test. Employees must receive a 100% score or must retake the questions the employee got wrong. This is done to ensure a full understanding of the staff expectations in promoting a zero-tolerance culture and knowing how to prevent, detect, and respond to sexual harassment and sexual abuse claims. The employees also complete an acknowledgement form that list the 10 items in indicator (a) and their continued responsibility to comply with the agency's PREA policy and the requirement to report all concerns. "The agency will document through employee signature or electronic verification that employees understand the training they have received."

Compliance Determination:

The Auditor has determined the facility has appropriately trained its staff in the areas required in this standard. Facility staff were well educated in the training topics mandated in the standard by being able to give examples to the Auditor questions related to the 10 required training elements. The Auditor reviewed facility policies and procedures, training curriculums, materials, training rosters, and staff exams. The Auditor reviewed 24 current employee training records when onsite. The facility provides training more often than the requirements of this standard as it trains staff annually. The PREA/ADA unit further supports ongoing training through the publication of a monthly newsletter that reinforces PREA topics and training modules. The Auditor determined compliance based on staff have retained the knowledge received from training, training materials reviewed, interview with PREA Compliance Manager and staff training records.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>OP 027.1 Volunteer Programming</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 102.6 Staff Orientation</p> <p>OP 350.2 Training and Development</p> <p>Guide to maintaining Boundaries</p> <p>Memo on no contractors or volunteers</p> <p>Volunteer and Contractor acknowledgement forms</p> <p>Individuals interviewed/ observations made.</p> <p>VDOT Contracted Employee Interview</p> <p>Volunteer Interviews</p> <p>Discussions with Contractors on tour</p> <p>Summary determination.</p> <p>Indicator a). Haynesville Correctional Unit has not had any volunteers in the past year. The facility does train staff contracted staff that work with the individuals on site or in the community. The Virginia Department of Correction and the Haynesville Correctional Unit #17 have in place a system to ensure all contractors and volunteers are trained regarding the inmates' rights to be free from sexual abuse, the agency's zero-tolerance policy for individuals who violate such, the potential criminal charges. Policy OP 350.2 states "Contractors and volunteers with the DOC who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. (§115.32, §115.232)</p> <ol style="list-style-type: none"> i. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. ii. The facility shall maintain documentation confirming that volunteers and contractors understand the training they have received. iii. See Operating Procedure 027.1, Volunteer Program, for guidance on volunteer training. iv. See Operating Procedure 160.1, Staff Orientation, for guidance on contractor training." <p>The Auditor was provided a sample of the information on volunteers and contractors get on the Prison Rape Elimination Act. In addition to the materials presented, the Auditor considered interviews with contracted staff and contractors spoken with on the tour who all supported receiving training on the Prison Rape Elimination Act. The individuals spoken to understood and supported a zero-tolerance culture and each person knew how to report a concern. Due to the COVID-19 outbreak, the facility was closed to volunteer organizations, so the Auditor was provided records of volunteer training before the pandemic.</p> <p>Indicator b). As noted in Indicator (a), the Virginia Department of Correction provides significant training to both its contracted and volunteer staff. The Auditor was able to confirm through the interview process that the individuals spoken with had a clear understanding of the zero-tolerance culture, how to avoid an inappropriate relationship with inmates, and how to report</p>

a concern. Contracted Employees receive the same annual training as the DOC staff. Individuals volunteering or contractors providing limited inmate contact services receive an orientation program that includes an overview of PREA according to the PREA Compliance Manager.

Indicator c). The Auditor was able to review the training record of contractors and a past volunteers. The individuals signed initial orientation forms when first allowed into the facility and those who provide ongoing services are found on training rosters. The information was provided for the Chaplin and several Virginia DOT staff who take inmates into the community to complete work assignments.

Compliance Determination:

The Haynesville Correctional Unit #17 has provided training to contracted employees and volunteers that is based on the level of contact with the inmates. Individuals with more direct and frequent contact receive the same training from the department on PREA and how to report a concern. Interviews, training materials, and records support there is a process to ensure all individuals who come to the facility are educated on the inmates' right to be free from sexual abuse, sexual harassment, and retaliation for reporting any such misconduct. The interview also confirmed the individual knew the requirement to report any knowledge or suspicion of such misconduct. The Auditor finds the HCU 17 to be compliant with the expectations of this standard. The determination was based on the materials reviewed, policies in place, and formal and informal interviews completed.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 699 358">Policy OP-038.3 Prison Rape Elimination Act.</p> <p data-bbox="240 387 900 416">Policy OP-810.2 Transferred Offenders and Receiving Operations</p> <p data-bbox="240 445 510 474">Inmate Orientation manual</p> <p data-bbox="240 504 491 533">Zero Tolerance Postings</p> <p data-bbox="240 562 501 591">Detainee Training Outline</p> <p data-bbox="240 620 371 649">PREA Video</p> <p data-bbox="240 678 592 707">Detainee acknowledgement Forms</p> <p data-bbox="240 790 679 819">Individuals interviewed/ observations made.</p> <p data-bbox="240 848 579 878">Interview with Intake Staff Person</p> <p data-bbox="240 907 542 936">Interview with case managers</p> <p data-bbox="240 965 467 994">Interview with inmates</p> <p data-bbox="240 1023 799 1052">Observation on tour of PREA Signage in two languages</p> <p data-bbox="240 1193 1493 1451">Indicator (a) All inmates are provided information about PREA upon admission to HCU 17. The inmates have often been exposed to PREA through other VA DOC facilities before their admission at HCU 17. At intake, inmates report being provided a description of PREA, and how to protect themselves, how to report a concern, and what services are available if someone has been a victim. The Auditor was explained the admission process during the tour including the information the intake officer goes over routinely related to PREA, the information provided in documents, and the video. The Auditor was not able to observe an intake due to no admissions but was able to confirm with inmates that they were provided information about PREA in the first hours in the facility. In addition to written documentation about PREA that is reviewed at intake, all inmates see a PREA educational video and have continued access to information in the site.</p> <p data-bbox="240 1543 1493 1901">Indicator (b) All inmates at HCU 17 are provided with a review of the facility-specific PREA information with their caseworker in the first few days in the facility. There is reportedly a orientation group the night a inmate arrives that ensures they understand how the program works including PREA. Case workers also report they will follow up during their initial meeting to see if there are any further questions the person was not able to ask in the group setting. The education includes the Virginia Department of Corrections Zero Tolerance toward sexual abuse or sexual harassment. The 5-page training curriculum tells inmates how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the inmates' rights related to PREA, and their right to be free from retaliation if they make a report. They are given an understanding of the steps DOC will take to investigate and support individuals if an incident occurs. Random inmates confirmed education into PREA. Inmates confirm verbally in the interviews they have received education about PREA and how to report a concern. All 60 admissions held over 72-hours in the 12-month prior were reportedly completed on time. A review of 12 spot-checked files, training documents, and inmate interviews support compliance with the indicator.</p> <p data-bbox="240 1993 1493 2148">Indicator (c) All inmates at the Haynesville Correctional Unit #17 have received an education on PREA and how to report any concern. Inmate education is documented, and random inmates confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. There are no inmates who were in the Haynesville Correctional Unit #17 before the PREA law implementation. Many random inmates pointed to signage in the units that educate inmates (#55) about PREA and others mentioned the PREA Brochure or the DOC video. Agency Policy OP-810.2 Transferred Offenders and Receiving</p>

Operations (page 4) requires "An offender received from another institution via transfer will be provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number. "

Indicator (d) Education is available in multiple languages and forms from written to video to large print documents. Inmates support that they can go to staff if they need assistance in the comprehension of written or oral PREA education. As a work camp, HCU #17 does not currently have any individual with significant impairments that required accommodations. The assistance is available to any individual who needs assistance including those with physical disabilities, cognitive limitations, or those who cannot read. Many inmates stated that PREA was not a concern, but they knew the information was available and stated some people could help including line officers, case managers, or the PREA Compliance Manager, or dial #55. The Auditor saw PREA Information in two languages during the tour.

Indicator (e) As noted in indicator (b), The Auditor reviewed 12 files supporting compliance with the documentation of PREA education. Records were reviewed for a random sampling of clients. This supports they have received PREA education. Agency policy takes the additional step to require if any audit of the client file does not have written proof of education the inmate is required to undergo reeducation immediately,

Indicator (f) Agency Policy OP-810.2 Transferred Offenders and Receiving Operations states "Each institution will ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats." Observations throughout the tour support there are materials available to inmates continuously. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor suggested periodic video refreshers be made available to inmates or to consider adding it to the inmate tablet system.

Compliance Determination

PREA is a term the inmates are familiar with at HCU 17. The Virginia Department of Corrections Policy OP 038.3 PREA-Prevention sets forth (on pages 4-5) the expectation of the timeliness of inmate education, manners in which education is delivered, and the requirement for materials for LEP and disabled inmate education. Inmates at HCU 17 confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. PREA information is reviewed with the inmate during a day one orientation class. This class has a PREA video, and the supervisor running the class goes over the inmate handbook that contains PREA information. The information reviewed is signed by the inmate and placed in their case record. The facility has PREA educational materials continuously available to inmates in the form of brochures and posters in. This video is available in multiple languages. Inmates have access to documents that can be translated into multiple languages as needed.

During interviews with inmates, they expressed several ways to contact the administration or outside individuals if they did not have comfort in telling the line staff. Many of the inmates stated that PREA was not a concern at the HCU 17. They also reported they believed any complaint would be taken seriously and investigated. The one inmate with a disabilities confirm perceived that if they had a need staff would assist in the understanding of materials.

Compliance determination considered the supporting educational documents, the inmates' answers about training, and their knowledge about facility specific steps for reporting a concern. Further supporting compliance is the Auditor's review of client records that showed their education, the inmate education training materials, and the videos used to educate.

115.34	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 678 358">Policy OP 030.4 Special Investigations Unit</p> <p data-bbox="240 389 678 416">Policy OP 350.2 Training and Development</p> <p data-bbox="240 448 748 474">Training for Institutional Investigators (PowerPoint)</p> <p data-bbox="240 506 542 533">VA DOC Investigator Training</p> <p data-bbox="240 564 932 591">NIC training on investigating sexual assaults in a Correctional Setting</p> <p data-bbox="240 622 440 649">Investigation Matrix</p> <p data-bbox="240 680 574 707">SIU Investigator Training records</p> <p data-bbox="240 739 609 766">Facility Investigators training records</p> <p data-bbox="240 846 679 873">Individuals interviewed/ observations made.</p> <p data-bbox="240 904 478 931">Interview with SIU Staff</p> <p data-bbox="240 963 590 990">Interview with HCU 17 Investigator</p> <p data-bbox="240 1021 715 1048">Interview with the PREA Compliance Specialist</p> <p data-bbox="240 1079 542 1106">Interview with Superintendent</p> <p data-bbox="240 1187 488 1214">Summary Determination</p> <p data-bbox="240 1245 1468 1473">Indicator (a) The Virginia Department of Corrections employs its own investigative body. The Department of Corrections employs Special Investigations Unit (SIU) Agents are official Law Enforcement with full powers of arrest in the state of Virginia. The Virginia DOC employs criminal investigators by region to investigate criminal conduct in the facilities including sexual assault and sexual harassment. These individuals required by policy OP 350.2 Training and Development, "Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations. In addition to the general PREA training provided to all employees, facility investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="240 1505 574 1532">Specialized training shall include:</p> <ul data-bbox="240 1563 1481 1738" style="list-style-type: none"> <li data-bbox="240 1563 842 1590">i. Techniques for interviewing sexual abuse victims <li data-bbox="240 1621 785 1648">ii. Proper use of Miranda and Garrity warnings <li data-bbox="240 1680 1481 1738">iii. Sexual abuse evidence collection in confinement settings iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral" <p data-bbox="240 1769 1487 1998">As such, SIU Agents have received training in completing investigations consistent with the Virginia statutes and DOC policy. The Department of Corrections has a cadre of 21 SIU staff members trained on how to complete sexual assault investigations of the correctional setting. In addition to SIU, the facility has a Lieutenant who also completed specialized training on investigating PREA allegations in the facility. The Virginia policy has the facility investigators make an initial assessment of the situation unless the allegation is clearly criminal, and SIU would immediately. The facility investigator will respond to all allegations to ensure in the case of a criminal act the scene and evidence is protected until the criminal investigator arrives.</p> <p data-bbox="240 2083 1481 2145">Indicator (b) The Virginia Department of Corrections has two training resources to ensure staff understands how to complete sexual assault or harassment investigations in a correctional setting. The Agency utilizes both the National Institute of</p>

Corrections online course PREA: Investigating Sexual Assault in a Confinement Setting and agency developed course. The Agency course, reviewed by the Auditor, contained all the relevant topics required in this standard and was developed in conjunction with the Moss Group. The interview with a trained investigator and an intel staff member confirmed the trainings covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral.

Indicator (c) Training records were provided for onsite staff who complete investigations and for 21 staff from throughout the Department of Corrections who would complete criminal and administrative investigations at HCU 17 including the investigator interviewed by the Auditor. Policy OP 030.4 Special Investigations Unit (page 10) states "The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators." The Auditor was provided documentation for the statewide SIU Agents, the current facility investigator and a second investigator whose employment ended in July of 2021.

Indicator (d) The Auditor is not required to review this indicator

Compliance Determination:

The Virginia Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting.

Documents and interviews support that the facility's investigators are trained in the requirements of a PREA related investigation. Given the number of DOC trained PREA Investigators, the level of professional investigative training provided to the staff, and the interview with the facility's trained Investigator, the Auditor finds the facility meets the standard expectations. Since there was only one inhouse investigation that in the end was determined not to be PREA, the Auditor had to make compliance determination based on policy, training materials provided and the interview with facility and SIU investigators.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 102.6 Staff Orientation</p> <p>Policy 350.2 Training and Development</p> <p>Policy 701.1 Health Service Administration</p> <p>Policy 720.7 Emergency Medical Equipment and Care</p> <p>NIC Courses for Medical and Behavioral Health Staff on Working with Victims in Corrections</p> <p>NIC Certificates</p> <p>PREA Response Plan</p> <p>Individuals interviewed/ observations made.</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>VCU Medical Center Staff</p> <p>Summary Determination</p> <p>Indicator (a) the Haynesville Correctional Unit #17 employs limited medical services on site, with support as needed from the neighboring Haynesville Correctional Center. Mental Health Services are by referral or treatment plan. Medical services are onsite Monday-Friday and inmates in need can be seen by a HCC nurse if needed off hours. The agency trains healthcare staff with the use of the National Institute of Corrections courses on PREA specific considerations from the medical and behavioral health staff. Included in the training materials was information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before transport to the hospital for a rape kit. Medical and Mental Health staff knew who to report PREA concerns to in the facility and within their supervision chain. Supporting documentation considered included the facility's PREA response plan. Agency policy also covers the language of the standard. "The Health Authority and/or Institutional Training Officer will document that all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." <p>Interviews also support they are trained on supporting the individual ones the initial forensic exam has been completed. Nursing staff confirmed they would follow up with the inmate if they had refused any of the initial treatment recommendations at the hospital. Mental health staff supported they would also provide frequent check in and assessment post a sexual abuse incident.</p> <p>Indicator (b) The staff do not complete a forensic exam. Discussions with the VCU Medical Center confirmed the availability to have trained nurses perform sexual assault exams.</p> <p>Indicator (c) Documentation was provided to the Auditor for the healthcare staff confirming the specialized training was</p>

completed. The Auditor reviewed the training materials and considered the staff's knowledge of the materials.

Indicator (d) A review of the training record and the interview with staff confirms that all healthcare staff received the same training as the DOC employees annually as well as the training described in 115.32. DOC training records further support compliance. Policy 102.6 states "Medical and mental health care practitioners must also receive the training mandated for employees or contractors and volunteers depending upon the practitioner's status in the DOC." As noted in indicator (a) the facility's training officer is to maintain the records. There are four medical and mental health staff associated with the HCU facility

Conclusion: Medical and Mental Health staff who work full or part time at Haynesville Correctional Unit #17 have taken the required specialized course through the NIC and can attest to the information they learned. The Auditor is familiar with the course content having reviewed it in previous audits. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with the healthcare staff at HCU and at HCC to ask questions as well as staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up to their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the Department of Corrections investigators or PREA Compliance Manager. The contracted staff reported they also take the same PREA classes from Virginia DOC as state employees. Medical staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer inmates to for an exam by a SAFE or SANE if needed. Policies reviewed by the Auditor to determine compliance along with interviews, a review of the training program for Medical and Mental Health Staff, and training records figured into the compliance determination. The Auditor also took into consideration the coordinated response plan and the availability of SAFE nurses in the local hospital.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 730.2 Screening Assessment and Classification</p> <p>Policy OP 810.1 Offender Reception and Classification</p> <p>Policy OP 810.3 Transferred Offender receiving and Orientation</p> <p>Policy OP 861.1 Offender Discipline</p> <p>Client Classification Screenings</p> <p>Client Reassessments</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with healthcare staff.</p> <p>Interview with Intake and Screening staff</p> <p>Interview with Superintendent</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) All inmates who are admitted or transferred to Haynesville Correctional Unit #17 will be assessed with an objective screening. This requirement is outlined in policy OP 810.1 (pages 5) it states "Within 24 hours of arrival, prior to bed assignment, a Classification Assessment will be completed in VACORIS for each new offender entering the DOC and housing assignments made accordingly." The policy goes on to state "Utilizing the results of the Classification Assessment in VACORIS and available offender records, staff will screen the offender for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and will interview and evaluate the offender for High-Risk Sexual Aggressor (HRSA) and/or High-Risk Sexual Victim (HRSV) tendencies." Policy OP 810.2 sets forth the same requirements for inmates who are transferred in the DOC system on page 4. Evidence supporting that inmates are screened was provided in advance in the OAS showing completions over the past year. The Auditor also selected and additional 14 to review on site and upload to the OAS.</p> <p>Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Virginia DOC requires the screening to be completed in the first 24 hours which exceeds the standard expectations. The review of the screening reports supports this practice standard is met. The inmate spoken with also confirmed they are met in the first 24 hours after they are admitted. The intake staff confirmed that if transfers arrive late from other parts of the state the screening will be done the next morning. Records review and discussion with inmates support they are meeting the standard indicator's timeliness.</p> <p>Indicator (c) The Virginia DOC tool developed for screening inmates for potential sexual violence or sexual victimization is an objective tool utilizing information from the inmate's criminal records, information from other correctional settings, and the client's self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The screening information has been put into VACORIS an electronic case management system. The Auditor also asked the Intake officer to show the process by which the questions were asked and other sources of information considered in scoring the tool. Files were reviewed in advance of the audit and the Auditor requested a random sampling of files on-site as noted in indicator (a). Since there were no admission on the day of the interview the Auditor relied on the description of how the person completing the screening goes about the process. The tool</p>

and the description of how information is gathered and scored supports an objective process allowing anyone trained to come to the same scoring outcomes. The PREA policy also sets forth an assessment of inmate's risk, "Utilizing the results of the offender's Classification Assessment in VACORIS and available offender records, all offenders are screened for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior at intake, transfer, and as needed."

Indicator (d) A review of the objective tool used in Virginia DOC facilities shows that it accounts for all 10 elements required in this indicator.

Indicator (e) The tool does consider the inmate's history of violence or sexual abusiveness in the community and prior institutional settings.

Indicator (f) The VA DOC policy 810.1 requires assessment within 21 days instead of the standards requirement of within 30 days. The Policy states "Within 21 days from the offender's arrival at the institution, staff will meet with the offender and will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the intake screening.

- i. The PREA Reassessment must be completed no sooner than 14 days and no later than 21 days after the offender's arrival at the institution.
- ii. Completion of the Reassessment must be documented as a PREA Reassessment in the Facility Notes section of VACORIS.
- iii. The PREA Reassessment will be scanned and uploaded as an external document to the corresponding PREA Reassessment note.

The Auditor was able to review the report and client files to ensure compliance with the standard. The Virginia policy has the reassessment completed in the period sooner than the required standard of 30 days. The Audit was able to review reassessment forms and compare them to the original admission date.

Indicator (g) The Auditor was able to ask the screening staff about why a reassessment would occur. The inmate would be reassessed if they were either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. Policy OP 730.2 Screening Assessment and Classification states "An offender's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness." There have been no reasons in the past year that a individual needed to be reassessed at HCU #17. If the facility had a HRSA scored inmate policy requires an annual reassessment. "Mental Health staff will complete an annual follow-up to monitor and assess current level of functioning, risk, and needs for those offenders who are designated HRSA."

Indicator (h) The Auditor confirmed that inmates are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who complete the initial screening, case managers who complete the re-assessment, and the random sampling of inmates who also confirmed you cannot get in trouble for not answering these questions.

Indicator (i) The Virginia Department of Corrections completes the screening information in its electronic case management system. The system limits who may have access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Limited information is shared through the Unit management structure to ensure safety but critical information that might be used to exploit an inmate is kept to a limited few individuals.

Compliance Determination:

The Haynesville Correctional Unit #17 ensures all inmates are screened for sexual victimization and abusiveness using an

objective tool. The policy requires that all inmates be screened initially within 24 hours and reassessed within 14-21 days. The Agency has in place the ability when warranted to reassess an inmate because of a request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS the Virginia DOC electronic case file system provides security limiting individuals access to scoring.

The objective tool was developed by Virginia DOC and has clear guidelines for its use. The tool accounts for all factors required in indicators (d) and (e). They have also implemented a system to ensure that after the initial screening the inmates are asked about sexuality, victimization history, and perceived safety. The intake/screening staff confirmed inmates cannot be punished for refusing to answer questions about sexuality, prior victimization, and vulnerability.

Compliance was determined based on the sample screens reviewed consistent with required content timeliness requirements in the standard. Interviews with staff and inmates further support that the appropriate questions are being asked.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Policy OP 810.1 Offender Reception and Classification</p> <p>Policy OP 810.2 Transferred Offender receiving and Orientation</p> <p>Policy OP 830.5 Offender Discipline</p> <p>Policy OP 841.1 Offender Programming and Services</p> <p>Inmate Classification Screenings and Reassessments</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Intake Officer</p> <p>Interview with Random Staff</p> <p>Interview with random inmates</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Virginia DOC PREA policy OP 038.3 addresses prevention efforts covers the 5 elements of this standard indicator (Pages 6-7). "Facility staff will use information from the offender's Classification Assessment in determining appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff will make individualized determinations about how to ensure the safety of each offender." The PREA screen used at HCU 17 provides immediate assistance in determining the appropriate housing unit and bed placement for any new Inmate. If an individual is a known perpetrator of sexual offenses, they would be prohibited from being placed in the same unit as an individual with a known victim history. Individuals who would be likely victims in the institutions would be reportedly placed by the shift commander in bunks closest to the housing officer's desk. Unit staff determine, through a multi-discipline team, when an inmate is ready to transition to work or programming where a potential conflict would be identified.</p> <p>Indicator (b) As noted in the policy statement in indicator (a) the safety of the inmates is considered throughout the inmate's stay. The facility has only two units to divide population amongst. During Covid-19 one unit is used for new inmates in the population. The facility will house individuals who could be targeted closer to the front of the dorm unit to ensure more staff observation. Staff interviewed identified the importance of being able to identify when the behaviors change. The random inmates report they could reach out to the PREA Compliance Manager if they had any individual needs/concerns Interviews with staff also confirm they would act if the inmates' voiced concerns. During the initial screening process, inmates are asked about their perception of safety by custody and medical staff. Inmates also have an opportunity to discuss concerns with mental health if requested and with case management staff during the reassessment period.</p> <p>Indicator (c) Currently the Haynesville Correctional Unit #17 has zero transgender or intersex individuals. The Haynesville Correctional Unit #17 is a male correctional facility and the Transgender in the population would be housed in a bunk that provides the greatest staff observation are housed in general population beds. Agency policy states "In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders and in making other housing and</p>

programming assignments for transgender and intersex offenders; staff will take into consideration whether an assignment would ensure the offender's health and safety and whether the assignment would present management or security problems. A transgender or intersex offender's view with respect to their own safety will be given serious consideration." The decision on where to house an individual who had previously disclosed their transgender or intersex status would be determined at a DOC administrative level. Any individual who discloses their status will be protected and will work with facility management to discuss steps to keep them safe. The Virginia DOC PREA Office would also be informed. Agency policy addresses the indicator in the PREA policy. "In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments for transgender and intersex offenders; staff will take into consideration whether an assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems."

Indicator (d) The facility has not had a transgender person and as a result there have been no meetings. Facility management including the Superintendent and the PREA Compliance Manager are aware of the expectations.

Indicator (e) Agency PREA Coordinator confirmed that a transgender inmate would be allowed to make requests as to housing programming searches, medication, and personal items to improve their overall comfort in the facility. As Inmates progress in their treatment, the multi-disciplinary team would continue to assess the most appropriate housing.

Indicator (f) DOC Policy 038.3 requires that transgender inmates can shower separate from other inmates. Shift commanders report transgender and intersex individual would be allowed to shower during the count when movements are most controlled.

Indicator (g) The Virginia Department of Correction does not by policy, practice, or legal requirement house all LGBTI inmates in one housing unit. There is no legal judgment requiring such a condition to exist. The policy prohibits this action "Lesbian, gay, bisexual, transgender, or intersex offenders will not be placed in a dedicated facility, housing unit, or wing solely on the basis of such identification or status" (OP 038.3). This was confirmed with interviews with the PREA Compliance Manager, random staff, and inmates. The Auditor reviewed the overall population but there were not multiple identified LGBTI individuals in the population to assess practice. Supervisor report that someone's gender status itself is not a factor for housing placement.

Conclusion: Virginia DOC Policy OP 038.3 Prison Rape Elimination Act described the use of the PREA Screening tool in Indicators (a) and (b). The remaining Indicators are covered in OP 23.8 Management of Transgender and Intersex Inmates. Other Policies reviewed further support expectations. All individuals entering HCU 17 are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. The Auditor confirmed with the PREA Coordinator, and the Superintendent multidisciplinary teams would meet to discuss each transgender inmate's needs and preferences. During the tour and subsequent movement, the Auditor was able to see how transgender inmates would have privacy during shower use.

The standard is determined to be compliant based on policy, supporting documents, and interviews with inmates and staff. The Auditor finds that practices are in place to use screening information and there is good communication about those at risk.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 839 356">Policy OP 425.4 Management of Bed and Cell Assignments</p> <p data-bbox="240 387 791 414">Policy OP 810.1 Offender Reception and Classification</p> <p data-bbox="240 445 730 472">Policy OP 810.2 Transferred Offender Reception</p> <p data-bbox="240 504 713 530">Policy OP 830.5 Transfers and Reassignments</p> <p data-bbox="240 616 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="240 674 655 701">Interview with Agency PREA Coordinator</p> <p data-bbox="240 732 542 759">Interview with Superintendent</p> <p data-bbox="240 790 633 817">Interview with Staff in Segregation Unit</p> <p data-bbox="240 848 707 875">Interview with the PREA Compliance Manager</p> <p data-bbox="240 907 443 934">Observation on tour</p> <p data-bbox="240 1019 488 1046">Summary Determination</p> <p data-bbox="240 1077 1497 1404">Indicator (a) The Haynesville Correctional Unit #17 refrains from placing inmates at high risk for sexual victimization in involuntary segregated housing. Policy OP 425.4 allows, consistent with the standard for protective custody housing, for a period of 24 hours, while the situation is assessed. DOC policy states "Offenders identified as HRSV or offenders alleged to have suffered sexual abuse or sexual harassment will not be placed in the restrictive housing unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Shift Commander and Regional PREA Analyst that there are no available alternative means of separation from likely abusers." HCU #17 administration reports that there have been no cases of protective custody for individuals at risk of sexual abuse in the past three years. HCU has no formal segregation unit, only temporary holding cell used for inmates being transferred to higher level of custody after program violation. These cell were also used for COVID isolation during the pandemic.</p> <p data-bbox="240 1489 1497 1619">Indicator (b) Since it is not the practice of Haynesville Correctional Unit #17 to place individuals in involuntary segregation as a means of providing protection from sexual abuse, the elements of indicator (b) are difficult to assess. The DOC policy states "The institution must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged.</p> <ol data-bbox="240 1650 1497 1928" style="list-style-type: none"> <li data-bbox="240 1650 1390 1709">i. A Sexual Abuse/Sexual Harassment Available Alternatives Assessment must be completed by the Shift Commander prior to placing the offender in a restrictive housing unit. <li data-bbox="240 1740 1497 1834">ii. If the Sexual Abuse/Sexual Harassment Available Alternatives Assessment cannot be conducted immediately, the Shift Commander may place the offender in a restrictive housing unit on General Detention for up to two hours while completing the assessment. <li data-bbox="240 1865 1497 1928">iii. A copy of the completed Sexual Abuse/Sexual Harassment Available Alternatives Assessment must be sent to the Regional PREA Analyst immediately upon completion with a copy maintained in the PREA Investigation file." <p data-bbox="240 1960 1497 2089">The policy goes on to state the following on access to programming. "If access to activities and services is more restrictive for offenders identified as HRSV or who have alleged to have suffered sexual abuse or sexual harassment than for others in their housing status, staff will document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations on the Denial of Activity or Service."</p>

Indicator (c) The Department of Correction has a policy OP 425.4 Management of Bed and Cell Assignments that addresses the requirements of this standard in protecting inmates and staff who report PREA incidents from retaliation. The policy requires HCU 17 not to house the victims or those at risk in segregation as a manner of protection unless there are no other means, and that the situation is reassessed every 30 days. The policy states "Offenders will remain in the restrictive housing unit only until an alternative means of separation from likely abuse can be arranged; this assignment will not ordinarily exceed 30 days."

Indicator (d) Since HCU 17 has not used segregated housing to achieve protective custody of individuals at risk of sexual misconduct in the past three years there is no documentation to review.

Indicator (e) The Department of Correction has a policy that (Policy OP 830.5 Transfers and Reassignments) addresses the requirements of this standard in protecting inmates and staff who report PREA incidents from retaliation. The policy requires HCU #17 not to house the victims or those at risk in segregation as a manner of protection unless there are no other means and that the situation is reassessed every 30 days. The policy requires regular review by staff and Mental Health professionals and communication to the Regional PREA Analyst. As noted above the Haynesville Correctional Unit does not have segregation.

Compliance Determination

Interviews with the Superintendent and the facility PREA Monitor confirm that the facility has not had to use involuntary segregation to ensure the safety of any victims of sexual assault. The Superintendent confirms that the aggressor would be the individual moved to segregation or a higher level of custody.. The standard is compliant based on the information provided, the tour, the interviews, and the policy and practice of the Haynesville Correctional Unit 17.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 694 356">Policy OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="242 387 705 414">Policy OP 803.3 Offender Telephone Services</p> <p data-bbox="242 445 582 472">Policy OP 801.6 Offender Service</p> <p data-bbox="242 504 609 530">Policy OP 866.1 Offender Grievance</p> <p data-bbox="242 562 405 589">PREA Brochure</p> <p data-bbox="242 620 481 647">Inmate orientation book</p> <p data-bbox="242 678 389 705">PREA Posters</p> <p data-bbox="242 790 679 817">Individuals interviewed/ observations made.</p> <p data-bbox="242 848 526 875">Interview with Random Staff</p> <p data-bbox="242 907 558 934">Interview with Random Inmates</p> <p data-bbox="242 965 689 992">Observation on tour of Reporting information</p> <p data-bbox="242 1077 488 1104">Summary Determination</p> <p data-bbox="242 1135 1497 1359">Indicator (a) The Virginia DOC has multiple policies that address the concerns of this standard indicator. The inmate reporting section of the PREA policy (OP 038.3) states, "Offenders can 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 staff member including chaplains, medical, mental health or counseling staff, security staff, or administrators." It goes on to state, "Offenders are not required to report only to the immediate point-of-contact line officer; an offender may report such incidents to any staff member using any available manner to include:</p> <ul data-bbox="242 1391 1406 1568" style="list-style-type: none"> <li data-bbox="242 1391 1406 1456">i. Verbally in person to a staff member or through another third party who can assist the offender in filing requests for administrative remedies <li data-bbox="242 1487 1102 1514">ii. Verbally through the offender telephone system Sexual Assault Hotline Number #55 <li data-bbox="242 1545 1315 1572">iii. Written using an Offender Request or Informal Complaint, Regular Grievance, or Emergency Grievance." <p data-bbox="242 1599 1485 1823">The policy directs staff and inmates on the ability to report sexual harassment, sexual abuse, or staff neglect that contributed to abuse. Staff interviewed knew they had to report all allegations of abuse or harassment and any coworker's action or inaction that lead to sexual misconduct against an inmate. Random inmate interviews confirmed that the inmates know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Inmates knew of the postings and options to report a concern including directly to a staff they trust, to any case manager or medical or mental health staff, by writing the Superintendent or by calling the PREA 'hotline' (#55). The one sexual harassment claim at HCU #17 was filed through the #55 reporting system.</p> <p data-bbox="242 1912 1477 2136">Indicator (b) The Virginia Department of Corrections has set up a way for inmates can report a PREA concern to an outside agency. The phone numbers to access the local rape crisis agency Action Alliance are painted on walls prominently in each housing unit. The PREA Poster available has the address of Action Alliance if they do not feel comfortable reporting to DOC staff. Inmates were aware of these options and stated they could call attorneys or family members to report a concern. The inmates were also confident if a family member called to report a concern, the staff would take it seriously and it would be investigated. Action Alliance has set up, with the DOC, a reporting line and a treatment/support line. The Auditor tried the # 55 line from a housing unit which prompts you to either press 1 to report a complaint or 2 to speak with a rape crisis</p>

advocate. The Auditor called the Hotline and the state PREA Coordinator confirmed she received a notification. The Auditor confirmed with Action Alliance that the reporting process allows them to report all concerns while allowing the individual to remain anonymous. By allowing the inmate to choose to report a concern separate from seeking emotional support they can report the complaints back to the DOC for investigation. The Haynesville Correctional Unit #17 does not house inmates for immigration violations. Most prisoners were not sure about who on the other end but felt it was an option for them reporting a concern.

Indicator (c) Interviews confirm consistent with agency policy (OP 038.3 Prison Rape Elimination Act page 8-9) that all staff take any report of a PREA related incident seriously and report the concern to a superior or the facility investigator. Random staff knew that they had to report the claim no matter the source of information including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported and documented in writing. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads to a sexual assault.

Indicator (d) The Virginia Department of Correction provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client they report to another supervisor or a higher-ranking individual, they can make a report using either the posted phone numbers, Human Resources, the Superintendent or the Virginia DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences.

Conclusion: Virginia Department of Corrections has several policies that provided staff and inmates to promote reporting. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment whether it was done verbally, in writing, anonymously, or by a third party (indicator (c)). Inmates interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline, mailing administration or the rape crisis agency, complete grievance form or call or write the local rape crisis agency. Posters seen on the housing units during the tour direct inmates to call or write Action Alliance. Inmates spoken to formally and on tour reported comfort in speaking with staff especially the facility PREA Compliance Manager if they had a concern. Custody staff reported knowing how to privately report PREA concerns to the administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and inmates as well as interview information from the Action Alliance representative, PREA Compliance Manager, and PREA Coordinator.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 694 358">Policy OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 392 603 418">Policy OP 861.1 Offender Discipline</p> <p data-bbox="240 452 609 479">Policy OP 866.1 Offender Grievance</p> <p data-bbox="240 512 520 539">HCU 17 Investigation Chart</p> <p data-bbox="240 573 531 600">Memos from Superintendent</p> <p data-bbox="240 633 679 660">Individuals interviewed/ observations made.</p> <p data-bbox="240 694 600 721">Interview with facility PREA Monitor</p> <p data-bbox="240 754 564 781">Interview with PREA Office staff</p> <p data-bbox="240 815 542 842">Interview with Superintendent</p> <p data-bbox="240 875 563 902">Interview with Grievance Officer</p> <p data-bbox="240 936 560 963">Interview with Random Inmates</p> <p data-bbox="240 996 443 1023">Observation on tour</p> <p data-bbox="240 1057 488 1084">Summary Determination</p> <p data-bbox="240 1117 1477 1301">Indicator (a) The Haynesville Correctional Unit #17 is not exempt from the standard; inmates can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which an inmate can file a grievance. Virginia DOC policy states “ The Offender Grievance Procedure is one of the multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.” There were no grievance forms filed for sexual assault allegations. The one sexual harassment complaint was not files through the grievance process.</p> <p data-bbox="240 1335 1489 1659">Indicator (b) Agency policy and client handbooks support the inmate can file a grievance to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency policy OP 866.1 Offender Grievance sets forth language consistent with the standard. The policy denotes when there is a deviation from standard grievance to conditions that need to be met specifically in PREA related grievances. A review of the policy shows there are no time restraints on the individual's right to file. “There is no time limit on when an offender may submit a Complaint, Informal Complaint, or Regular Grievance, regarding an allegation of sexual abuse.” The standard grievance at HCU 17 are required to be filed within 30 days of the incident. The policy also states there is no obligation for the grievant to have an informal resolution meeting with the party who sexually assaulted or harassed them. “An offender is not required to use the informal complaint process or otherwise attempt to resolve with staff any alleged incident of sexual abuse or sexual harassment.”</p> <p data-bbox="240 1693 1458 1821">Staff are directed in the grievance policy to accept and report all allegations of sexual misconduct. “Staff must accept all offender allegations of sexual abuse and sexual harassment reported on a grievance and must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and PREA Compliance Manager. The PREA Compliance Manager must notify the Regional PREA Analyst.”</p> <p data-bbox="240 1854 1485 2011">Indicator (c) The facility has mailboxes that inmates can submit confidential letters to the grievance officer, PREA Compliance Manager, or the Superintendent. They can also write the state PREA Coordinator at the DOC headquarters. Inmates can direct the mail to the appropriate administrator who will forward it to investigators and the grievance officer. Inmates interviewed report mail or grievances to be the a less common way to report. The most common would use to report a concern after the PREA Hotline #55 or tell staff directly.</p> <p data-bbox="240 2045 1453 2136">Indicator (d) Policy OP 866.1 Offender Grievance Sets forth the requirements for response and appeal consistent with the standard. The Grievance response times are spelled out in the policy. The Auditor had the Regional PREA Analyst pull a grievance form after a random interviewee claimed he was not responded to in time. The DOC was able to track the</p>

complaint which after the review was not a PREA concern but a COVID -19 issue and was denied within 4 days and referred to the Individual's Housing Unit Supervisor. Grievance that are not emergency are allowed to be appealed with in 30 days of the initial response and a response to any appeal is within 20 days.

Indicator (e) The grievance policy states inmates may be assisted in filing the grievance by any staff person or by any other person with whom the prisoner is permitted to have contact. The Auditor reviewed how the agency handles third part complaints including grievances and was provided with examples of these complaints. Such a person may also file the grievance on behalf of the prisoner or inmate, provided that the prisoner or inmate consents to the filing. Inmates spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another inmate. Staff were also aware they need to accept all complaints or grievances from third party individuals. Agency policy talks to assistance in filing a PREA grievance. "Third Party Assistance - Third parties must be able to assist offenders in completing grievances relating to allegations of sexual abuse and sexual harassment and must be permitted to file such requests on behalf of offenders

a. If a third party files such a request on behalf of an offender, the offender must agree to have the request filed on their behalf.

i. If the offender does not agree, staff must document the decision and the grievance must not be accepted.

ii. If the offender does agree, assistance from fellow offenders or staff members may continue through all stages that remain.

b. Any third party filing of a request related to allegations of sexual abuse or sexual harassment must be forwarded to the PREA Compliance Manager."

Indicator (f) Policy OP 866.1 describes the provisions for an emergency grievance. "Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm. It is the duty of all corrections employees to be responsive to emergency grievances." The forms have tracking numbers to allow for systematic review by the administration and preventing them from being diverted. There were no incidents in which an emergency grievance was filed in the last 12 months. Discussions with administration support that allegations of recent sexual abuse would be handle as a emergency grievance and be investigated by trained investigators.

Indicator (g) Inmates can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the grievance process. The facility grievance form has a location in which the Grievance Officer can document if he believes the individual is abusing the intent of the grievance process. An investigation by the SIU Detective or facility investigator would still occur to determine the bad faith filing. Policy states "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." Both the regional PREA Analyst and the Superintendent confirmed they are very careful before imposing discipline to avoid impacting others from coming forward to report a PREA concern.

Compliance Determination

Haynesville Correctional Unit #17 is not exempt from the exhaustion of administrative remedies. The Virginia Department of Corrections has a policy in place that covers the inmates' rights to seek administrative resolutions. There were no instances in which an emergency grievance was filed related to sexual abuse. Inmates interviewed knew they could file a PREA related concern through the grievance process but acknowledge it would not be as quick in resolving as telling a staff person directly or calling the PREA Hotline. Inmates report they can get assistance from other inmates in completing forms if needed. Compliance determination relied on the policy and interviews with the PREA Office staff, the Superintendent, the PREA Compliance Manager, and random inmates who were aware of the grievance process was a possible avenue to report a Sexual Misconduct concern.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy OP 038.3 Prison Rape Elimination Act

MOUs with Action Alliance

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Superintendent

Interview with Action Alliance staff

Interviews with Random Inmates

Observation on tour

Summary Determination

Indicator (a) Virginia Department of Corrections policy OP 038.3 Prison Rape Elimination Act requires on page 13 the agency ensures a current MOU with a rape crisis organization. "The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide offenders with access to free confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA/ADA Supervisor." The Haynesville Correctional Unit #17 provides access to the local rape crisis agency. Action Alliance will provide phone support and will assign staff or work with other local providers if the inmate request face to face support. The Agency's employees are considered professional visitor status which allows for confidential communication. Inmates can communicate by phone to Action Alliance utilizing #55 on the unit phones which will not record the conversation. The Haynesville Correctional Unit does not house inmates on immigration violations.

Indicator (b) All inmates interviewed understood that calls to the Hotline would be reported back to the institution. If an inmate dials #55 and chooses option two they can have confidential communication which will not necessarily be reported. Inmates were aware the phone calls were not recorded if they called the rape crisis agency. The Auditor confirmed with inmates and advocacy organizations that professional visit opportunities outside of the COVID restrictions would allow for a more open dialog.

Indicator (c) The Department of Correction has a Memorandum of Understanding with Action Alliance which covers Haynesville Correctional Unit 17. The agreement is renewable. The Auditor was able to review MOUs dating back until 2014 and the annual renewal of the agreement from 2015 through the current contract that expires later in 2022. The DOC PREA Coordinator provided a newly signed document that extends the relationship to April o

Conclusion: Inmate victims at HCU #17 can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Action Alliance of Richmond Virginia to provide support to victims (Indicator (c)). Action Alliance is part of a Coalition of Sexual Assault and domestic violence service. As part of the audit process, the Auditor spoke by phone to an Action Alliance representative who confirms their ability to provide service at DOC facilities. COVID-19 has impacted any onsite visits at the DOC facilities or local Hospitals. The agency Investigator knew about the importance of offering the support of Action Alliance and its affiliates during the investigation and after its conclusion. The PREA Brochure and signage at the facility had a toll-free number for inmates to access from the unit phone in the facility.

Requirements for compliance with this standard are covered by agency policy OP 038.3 Prison Rape Elimination Act. In determining compliance, the Auditor also considered interviews with the Rape Crisis agencies and the Inmates accessing services. Inmates could identify how confidential the communication is within the facility including mail and telephone contacts. Inmates knew that outside counseling staff could be spoken to in a professional visiting setting normally. The Auditor could see on the tour posters for Action Alliance. The Auditor requested and the facility obliged to refresh staff on the two different aspects of #55. One (1) as a way of reporting a PREA concern and two (2) as a way an inmate in emotional crisis could seek assistance which was put out by the state PREA Office in the next month's newsletter.

115.54	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 694 358">Policy OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="242 387 464 416">Virginia DOC Website</p> <p data-bbox="242 445 563 474">PREA Posters on Housing units</p> <p data-bbox="242 504 628 533">information of the PREA report Hotline</p> <p data-bbox="242 613 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 672 655 701">Interview with Agency PREA Coordinator</p> <p data-bbox="242 730 491 759">Random Staff Interviews</p> <p data-bbox="242 788 443 817">Observation on tour</p> <p data-bbox="242 898 488 927">Summary Determination</p> <p data-bbox="242 958 1493 1254">Indicator (a) Virginia Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow inmates, family, or friends. Information can be given in person, by phone, by e-mail, by US mail, or by contacting the agency PREA Coordinator through the agency website VADOC.Virginia.Gov. There is information directing inmates in the PREA brochure, PREA poster, and on the website noted above. Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for inmates to dial out to the advocates free of charge. The agency PREA policy addresses the standard, "Third parties including other offenders, staff members, family members, attorneys, and outside advocates are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of offenders.</p> <p data-bbox="242 1285 1493 1379">a. If a third party files such a request on behalf of an offender, the alleged victim must agree to have the request filed on their behalf, as a condition of processing the request. The alleged victim will also be required to personally pursue any subsequent steps in the administrative remedy process.</p> <p data-bbox="242 1411 1493 1440">b. If the offender declines to have the request processed on their behalf, facility staff must document the offender's decision.</p> <p data-bbox="242 1471 1493 1529">c. Contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public web site."</p> <p data-bbox="242 1561 1493 1821">Conclusion: Virginia Department of Corrections has put in place multiple resources for inmates and families to report a PREA related concern. The PREA Coordinator has a position in her unit responsible to field all calls and emails that come into including third-party sources. As part of the audit process, the PREA Auditor tested the unit Phones to ensure the phone numbers on the poster could be accessed. Compliance was based on policy and the systems VA DOC has put in place to support the inmates and that inmates were aware they could make a complaint on behalf of another inmate. Random staff interviews further supported compliance as they knew that they needed to report all third-party complaints no matter the source. Finally, the Auditor took into consideration the several options listed on the state's website for filing a PREA Complaint and the annual report which delineate the number of calls by region and facility.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>OP 038.1 Reporting Important or Serious Incidents</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 730.2 MHS Screening, Assessment and Classification</p> <p>OP 730.6 Mental Health Services</p> <p>OP 801.6 Offender Services</p> <p>Incident reports documenting report made by/to third party, anonymous or medical/mental health staff</p> <p>Virginia Department of Social Services Website</p> <p>Virginia Laws on vulnerable adults- State Website</p> <p>Memos confirming no reports to DSS or Medical or Mental health nor third parties</p> <p>Individuals interviewed/ observations.</p> <p>Random Inmates</p> <p>Random Staff</p> <p>Superintendent</p> <p>Medical Staff</p> <p>PREA Compliance Manager</p> <p>Summary determination.</p> <p>Indicator a). The Haynesville Correctional Unit #17 has trained its staff, contractors, and volunteers on the importance of reporting all allegations of sexual abuse, sexual harassment, and any forms of retaliation against individuals who reported or cooperated in an investigation of such misconduct. Several policies direct staff on such expectations. PREA policy OP 038.3 (page 5) utilizes the language of the standard to set forth this expectation. It reads "Any employee, volunteer, or contractor shall immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation". Interviews with random staff supported an understanding of this expectation. They knew that they had to forward all allegations no matter the source or their personal beliefs as to the validity of the claim.</p> <p>Indicator b). The Department of Corrections policy OP-038.1 Reporting Important or Serious Incidents (page 5) states "Apart from reporting to designated supervisors or officials, any information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions." Random staff interviewed were able to voice the expectation of keeping the information confidential. They verbalized the need to involve only the key management and investigative staff necessary to obtain help and contain any evidence.</p> <p>Indicator c). Medical and mental health services providers in Virginia have a duty to report incidents of sexual abuse, sexual harassment, or information that would prevent such actions. Policy OP 730.2 states ") Before beginning the Sexual Assault</p>

Assessment, the QMHP will advise the offender of the practitioner's duty to report, and the limitations of confidentiality and that such information may be available to the facility administration in the context of an investigation in accordance with Operating Procedure 730.6, Mental Health Services: Confidentiality". The Auditor confirmed with medical and mental Health staff that inmates are made aware of the limits of confidentiality. Random inmates were also asked if they understood limits to confidentiality when speaking to medical or mental health staff. The inmates acknowledge they understood if the information was related to the potential risk to them or another individual the information would be disclosed to facility investigators.

Indicator d). The facility does not serve individuals under the age of 18. Agency and Facility management and investigators were aware that abuse of individuals who are considered vulnerable adults must be reported to the State Department of Social Services. The Auditor confirmed with investigators that abuse toward these targeted populations would be reported to the appropriate state agency and that there are additional charges that may be applied in cases where the victim met the definition of a vulnerable adult. The Auditor reviewed various Virginia websites that define the expectation of reporting abuse and the legal ramifications for the perpetrators of such misconduct. The Acting Superintendent confirmed that no case in the last 12 months had to be reported to the Department of Social Services.

Indicator e). The Superintendent, PREA Compliance Manager, and facility Investigators confirmed that all allegations of sexual misconduct are reported to the facilities intelligence unit to initiate an investigation of the claim. If information supports a criminal act has occurred, the agency's Criminal Investigator is then involved. PREA policy supports that all allegations are referred for investigations. The Auditor tested the inmate reporting mechanism to ensure they could at a minimum report without having to identify themselves. The phone system was used to ensure that the PREA Office would be informed even if I used the outside reporting method. The Auditor also considered in this indicator interviews with line staff that supported all allegations, no matter the source or the staff opinion on the validity of the allegation, must be reported to investigators.

Compliance Determination:

The Virginia Department of Corrections has put into place policies that support the expectations of the standards. The Language is reiterated in several policies that further support the commitment to investigate all claims of sexual abuse, sexual harassment, and/or retaliation. The staff and inmates of the Haynesville Correctional Unit #17 have been educated on the expectations of reporting, that all claim no matter the source should be investigated. Inmates and staff interviewed supported an understanding of confidentiality, its importance in the investigative process, and the limitations of confidentiality in a medical or mental health setting. The supporting documents provided to the Auditor support that all claims including third party and anonymous claims are forwarded for investigations. The Auditor finds the facility to be compliant with all aspects of this standard. The Auditor's interviews supported a staff that was well trained in the expectations of the standard. The interview answers coincided with the documents reviewed that all claims are forwarded to the investigative teams. The Auditor also found the investigative staff and facility administration understood its obligation to inform other state organizations responsible for the rights of vulnerable adults.

115.62	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 627 358">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="242 387 877 416">OP 720.2 Medical Screening, Classification, and Levels of Care</p> <p data-bbox="242 445 729 474">OP 830.6 Offender Keep Separate Management</p> <p data-bbox="242 504 549 533">Memo of no reported incidents</p> <p data-bbox="242 613 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 672 655 701">Director of VA Department of Corrections</p> <p data-bbox="242 730 399 759">Superintendent</p> <p data-bbox="242 788 384 817">Random Staff</p> <p data-bbox="242 898 489 927">Summary determination.</p> <p data-bbox="242 956 1485 1321">Indicator a). The Department of Corrections has at its resources several options to ensure the safety of an inmate who is at imminent risk of sexual abuse. Policies set expectations. "When a staff member, volunteer, or contractor learns that an offender is subject to a substantial risk of imminent sexual abuse, the individual must notify their supervisor, or the Officer-in-Charge (OIC) so that immediate action can be taken to protect the offender." (OP383.3). An allegation of imminent risk requires, "the QMHP will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an offender when it is determined that the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization." The agency's policy OP 830.6 Offender Keep Separate Management (page 3) outlines different steps to be taken to ensure the safety of inmates including in cases of imminent risk of sexual abuse. The process includes immediate investigation of a situation, a separation of individuals, and formal classification notations of the situation. Random staff interviewed noted the responsibility to keep an inmate safe from potential abusers until the investigative team can arrive to further review the situation.</p> <p data-bbox="242 1404 517 1433">Compliance Determination:</p> <p data-bbox="242 1462 1485 1827">The Virginia Department of Corrections has in place both policy and appropriate resources to keep safe individuals at imminent risk of sexual abuse. As outlined in indicator a) there are several policies that direct steps to be taken to protect such individuals from sexual abuse. The Director and the Superintendent support the expectation is the response will be immediate upon learning of any inmate at imminent risk. The Superintendent reports that given the small size of the facility potential conflict may be resolved by moving one or both parties to back to a higher-level custody facility. The HCU does not have special management units. It does have temporary holding cell to put aggressive individuals in until transportation can be arranged. The Superintendent confirmed the ability to move either party to another institution in a relatively expedient fashion.. Though HCU 17 has not had to use this process for imminent risk individuals the Superintendent is confident in his ability to maintain the safety of an inmate. The policies and Interviews completed support the ability of Haynesville Correctional Unit #17 staff to respond to imminent risk claims of sexual abuse. The Auditor finds the standard has been met based on these factors.</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 627 358">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 389 611 416">OP 030.4 Special Investigations Unit</p> <p data-bbox="240 448 798 474">Memo confirming no reports to or from other institutions</p> <p data-bbox="240 560 616 586">Individuals interviewed/ observations.</p> <p data-bbox="240 618 571 645">Interview with PREA Coordinator</p> <p data-bbox="240 676 541 703">Interview with Superintendent</p> <p data-bbox="240 788 488 815">Summary determination.</p> <p data-bbox="240 846 1490 1008">Indicator a). The Haynesville Correctional Unit #17administration, PREA Compliance Manager, and Investigator all are aware that inmates who report abuse at prior institutions will have the complaint forwarded by the Superintendent to the previous facility's head. VA DOC PREA Policy OP 038.3 (page 9) states the following: "Any staff member, volunteer, or contractor, who receives an allegation that an offender was sexually abused while confined at another facility, must notify the Organizational Unit Head.</p> <ul style="list-style-type: none"> <li data-bbox="240 1039 1425 1097">i. The Organizational Unit Head or designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. <li data-bbox="240 1128 1461 1155">ii. Notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. <li data-bbox="240 1187 1318 1214">iii. The Organizational Unit Head or designee must document that it provided such notification." <p data-bbox="240 1245 1490 1370">The Auditor confirmed through interviews with the above individuals that if current HCU #17 inmates claimed abuse occurring in another facility (including ones outside the control of the DOC) the facility will be notified to allow an appropriate investigation to occur. The Regional PREA Analyst also confirmed the DOC PREA/ADA unit would also be notified. The Auditor was provided information that in the past 12 months there were no such cases.</p> <p data-bbox="240 1456 1461 1581">Indicator b). As Noted in Indicator a) the Virginia Department of Correction Policy requires notification within 72 hours after the facility became aware of the alleged crime. The Superintendent of Haynesville Correctional Unit #17 was aware of the timeframe and the expectation required of him to notify the leadership of the facility where the crime is alleged to have occurred.</p> <p data-bbox="240 1675 1474 1769">Indicator c). It is the reported practice that phone call notifications are followed up with email notifications and appropriate documentation to support any investigation. The Superintendent confirmed that this would be his process if a inmate was to report abuse at a past institution.</p> <p data-bbox="240 1854 1490 2051">Indicator d). In Policy OP 038.3 Prison Rape Elimination Act (page 9) the DOC sets forth the requirement of the initiation of an investigation if the Superintendent receives an allegation from another institution. "The facility head or agency office that receives the notification is responsible for ensuring that the allegation is investigated in accordance with the requirements of the Prison Rape Elimination Act National Standards ". The Superintendent of Haynesville Correctional Unit #17 was aware of this requirement. There have been no such allegation made or received that required the Investigators to be notified. Interview with these individuals support that there response is immediate.</p> <p data-bbox="240 2136 515 2163">Compliance Determination:</p>

The Auditor finds the facility is compliant with the standard's expectations. The Superintendent and the DOC Director were clear on their commitment to ensuring each inmate victims were offered a thorough investigation. The Superintendent was aware of the timeliness of notifications and the facility provided documentation to support that Haynesville Correctional Unit #17 has handled notifications and immediately referred them for investigation. Absent an inmate in the population who reported having told staff about abuse at another institution the Auditor had to make his determination based on policy, and interviews.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 612 358">OP 030.4 Special Investigations Unit</p> <p data-bbox="240 392 628 418">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 452 628 479">OP 075.1 Emergency Operations Plan</p> <p data-bbox="240 512 493 539">PREA Training Materials</p> <p data-bbox="240 618 617 645">Individuals interviewed/ observations.</p> <p data-bbox="240 678 384 705">Random Staff</p> <p data-bbox="240 739 376 766">Medical Staff</p> <p data-bbox="240 844 1445 909">Indicator a). The PREA policy of the VA Department of Correction sets forth the expectations for staff who are first on the scene of a reported sexual assault. The policy states "Facility Staff Responsibilities</p> <ol data-bbox="240 943 1246 1883" style="list-style-type: none"> 1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security a staff member to respond to the report will be required to: <ol style="list-style-type: none"> a. Separate the alleged victim and abuser to ensure the victim's safety. b. Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence and. c. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence d. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, 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. e. If the first staff responder is not a security staff member, the responder will be required to ensure the victim's safety, request that the alleged victim not take any actions that could destroy physical evidence such as showering, eating, brushing teeth, or drinking until after evidence collection, and notify the OIC" <p data-bbox="240 1917 1477 2040">Interviews with random staff supported they were trained in the expectations of the first responder duties. The staff was able to provide steps they would take consistent with the policy statement above and the training materials reviewed as part of 115.131. The Auditor also reviewed the Emergency Operations policy OP 075.1 which uses the same language as stated above.</p> <p data-bbox="240 2130 1461 2157">Indicator b). Interviews with Case management staff, Vocational staff, and Medical staff confirm they were aware of how to</p>

protect evidence and act as a first responder. DOC trains all staff in the facility on the expectation of the first responder. Non-security staff and contracted staff are provided the same training that the DOC staff go to annually. Training records and their ability to state the first responder duties support an understanding of how to protect the inmate and the evidence.

Compliance Determination:

The facility did not have any custody staff available who had acted as a first responder to an incident of a sexual abuse case in the past 12 months. The most recent cases investigated was sexual harassment not sexual assault. The random staff interviewed support they have an understanding of the facility's efforts to protect inmates who allege sexual abuse, protect evidence, and provide quick access to medical and mental health care. The medical staff was aware of the protocol to protect evidence on inmates until they can be seen by a Sexual Assault Nurse Examiner. All Staff also knew the importance of thorough documentation of the incidents and the importance of maintaining confidentiality about the incident except to those staff needed to ensure care and support the investigative process. The Auditor based the determination of compliance on the policy in place, the documents supporting the process, and the interviews with staff.

115.65	Coordinated response
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 697 358">Haynesville Correctional Unit #17 PREA Plan</p> <p data-bbox="240 389 651 416">The VA DOC PREA Response Checklist</p> <p data-bbox="240 448 628 474">OP 075.1 Emergency Operations Plan</p> <p data-bbox="240 506 628 533">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 618 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="240 676 400 703">Superintendent</p> <p data-bbox="240 734 304 761">Major</p> <p data-bbox="240 792 432 819">PREA Coordinator</p> <p data-bbox="240 904 491 931">Summary determination.</p> <p data-bbox="240 963 1493 1258">Indicator a). The Virginia Department of Correction has put language into both the agency's Emergency Plan policy and it's PREA policy. Each Document requires the agency's correctional facilities to have an operational plan the defines the role of individuals in the institution in responding to a sexual assault incident. The PREA policy and the agency PREA response checklist provide facilities direction in the development of a plan. The Auditor reviewed the plan which discusses the roles of the first responder, the responding supervisor, and, the investigators, Medical and Mental Health staff would be called from HCC if they are not on site. The procedure also requires notification by the shift Commander to the Administrator on Duty, the Investigator and the PREA Compliance Manager. The document also states when the Superintendent as well as the PREA Coordinator's Office is to be notified. The step-by-step plan provides staff with direction during the crisis and when accompanied by the response checklist allows for a thorough and consistent response to a sexual assault incident.</p> <p data-bbox="240 1344 517 1370">Compliance Determination:</p> <p data-bbox="240 1402 1493 1630">The Auditor has reviewed the policies, and the Haynesville Correctional Unit #17 PREA Response Plan in determining compliance. The plan provides direction for a consistent multi-discipline response to the sexual assault which provides for the inmate victim's medical and emotional health while ensuring the effort protects evidence that could lead to a criminal conviction. The plan is available to supervisory staff and interviews with the Superintendent and PREA Compliance Manager support swift communication occurs between all levels of the facility leadership and quick notification and support from the agency's PREA/ADA office. Absent an incident interviews, policies, and the documents presented to support the facility is compliant with standard expectations.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 331 443 358">Virginia Code §40.1</p> <p data-bbox="242 389 555 416">OP 135.1 Standard of Conduct</p> <p data-bbox="242 501 619 528">Individuals interviewed/ observations.</p> <p data-bbox="242 560 542 586">Interview with Superintendent</p> <p data-bbox="242 618 571 645">Interview with PREA Coordinator</p> <p data-bbox="242 730 1493 1128">Indicator a). The Auditor was provided information from the DOC Operations Manager supporting that there is no collective bargaining. The documentation quotes state law " Virginia Code §40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service.". To further support the Department of Correction's ability to protect the inmate victim from an alleged staff abuser the Auditor reviewed OP 135.1 Standards of Conduct. In this policy the DOC sets forth the ability to place an employee out on administrative leave during an investigation. "Pre-Disciplinary Leave - Leave with pay to be used when disciplinary action is being considered and the employee's removal from the workplace is necessary or prudent because their continued presence (i)may be harmful to the employee, other employees, inmate/probationer/parolees; (ii)makes it impossible for the DOC to conduct business; (iii)may hamper an internal investigation into their alleged misconduct; (iv)may hamper an investigation being conducted by law enforcement; or (v)may constitute negligence in regard to the agency's duties to the public or other employees." The Auditor was also informed that agency policy ensure staff in sexual harassment cases will be moved during the investigation of the claims.</p> <p data-bbox="242 1214 874 1240">Indicator b). The Auditor is not required to review this provision.</p> <p data-bbox="242 1388 517 1415">Compliance Determination:</p> <p data-bbox="242 1447 1493 1572">The Auditor has confirmed the Haynesville Correctional Unit #17 does not have any collective bargaining elements that would prevent the removal of a staff person from contact with an alleged victim of sexual abuse. The Auditor has determined the facility is compliant with the standard expectations. This conclusion was based on the VA. State Code, DOC policy supporting separation of victims from alleged staff, and interview with facility and agency leadership.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 675 358">Policy – 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 392 750 418">Policy – 075.7 Critical Incident Peer Support Team</p> <p data-bbox="240 452 951 479">Policy – 135.2 Rules Governing Employee relationships with Offenders</p> <p data-bbox="240 512 735 539">Retaliation Monitoring forms for staff and inmates</p> <p data-bbox="240 678 619 705">Individuals interviewed/ observations.</p> <p data-bbox="240 739 528 766">PREA Compliance Manager</p> <p data-bbox="240 799 579 826">Inmates who had filed complaints</p> <p data-bbox="240 909 491 936">Summary determination.</p> <p data-bbox="240 969 1485 1292">Indicator a). The Virginia DOC PREA policy OP 038.3 states “All staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other offenders or staff.” The policy language ensures a process for protecting those who report or participate in an investigation of a PREA incident. The policy goes on to identify the individual responsible for monitoring these individuals at a facility level. The policy states “For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation, and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and will act promptly to remedy any such retaliation.” The Auditor confirmed with the PREA Compliance Manager and the Superintendent the individuals responsible for monitoring inmates and staff at Haynesville Correctional Unit 17.</p> <p data-bbox="240 1382 1481 1641">Indicator b). Virginia DOC policy OP 038.3 defines the different steps that should be implemented to ensure the safety of victims or individuals who cooperate in the investigation. “Multiple measures are available to protect staff and offenders from retaliation; such measures include housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.” Interview with agency and facility leadership confirms the agency’s commitment to ensure client safety who file a PREA complaint. The Auditor confirmed with individuals that the PREA Compliance Manager does come to the units and checks in with them. The Auditor was able not able to review any monitoring as there have been no incidents.</p> <p data-bbox="240 1731 1485 2089">Indicator c). Consistent with the standard expectation the DOC policy requires monitoring to be for at least 90 days. The Policy states “For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation, and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and will act promptly to remedy any such retaliation. a. Items to be monitored include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. b. The PREA Compliance Manager must continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 2. In the case of offenders, such monitoring will also include periodic status checks.” The Auditor confirmed with the PREA Compliance Manager the requirements of this indicator. The supporting documentation in the retaliation monitoring forms shows that the monitoring’s continued for periods of at least 90 days unless the inmate had left the facility.</p>

Indicator d). As noted in indicator c) the monitoring will include periodic status checks. Interviews with the facility PREA Compliance Manager confirm she would meet individuals regularly and offer to arrange mental health services even if they had initially refused such support. The PCM understood the other elements to look at as symptoms of retaliation.

Indicator e). As noted in indicator b), the protection measures would include steps taken to protect staff who cooperate in an investigation on PREA. The Agency policy OP 075.7 Critical Incident Peer Support Team defines additional staff supports available to staff. The Policy states "Employees who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment and are in need of or request emotional support services should be referred to the Employee Assistance Program (EAP)". The Superintendent confirmed that he or the Major would be regularly viewing the performance and interactions of a staff who cooperated in an investigation to ensure there was no retaliation.

Indicator f). The Auditor is not required to consider this indicator

Compliance Determination:

The Auditor was provided with a policy that matches the standard expectations. The documentation provided showed the process described in the policy has been operationalized. Interviews with the Director of the Department of Corrections and the Superintendent support the expectation of protecting individuals from retaliation. Absent a actual case of monitoring the Auditor took into consideration that inmates confirmed they have routine access to the PREA Compliance Manager and support she routinely tours the facility. The PREA Compliance Manager was aware of the expectations in monitoring for retaliation. The Auditor took into consideration policies, supporting documentation, interviews with agency and facility administration, with PREA Compliance Manager, and with inmates. The culmination of these factors supports compliance with the standards expectations.

115.68	Post-allegation protective custody
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 767 358">OP 425.4 Management of Bed and Cell Assignment</p> <p data-bbox="242 387 707 416">OP 830.5 Transfers and facility reassignments</p> <p data-bbox="242 445 938 474">Sexual Abuse/Sexual Harassment Available Alternatives Assessment</p> <p data-bbox="242 557 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 616 399 645">Superintendent</p> <p data-bbox="242 674 430 703">PREA Coordinator</p> <p data-bbox="242 786 489 815">Summary determination.</p> <p data-bbox="242 844 1477 972">Indicator a). In interviews with the Superintendent, he reported it is not the practice of the facility to place victims of sexual abuse in protective custody against their will. The HCU #17 also has only temporary holding cells that are not designed for keeping a victim isolated in an open dormitory setting. The aggressor would be placed in these cells until a transfer could be arranged.</p> <p data-bbox="242 1001 1489 1296">The DOC policy allows for involuntary placement in protective custody if there is no other option. In making this consideration the facility is required to document its efforts on a form called Sexual Abuse/Sexual Harassment Available Alternative Assessment. A review of policy OP 425.4 Management of Bed and Cell Assignment indicated the requirement of all offenders identified as an alleged victim of sexual abuse (HRSV) shall be checked to determine the need for continued separation from the general population. The policy states "Offenders identified as HRSV or offenders alleged to have suffered sexual abuse or sexual harassment will not be placed in the restrictive housing unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Shift Commander and Regional PREA Analyst that there are no available alternative means of separation from likely abusers."</p> <p data-bbox="242 1326 1489 1489">Similarly, policy OP 830.5 Transfers, Facility Reassignments requires that inmates alleged to have suffered sexual abuse should not normally be placed in segregation or specialized housing without their consent unless it has been determined that there are no available alternative means of separation from likely abusers. The Facility Classification team must complete the assessment of alternative housing options before placing the individual in involuntary segregation. The policy goes on to state this assignment to segregation/restrictive housing shall not ordinarily exceed a period of 30 days.</p> <p data-bbox="242 1572 515 1601">Compliance Determination:</p> <p data-bbox="242 1630 1493 1962">The Haynesville Correctional Unit #17 has not utilized protective custody holding to protect inmates from sexual abuse. The Auditor confirmed this has not occurred with the Superintendent and the Shift Commanders. As noted there is only temporary holding cell that could provide an assemblance of protective custody in the dorm style housing of HCU #17. The Superintendent and the Major confirmed the aggressor would definitely be moved to higher level facility and the victim would be monitored closely while their safety is reassessed. Though the DOC has a policy in place consistent with the standard requirements it shows at both the facility and state level that it is the last solution. The agency's PREA Coordinator is kept aware of any individual placed in involuntary segregation for risk of sexual victimization. The Policy requires notification by facility staff to the regional PREA Analyst any time this occurs. Based on the review of the agency policy, observations, and information obtained through staff interviews and review of documentation, the Auditor has determined the facility is compliant with standard expectations.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 694 358">Policy OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 387 678 416">Policy OP 030.4 Special Investigations Unit</p> <p data-bbox="240 445 553 474">Sexual Assault Response Plan</p> <p data-bbox="240 504 438 533">Investigative matrix</p> <p data-bbox="240 562 461 591">Investigator Trainings</p> <p data-bbox="240 620 882 649">Superintendent Memo on Investigations referred for prosecution</p> <p data-bbox="240 730 679 759">Individuals interviewed/ observations made.</p> <p data-bbox="240 788 598 817">Interview with an Investigative Staff</p> <p data-bbox="240 846 700 875">Interview with Inmate who made an allegation</p> <p data-bbox="240 956 488 985">Summary Determination</p> <p data-bbox="240 1014 1493 1413">Indicator (a) Virginia Department of Corrections has trained law enforcement staff and as such, the agency is responsible for both criminal and administrative investigations. The Agency also has trained staff in completing investigation into allegations of sexual misconduct. In policies, OP 038.3 and 030.4 the agency set forth the responsibilities of the investigative team including the need for a prompt thorough investigation of the facts and a complete report outlining the processes undertaken, the reasoning behind the findings. Policy states “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.” The facility investigator will make an initial assessment of the situation. “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 “ Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. In the interview with the facility investigator who handled the one allegation in the past year he confirmed he was notified of the allegation and began his investigative process. The Auditor reviewed the report associated with the allegation.</p> <p data-bbox="240 1496 1481 1695">Indicator (b) As noted in 115.34 the Virginia DOC has some 11 approved criminal investigators in its Special Investigators Unit. HCU has 1 facility trained investigator who can be supported by trained Investigators from the Intelligence Unit at the neighboring Haynesville Correctional Center complete the NIC training on Investigation Sexual Abuse in a Correctional Setting. Virginia DOC policy on Special Investigations Unit (OP 030.4) requires the Investigators to be trained specifically in investigations of sexual abuse in institutional settings. “SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations.”</p> <p data-bbox="240 1778 1497 1977">Indicator (c) Virginia DOC policy sets forth in OP 030.4 the obligations of collecting and maintaining evidence, interviewing all relative parties and considering all information pertinent to the case including when appropriate past actions of those involved. The policy states, “Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.”</p> <p data-bbox="240 2007 1497 2134">Absent a sexual assault case the Auditor and facility Investigator reviewed the evidence that was considered in the case, the steps taken in the interview process and if the individuals had any prior conflicts or history. Virginia DOC trains all line staff on trying to preserve evidence including locking off potential crime scenes and encouraging the victim to not do anything that would potentially degrade the quality of the DNA evidence. As noted in 115.21 forensic exams of the victim would not occur</p>

at HCU 17 but at a local hospital with SANE trained nurses. The Auditor also spoke with a SIU investigator who confirmed how he has handled the elements of this indicator at other facilities.

Indicator (d) The SIU investigator supports in criminal cases they would work closely with the local prosecutor on the case. Policy 030.4 describes the expected interactions with the prosecutorial authorities (page 11). "When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

Indicator (e) The SIU investigator and the facility Investigator spoken with confirmed that there is no requirement for a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what policy requires (030.4). "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 an inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

Indicator (f) All criminal investigations potentially can include a referral for an administrative review if the evidence supports that a staff person's actions or inactions led to an inmate-on-inmate sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in a discipline outside of termination. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. Virginia DOC policy states the following on administrative investigations "1. Must include an effort to determine whether staff actions or failures to act contributed to the abuse. 2. Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

Indicator (g). All criminal investigations completed by the SIU investigator result in a written report as required in the agency's related policies. As noted there were no criminal cases to review at HCU #17.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution. Policy 030.4 Special investigations Unit (page 11) states When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. " This expectation was confirmed in the interviews with investigative staff.

Indicator (i) The Virginia Department of Correction's record retention requires a greater retention period than 5 years beyond the separation of the parties from the institution. This was confirmed through the investigator's interview. Policy O38.3 defines the requirements consistent with the standard "All sexual abuse data collected must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise."

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals' departure from the institution would not result in the case being closed. The investigation policy states, "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." The SIU Investigators in Virginia are trained law enforcement officers as defined by the state. This allows them with full police authority to go outside the institution to continue to pursue information related to the case.

Indicator (k) Auditor is not required to audit this provision.

Indicator (l) This indicator does not apply as noted above; the Virginia DOC has full authority to complete criminal investigations in its facilities.

Compliance Determination.

The Virginia Department of Corrections requires all incidents are investigated promptly upon notification to staff. The agency's PREA policy and Investigative policy, require prompt investigations of sexual abuse and sexual harassment in VA DOC facilities. In determining compliance, the Auditor took into consideration many factors. The Haynesville Correctional Unit #17 and the VA DOC have sufficient and appropriately trained individuals who can complete sexual assault investigations.

In determining compliance, the Auditor considered the stated information found in policy, the one administrative investigation completed and interviews with the investigative staff and inmates who had been involved in the investigation at the facility and the SIU individual who had completed investigations at other institutions.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="244 329 592 356">Policy OP 135.2 Rules of Conduct</p> <p data-bbox="244 445 679 472">Individuals interviewed/ observations made.</p> <p data-bbox="244 504 504 530">Interview with Investigator</p> <p data-bbox="244 618 489 645">Summary determination.</p> <p data-bbox="244 676 1461 768">Indicator (a) Virginia DOC Policy OP 135.2 Rules of Conduct states, "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated" This standard was confirmed by the facility investigator.</p> <p data-bbox="244 855 510 882">Compliance Determination</p> <p data-bbox="244 913 1485 1039">The Department of Corrections has several staff trained in the investigation of Sexual Assaults at the state correctional facilities, as noted in 115.34. The Investigator reviewed PREA case files with the Auditor and described the process for a criminal case and the process for an administrative investigation. Compliance was based on the policy and the interview with the Investigative Officer</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 612 356">OP 030.4 Special Investigations Unit</p> <p data-bbox="240 387 628 414">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 445 416 472">Investigation files</p> <p data-bbox="240 557 617 584">Individuals interviewed/ observations.</p> <p data-bbox="240 616 617 642">Interview with the Facility Investigator</p> <p data-bbox="240 674 707 701">Interview with the PREA Compliance Manager</p> <p data-bbox="240 732 798 759">Interview with Inmate who had made PREA Complaints</p> <p data-bbox="240 844 489 871">Summary determination.</p> <p data-bbox="240 956 1490 1256">Indicator (a) Virginia DOC provides notification to all inmates on the outcome of their investigations into sexual misconduct including sexual harassment cases. The agency policy OP 030.4 Special Investigations Unit page 11 requires "Upon completion of the investigation, SIU should report to the Facility Unit Head to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded." The PREA Policy has similar language, "Following an investigation into an offender's allegation that they suffered sexual abuse or sexual harassment in a DOC facility, the offender must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." At Haynesville Correctional Unit #17 the outcome of all investigation is reported to the inmate by the investigator or the facility PREA Compliance Manager. The inmate who reported an allegation confirmed he was informed of the outcome even after he recanted his allegation.</p> <p data-bbox="240 1341 1461 1404">Indicator (b) This indicator does not apply as Virginia DOC completes criminal and administrative investigations at all DOC facilities.</p> <p data-bbox="240 1489 1485 1583">Indicator (c) The policy OP 038.3 Prison Rape Elimination Act uses language consistent with this standard indicator to define the information that must be notified to the inmate victim. The policy states ". "Following an offender's allegation that a staff member committed sexual abuse against the</p> <p data-bbox="240 1615 1197 1641">offender, the PREA Compliance Manager or investigator must subsequently inform the offender</p> <p data-bbox="240 1673 349 1700">whenever:</p> <ul style="list-style-type: none"> <li data-bbox="240 1731 791 1758">i. The allegation has been determined to be unfounded <li data-bbox="240 1789 847 1816">ii. The allegation has been determined to be unsubstantiated <li data-bbox="240 1848 895 1874">iii. The staff member is no longer posted within the offender's unit <li data-bbox="240 1906 809 1933">iv. The staff member is no longer employed at the facility <li data-bbox="240 1964 1197 2045">v. The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility <li data-bbox="240 2076 1220 2157">vi. The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility." The Auditor was provided examples of cases from the past 18 months of notifications made to inmates at

Haynesville Correctional Unit 17.

Indicator (d) The policy language in OP 038.3 covers the required notification for an inmate-on-inmate sexual abuse cases. "Following an offender's allegation that they have been sexually abused by another offender, the PREA Compliance Manager or investigator must subsequently inform the alleged victim

whenever:

- i. The allegation has been determined to be unfounded
- ii. The allegation has been determined to be unsubstantiated
- iii. The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility
- iv. The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility

By practice, the Haynesville Correctional Unit notify inmates in writing on the outcome of both sexual abuse cases and sexual harassment cases. The Policy has form letters for each outcome.

Indicator e). The Haynesville Correctional Unit #17 provides each inmate a written letter on the outcome of their investigation. The letter explains what the words substantiated, unsubstantiated and unfounded mean. Each inmate is asked to sign for the letter so there is documentation of the inmate being made aware of the findings. Random inmates confirmed they had received a letter on the outcomes.

Compliance Determination:

The Auditor was able to review documents in investigative files that support inmate notifications occur. The Auditor reviewed 15 sexual abuse and Sexual Harassment allegation to confirm the inmates are notified of investigation outcomes. The document supports the ability to notify them also when staff or inmate perpetrators are no longer at the facility and when there are inditement and convictions. Clients interviewed who had made PREA allegations confirmed they were notified of the outcome. The Auditor finds the facility in compliance with the standard, based on policy, the documentation, interviews with the Criminal investigator, the PREA Compliance Manager, and the inmate who had previously filed PREA allegations.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 564 356">OP 135.1 Standards of Conduct</p> <p data-bbox="240 387 1023 414">OP 135.2 Rules of Conduct governing Employee Relationships with Offenders</p> <p data-bbox="240 445 547 472">Memo confirming no discipline</p> <p data-bbox="240 557 679 584">Individuals interviewed/ observations made.</p> <p data-bbox="240 616 574 642">Interview with Human Resources</p> <p data-bbox="240 674 542 701">Interview with Superintendent</p> <p data-bbox="240 732 504 759">Interview with Investigator</p> <p data-bbox="240 844 489 871">Summary determination.</p> <p data-bbox="240 902 1437 965">Indicator a). The Virginia Department of Correction has policies that govern staff conduct and sanctions for violation. OP 135.2 Rules of Conduct governing Employee Relationships with Offenders</p> <p data-bbox="240 996 1490 1122">(page 5) states: "Sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1, Standards of Conduct." As the Auditor has learned Group III violations are considered the most serious offenses. Human resource staff confirmed that staff can be terminated for such actions without having to go through progressive levels of discipline.</p> <p data-bbox="240 1209 1490 1370">Indicator b). The DOC policy OP 135.2 goes on to state "Termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse." As noted in indicator a) the Auditor confirmed with the Human resources staff that employees will be terminated for engaging in the sexual abuse of an inmate. There were no incidents of staff being terminated in the last 18-months from Haynesville Correctional Unit #17 for sexual abuse of an inmate. The policy also states that staff who engage in sexual acts with inmates will be charged with a felony in addition to the termination.</p> <p data-bbox="240 1458 1490 1650">Indicator c). The DOC policy OP 135.2 states "Disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will 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" The Superintendent and the Major reported there have been no incidents of staff who have been disciplined for sexual harassment of inmates. Policy 135.2 goes on to describe in detail prohibitions on fraternization or non- professional association with current or former inmates.</p> <p data-bbox="240 1738 1490 2069">Indicator d). Virginia Policy OP135.2 states, "All terminations for violations of VA DOC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal." As noted in 115.71 the Haynesville Correctional Unit #17 has access to a criminal investigator who is considered law enforcement in the state of Virginia with full powers of arrest. The SIU Criminal Investigator confirmed he has the power to pursue the investigation outside the institution if an inmate has been released or if a staff person quits before being terminated. The facility administration confirmed that staff or contractors who have licenses will have the misconduct reported to the governing body responsible for their licenses.</p>

Compliance Determination:

The Virginia Department of Corrections has in place the appropriate resources to fully investigate staff sexual misconduct and apply discipline when deemed warranted. The agency has in place the ability to terminate staff for first offenses of sexual abuse of inmates. Policies in place and interviews with the Human Resource staff, the Criminal Investigator, and the Superintendent were used to determine compliance. Since the facility has not disciplined a staff there was no file to review.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 686 358">OP 027.1 Volunteer and Internship Program</p> <p data-bbox="242 387 1027 416">OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders</p> <p data-bbox="242 445 555 474">Memos confirming no incidents</p> <p data-bbox="242 504 612 533">Contractor and Volunteer Orientation</p> <p data-bbox="242 674 617 703">Individuals interviewed/ observations.</p> <p data-bbox="242 732 679 761">Interview with SIU and Facility Investigators</p> <p data-bbox="242 790 670 819">Interview with PREA Compliance Manager</p> <p data-bbox="242 848 630 878">Interviews with Contractors/Volunteers</p> <p data-bbox="242 960 489 990">Summary determination.</p> <p data-bbox="242 1019 1473 1346">Indicator a). The Virginia Department of Corrections has trained contractors and volunteers on the consequences of engaging in sexual abuse or sexual harassment of an inmate. Interviews completed with both contractors and volunteers support they were aware of the standard of conduct including that individuals who engage in such misconduct can be immediately barred from access to the institution and may be referred for criminal prosecution based on the type of misconduct. Agency policies OP 027.1 and OP 135.2 states "Any contractor or volunteer who engages in sexual abuse of offenders must be prohibited from contact with offenders and must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and law enforcement agencies unless the activity was clearly not criminal." "The DOC will take appropriate remedial measures and will consider whether to prohibit further contact with offenders, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer." The Criminal Investigator confirmed as noted in 115.71 if the contractor or volunteer is a licensed professional the governing body would be notified.</p> <p data-bbox="242 1435 1473 1630">Indicator b). As noted in indicator a) non-criminal violations of the agency's standard of conduct would have to be reviewed by facility management before allowing the individual to regain access to the facility. Policy on volunteer and interns OP 027.1 (page 12) stated "In the event of any other violation of agency sexual abuse or sexual harassment policies by a volunteer the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders." There have been no allegations against any contractor or volunteer in the past 18 months that would require any cessation of access to the facility.</p> <p data-bbox="242 1720 517 1749">Compliance Determination:</p> <p data-bbox="242 1778 1485 2002">The Auditor finds the standard has been met. The Virginia Department of Corrections has sufficient policies to ensure if a victim or contractor engages in sexual misconduct the case will be investigated, the inmate will be protected by halting the alleged perpetrator access to the facility, and notifications to the appropriate licensing bodies. The facility staff is aware of the importance of removing alleged abusers from access to the victim. Supporting the information provided, the Auditor took into consideration the training of volunteers who are educated on the consequence of engaging in sexual harassment or sexual abuse of inmates. As noted, the Haynesville Correctional Unit #17 inmates have limited contractors and volunteers with whom they have contact which has been further impacted by the pandemic.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 627 356">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 387 612 414">OP 820.1 Inmate Case Management</p> <p data-bbox="240 445 539 472">OP 830.3 Good Time Awards</p> <p data-bbox="240 504 927 530">OP 861.1 Offender Discipline, Institutions and Operating Procedures</p> <p data-bbox="240 562 550 589">Inmate Orientation Documents</p> <p data-bbox="240 620 526 647">Disciplinary Hearing records</p> <p data-bbox="240 728 679 754">Individuals interviewed/ observations made.</p> <p data-bbox="240 786 663 813">Interview with the Regional PREA Analyst</p> <p data-bbox="240 844 579 871">Interview with the Superintendent</p> <p data-bbox="240 902 707 929">Interview with the PREA Compliance Manager</p> <p data-bbox="240 1014 489 1041">Summary determination.</p> <p data-bbox="240 1077 1485 1404">Indicator a). The Virginia Department of Corrections allows for the discipline of inmates who engage in sexual misconduct as defined by the agency. OP 038.3 Prison Rape Elimination Act states “Sexual harassment, assault, and abuse by incarcerated offenders is prohibited and subject to disciplinary action per Operating Procedure 861.1, Offender Discipline, Institutions, and Operating Procedure 940.4, Community Corrections Alternative Program, and may result in criminal charges.” The Auditor also reviewed policy 861.1 to confirm the sexual assault is considered one of the most serious charges a inmate can have in the facility. The policy on page 18 clarifies that discipline is separate from the criminal case against them for such actions. “The offender disciplinary process, as described in this procedure, is an administrative process that is separate and independent from the criminal judicial system. An offender may be held accountable for a violation of the Code of Offenses through this disciplinary process, and may also be criminally prosecuted for the same offense.” All Inmates complete as part of orientation a review of the Discipline policy of Virginia DOC for which they must sign.</p> <p data-bbox="240 1489 1485 1650">Indicator b). Virginia DOC has sanctions for inmate in the institution are required to be similar to other inmates with similar histories. Policy OP 861.1 Offender Discipline, Institutions and Operating Procedures states “In determining the appropriate penalty, consideration shall be given to the nature and circumstances of the offense committed, the offender’s disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories.” There were no discipline of inmates at HCU #17 to review.</p> <p data-bbox="240 1736 1485 2000">Indicator c). In policy OP 861.1 it defines steps required to be taken if the inmate who is the potential subject of discipline had a mental disability or illness. The policy defines the steps the committee must take before having a discipline hearing. Action include, having the inmates case reviewed by a Qualified Mental Health Professional (QMHP) who can provide clinical impression on the client, the ability to understand their actions or the hearing process, and how actions such as specialized housing may impact their institutional stay. The policy states, “Before a Disciplinary Offense Report is served on an offender assigned to a Mental Health Unit, housed in Restorative Housing for a mental health reason (e.g. suicide watch), or against an offender with a Mental Health Code of MH-2S, MH-3, or MH-4 or an offender who may be cognitively or mentally impaired in general population, the OIC will contact a Psychology Associate to assess the following:</p> <ol data-bbox="240 2031 887 2116" style="list-style-type: none"> a. Clinical impressions related to the disciplinary offense b. Likelihood of understanding the acceptance of a Penalty Offer

- c. Likelihood of effectively participating in the hearing
- d. Potential impact of Restorative Housing on offender's cognitive/ mental condition
- e. Provide relevant comments and/ or recommendations
- f. The OIC will ensure that an Offender Mental Health Assessment 861_F2RH is completed and forwarded to the Hearings Officer along with the Disciplinary Offense Report.”

Indicator d). Client at HCU 17 can receive individualized counseling toward the underlying causes of their sexual misconduct. The facility does not have a specific program for sexual offenders, as the program is a work camp. If a individual commits a sexual offence at HCU #17 the likely outcome would be transfer to a higher level facility.

Indicator e) Agency policy does not allow for the discipline of inmates who engage in sexual contact with a staff member unless it is proven the staff did not consent.

Indicator f) Virginia DOC PREA policy OP 038.3 defines when an inmate can and cannot be disciplined for filing a PREA complaint in bad faith. The policy state “ Any offender who makes a report of offender-on-offender sexual violence or staff sexual misconduct or harassment that is determined to be false may be charged with a disciplinary offense if it is determined in consultation with the Regional PREA Analyst that the report was made in bad faith. Offenders will not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Even if an investigation does not establish sufficient evidence to substantiate the allegation, reports of sexual abuse made in good faith will not constitute falsely reporting an incident or lying.” There have been no cases in the last year. Agency policy (OP 861.1) describes the process to ensure only those reports purposefully filed in bad faith are disciplined. “Due to the sensitive nature of this offense, it is important that it is handled with utmost caution and fairness to avoid hindering the offender's right to file complaints against employees. The purpose of this offense is to prevent offenders from fabricating charges against corrections employees. Before this offense can be brought, there must be an investigation by an impartial third party to determine that there are any facts that could substantiate the statement or charge. The investigation should include, but is not limited to, interviewing the offender who made the allegation and the employee who is the subject of the allegation”

Indicator g) Haynesville Correctional Unit #17 does not allow consensual sexual contact between inmates. Inmates spoken with understood that such behavior may result in disciplinary actions. OP 038.3 the PREA policy states “Consensual sexual activity among offenders is prohibited. Offenders who engage in this type of activity will be subject to disciplinary action in accordance with Operating Procedure 861.1 Offender Discipline”. Any sexual advances are a level II offense by policy.

Compliance Determination:

The Virginia Department of Corrections and the Haynesville Correctional Unit #17 have in place systems for holding individuals accountable for sexual misconduct. The policies require the disciplinary committee to consider factors on the inmate's mental health and cognitive capacities. The facility had no incidents in the last year that resulted in a formal discipline for the Auditor to review. The agency staff interview and policy language support the use of discipline around false reporting of PREA incidents is done in a cautious manner to not impact the overall population's willingness to report incidents. All Inmates are educated about the agency discipline codes at admission. Compliance determination was based on interviews, policies, and supporting documents reviewed.

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 772 358">OP 425.4 Management of Bed and Cell Assignments</p> <p data-bbox="240 389 501 416">OP 701.3 Health Records</p> <p data-bbox="240 448 828 474">OP 730.2 MHS Screening, Assessment, and Classification</p> <p data-bbox="240 506 467 533">Classification Records</p> <p data-bbox="240 618 616 645">Individuals interviewed/ observations.</p> <p data-bbox="240 676 616 703">Interviews with Medical Professionals</p> <p data-bbox="240 734 655 761">Interview with Mental Health Professional</p> <p data-bbox="240 792 568 819">Interviews with Random Inmates</p> <p data-bbox="240 904 579 931">Indicator Summary Determination</p> <p data-bbox="240 963 1490 1258">Indicator (a) Inmates who identified through the screening process or who admit a history of sexual trauma can be referred to either Mental Health Services or the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and interviews with inmates and Mental health and case management staff. DOC policy OP 730.2 MHS Screening, Assessment and Classification (page 6) sets forth the requirement to refer all individuals who are admitted with past histories of sexual assault or Sexual victimization to mental health who will follow up within 14 days. Policy states "In institutions, within 14 days of completion of the Classification Assessment, the QMHP will notify those offenders, identified as HRSA or HRSV, of the availability for a follow-up meeting with a mental health practitioner and inform the offender of available relevant treatment and programming. Notification will be documented on the Prison Rape Elimination Act (PREA) QMHP Follow-Up form. There were no admissions in the past year of individuals with past abuse histories.</p> <p data-bbox="240 1344 1490 1541">Indicator (b) Inmates who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment as required in VA DOC Policy. Haynesville Correctional Unit #17 has mental health professionals who can provide individual services to individuals with sexual offense histories. "All inmates designated as a High-Risk Sexual Aggressor (HRSA) or High Risk Sexual Victim (HRSV) are referred to Psychology Associate staff for assessment and follow-up in accordance with Operating Procedure 810.1," There were no HRSA admissions in the past year. Individuals who commit sexual aggression would be transferred from HCU #17.</p> <p data-bbox="240 1626 815 1653">Indicator (c) Haynesville correctional Unit #17 is not a jail.</p> <p data-bbox="240 1738 1490 2002">Indicator (d) The Auditor confirmed through interviews with intake staff, case management staff, medical staff, and the PREA Coordinator that sensitive information is protected. Custody staff does not have access to information in the medical or mental health records. Information obtained and documented in VACORIS is also limited in access to those individuals who need to know. Inmates interviewed supported that information given to counseling staff is kept confidential. Doc policy OP 730.2 states "Any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."</p> <p data-bbox="240 2087 1449 2150">Indicator (e) All inmates sign, with medical staff, an understanding of the limits of confidentiality as it relates to criminal behaviors. Inmates interviewed confirmed both they had signed acknowledgment forms and they verbally understood the</p>

reasons why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. Virginia DOC policy states, "The principle of confidentiality applies to an offender's health records and information about an offender's health status. The Health Record must be handled and stored to ensure that confidentiality of the information is maintained, except as provided by law and this operating procedure B. The Health Record should be maintained separately from other types of offender records and be sealed prior to any transport. C. Access to the Health Record will be controlled by the Health Authority and will be granted only to those who require it under DOC procedures and applicable state and federal law."

Conclusion: All inmates are screened when they arrive at the Haynesville Correctional Unit 17. Inmates are seen by medical and if indicated by mental health staff within 14 days of admission. Inmates with sexual assault histories and sexual victimization histories are offered treatment. In addition to the DOC PREA screening, the medical staff have several intake questions that are PREA related. The secondary questioning allows inmates who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Inmate medical and mental health records are not accessible to the custody staff. VACORIS. Compliance absent any referrals for service was based on policy, the security of records, interviews, and information provided on tours by the Medical and Mental Health staff.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy – OP 038.3 Prison Rape Elimination Act</p> <p>Policy –OP 075.1 Emergency Operations Plans</p> <p>Policy – OP 720.4 Co-Payment for Healthcare</p> <p>Policy – OP 720.7 Emergency Medical Equipment Care</p> <p>Policy – OP 730.2 MHS Screening Assessment and & Classification</p> <p>Investigative Files</p> <p>Offender Medical Records</p> <p>Sexual assault checklist</p> <p>Memo from Superintendent</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical staff</p> <p>Interview with Sexual Assault Nurse Examiner</p> <p>Interviews with First Responders</p> <p>Indicator Summary Determination</p> <p>Indicator (a) The Haynesville Correctional Unit #17 has a full-service medical clinic that operates 8 hours per day but the facility has access to medical services 24 hours through the neighboring HCC. Registered Nurses are always available and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Inmates report access to these services if they are in crisis. Medical staff report having medical autonomy if the inmate must go out of the building for emergency services to facilitate that trip. The medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. In the event of a sexual assault, inmates at HCU 17 would go to Virginia Commonwealth University Medical Center which has SANE trained nurses and availability of support from both in-house trained advocates or local rape crisis agencies.</p> <p>Indicator (b) Medical services are available 24 hours per day at the VCU Medical Center. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. DOC policy OP 038.3 Prison rape Elimination Act (page 10) states "If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, the OIC must immediately notify the facilities designated medical and mental health practitioner." An interview with the medical administrator confirms that if a practitioner is not on-site they will be contacted by the medical team.</p> <p>Indicator (c) Discussions with both Hospital staff and facility medical staff confirmed that sexual assault victims would be offered prophylaxis medications and emergency contraception. The Auditor confirmed the same medications would be offered to the inmate again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the inmate on the importance of such medications for continued health.</p>

Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost. Policy OP 720.7 Emergency Medical Equipment and Care (page 8) states "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident". The clinic at HCU 17 would function as the aftercare by providing follow up care medically and ensuring mental health services are offered.

Compliance Determination:

Virginia Department of Corrections can quickly respond to and provide emergency care and referral to a local hospital for forensic services. Each DOC facility's response plan for PREA incidents outlines the steps taken to ensure access to care. The Haynesville Correctional Unit #17 has medical nursing staff readily available 24 hours per day. The facility also has on-call providers that can help to facilitate the referral to an outside medical provider. The Auditor confirmed SAFE or SANE capabilities are available at the Virginia Commonwealth University Medical Center approximately 45 miles away in Richmond VA. As part of the audit process, the Auditor spoke to a hospital representative to confirm the access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any inmate in DOC this was confirmed not only with hospital staff but with an inmate who was taken out for a forensic exam. The hospital staff confirmed they follow the protocols of the International Association of Forensic Nurses which support they offer victims HIV testing, prophylaxis treatments for STD, and emergency contraception if the inmate was female. Compliance determination took into consideration the access to services, the DOC health services in place, and Virginia DOC policies, information from the interviews completed and inmate victims' file information.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 802 358">Policy – 720.7 Emergency Medical Equipment and Care</p> <p data-bbox="240 389 778 416">Policy – 730.2 MHS Screening Assessment and Care</p> <p data-bbox="240 448 515 474">Memo supporting no cases</p> <p data-bbox="240 560 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="240 618 619 645">Interviews with Medical Professionals</p> <p data-bbox="240 676 668 703">Interviews with Mental Health Professional</p> <p data-bbox="240 734 448 761">Interview with SANE</p> <p data-bbox="240 904 580 931">Indicator Summary Determination</p> <p data-bbox="240 963 1493 1258">Indicator (a) The Virginia Department of Corrections ensures that all inmates are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Policy 720.7 states, “Offender victims of sexual abuse will 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.” Healthcare staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the inmate will be offered a forensic exam at the VCU Medical Center. If the incident is a prior life event that occurred in another institution or in the community the medical and mental health teams will complete a health assessment and mental health referral for services. If the inmate is more comfortable discussing the abuse with a rape crisis agency staff person a mental health referral can be made to Action Alliance to provide appropriate level of supportive counseling.</p> <p data-bbox="240 1344 1485 1706">Indicator (b) Inmates who are victims of sexual assault in a Virginia correctional institution are immediately referred to mental health services as well as medical services. Policy 720.7 states, “The facility will offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such offender victims will 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. The facility will provide such offender victims with medical and mental health services consistent with the community level of care.” Even if the assault occurred in the community or at a county jail; the inmate, once identified, is referred to mental health staff for follow-up services. If the inmate prefers, they can be referred to Action Alliance for support services post an incident of sexual misconduct. The Medical and Mental Health staff spoken to confirmed, as did the Action Alliance representative, that they would make referrals to ensure continuity of care if the inmate were released home or transferred to another facility.</p> <p data-bbox="240 1792 1477 1989">Indicator (c) the Haynesville Correctional Unit 17s has a small onsite medical office but can also be seen as needed at the neighboring Haynesville Correctional Center. The combined services at these facilities is equivalent to a community medical clinic. The facility offers a full array of medical and mental health services and can make referrals for specialist if needed at the community hospital. The HCC has an infirmary if observation or ongoing care is needed for any point after the victim returns to the facility. The facility provides mental health services including counseling, medication management, and when needed, the extra support of the mental health unit or direct observation room in the clinic space.</p> <p data-bbox="240 2074 1270 2101">Indicator (d) The Indicator does not apply as Haynesville Correctional Unit #17 is an all-male institution.</p>

Indicator (e) The Indicator does not apply as Haynesville Correctional Unit #17 is an all-male institution.

Indicator (f) The Auditor confirmed with both, the medical staff at HCU 17 and the representatives of the VCU Medical Center used by HCU 17, that victims of sexual assault are offered testing for sexually transmitted diseases. Hospital representatives support this testing is provided free of charge consistent with state law and agency policy. The Auditor was provided information that no inmates required any follow up services for possible sexually transmitted diseases.

Indicator (g) Treatment services are provided to victims of sexual abuse without cost to the inmate including if the inmate must go out for a forensic exam. Policy OP 720.7 Emergency Medical Equipment and Care (page 9) states "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident".

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments if the victim chooses not to speak to mental health they can also be referred to the local rape crisis agency, Given the security level of HCU the perpetrator would likely be moved to a higher level facility where ongoing mental health services and evaluations could occur.

Compliance Determination:

The Virginia Department of Corrections ensures inmates have ongoing access to services. The DOC has several policies that address the healthcare needs of inmates including services available to victims of sexual abuse. The Auditor reviewed the policies and found several references that address standard indicators along with information from the PREA policies. Health Services staff would provide follow up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Nursing and Mental Health staff would ensure that all medical needs and follow up treatment was provided after an initial referral to VCU Medical Center in Richmond for a forensic exam. Medical staff confirmed that they could educate inmates about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. Compliance is based on policy consistent with the standard, the resources available on-site and identified hospital, the interviews with medical and mental health staff as well as interviews with representatives of Action Alliance.

115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 802 358">Policy – 038.1 Reporting Serious and Unusual Incidents</p> <p data-bbox="240 389 678 416">Policy – 038.3 Prison Rape Elimination Act.</p> <p data-bbox="240 448 531 474">PREA Incident Review Form</p> <p data-bbox="240 506 746 533">Memo confirming no allegations required a review.</p> <p data-bbox="240 564 619 591">List of Incident review team members</p> <p data-bbox="240 676 619 703">Individuals interviewed/ observations.</p> <p data-bbox="240 734 647 761">Interviews with Incident Review Member</p> <p data-bbox="240 792 531 819">Interview with PREA Manger</p> <p data-bbox="240 851 536 878">Interviews with DOC Director</p> <p data-bbox="240 909 611 936">Interview with facility Superintendent</p> <p data-bbox="240 1021 580 1048">Indicator Summary Determination</p> <p data-bbox="240 1079 1477 1339">Indicator (a) Virginia Department of Corrections policy OP 038.1 Reporting Serious and Unusual Incidents (pages 10-12) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states “A sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation including where the allegation has not been substantiated unless the allegation has been determined to be unfounded.” The Haynesville Correctional Unit #17 reported 0 cases in the 12 previous months. The agency policy requires that both sexual abuse and sexual harassment claims to go through the multi-disciplinary review process. The Auditor reviewed with senior leadership including the Superintendent the various things this standard requires to be considered.</p> <p data-bbox="240 1424 1469 1518">Indicator (b) The policy OP 038.1 states the review should occur within 14 days of the investigation conclusion. The PREA Compliance Manager is aware of the timing requirements of this indicator. Absent an actual case the Auditor had to assess compliance based on policy and senior staff knowledge of content and timeliness of the review.</p> <p data-bbox="240 1603 1469 1841">Indicator (c) DOC policy language addresses the multi-discipline nature of the team. It states “The Review Team should consist of at least 2 DOC employees designated by the Unit Head. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from the PREA Compliance Manager, line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews” In discussions with the Superintendent Haynesville Correctional Unit #17 multi-disciplinary team would include the Superintendent, the Major, The PREA Compliance Manager, a Sgt/ Investigator and included both medical and mental health staff. The Auditor was also provided in the welcome packet a multidisciplinary team who would sit on and PREA Incident reviews.</p> <p data-bbox="240 1926 1453 2020">Indicator (d) The Virginia Department of Corrections as a post incident review process for PREA event. The agency has a form that addresses the part of this indicator, and has policy language. The elements described in this indicator are all covered in policy OP 038.1. which states “[</p> <p data-bbox="240 2051 1201 2078">a. Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident</p> <p data-bbox="240 2110 432 2136">Report, as needed</p>

- b. Provide an analysis of the causal factors and contributing circumstances
- i. Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility.
 - ii. Assess the adequacy of staffing in that area during different shifts.
 - iii. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- c. Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/ or training; or whether there is a need to revise the current procedure, practice, staffing, and/ or training.
- d. Develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement or shall document its reasons for not doing so."

The agency form used to document the review panel's considerations includes the required information listed above. The files reviewed showed consistent documentation of information supporting or denying the abuse was based on the elements listed above.

Indicator (e) Interviews with the Superintendent, The PREA Coordinator, the PREA Compliance Manager, and the PREA Analyst support that there are systems in place to ensure the information obtained in the review can be used to make changes in the facility. Absent a case there was no suggested improvements to review

Compliance Determination

The Virginia DOC policy requires the completion of the steps outlined in this standard. The policy outlines the steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review with language directly from standard. The Auditor's interaction with other staff supports when safety issues are identified at HCU 17 they will make procedural or staffing changes in addition to the technology investments. The agency form asks for documentation consistent with the topics consistent with (d). The review team, according to the Superintendent would include a multi-disciplinary team of management, custody, and medical and mental health services staff. Compliance was determined based on policy language, the documentation provided, staff understanding of the requirements, and that the agency has steps put in place to rectify the timeliness of the reviews.

115.87	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 711 358">Policy – OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 389 572 416">Agency annual report 2018-2020</p> <p data-bbox="240 448 584 474">Bureau of Justice Survey 2018-20</p> <p data-bbox="240 560 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="240 618 584 645">Interviews with PREA Coordinator</p> <p data-bbox="240 676 670 703">Interview with PREA Compliance Manager</p> <p data-bbox="240 734 772 761">Interviews with Director of Department of Corrections</p> <p data-bbox="240 846 580 873">Indicator Summary Determination</p> <p data-bbox="240 904 1465 1097">Indicator (a) The agency collects data consistent with the policy definitions which were developed to be consistent with the standard. Policy OP 038.3 states “The DOC collects accurate, uniform data on every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually.” The Auditor was provided a copy of the state’s past PREA annual reports and which shows consistent information is provided from each of Virginia’s facilities. The Director confirmed that data is used to improve the agency’s ongoing effort to protect, detect, and respond to incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 1182 1490 1281">Indicator (b) The agency completes an annual report with aggregate data of the Haynesville Correctional Unit 17. The Auditor was able to see the data from 2019 and the data produced in 2020. The Auditor also reviewed the agency’s annual report which is published on the state website.</p> <p data-bbox="240 1366 1455 1527">Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence report for the Haynesville Correctional Unit #17 in 2019. Interviews with both the facility PREA Compliance Manager and the state PREA Coordinator confirmed the elements required were tracked.</p> <p data-bbox="240 1612 1490 1711">Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving inmate on inmate contact will be retained locally with a copy to the agency PREA Coordinator. The PREA Coordinator would receive all incident outcomes and ensure data accuracy.</p> <p data-bbox="240 1796 1490 1895">Indicator (e) The Department of Correction has provided the Auditor with the Data from the GEO group contracted facility with whom they subcontract. Agency policy states “Incident-based and aggregated data is collected from every private facility with which with the DOC contracts for the confinement of offenders”.</p> <p data-bbox="240 1980 1468 2007">Indicator (f) The Department of Justice has not requested PREA related information from the Virginia DOC in the past year.</p> <p data-bbox="240 2092 517 2119">Compliance Determination:</p>

The Auditor has found the standard to be compliant. The Virginia DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2020 Virginia Department of Corrections annual PREA report outlines the efforts including data for each of Virginia's DOC's facilities. The 2021 report will be published in late spring early summer reportedly. The agency policy OP 038.3 Prison Rape Elimination Act commits the agency to comply with the data collection requirement of the standard. The Director of the DOC stated his commitment to utilizing data in the agency's ongoing efforts to prevent sexual misconduct. Interviews with the Director, the PREA Coordinator, The PREA Compliance Monitor support a system to collect uniform data and that all information is passed to the VA DOC PREA Office. The Auditor took into consideration the interviews and the various documents that support data are collected and used at a statewide and facility level.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy – OP 038.3 Prison Rape Elimination Act

VA DOC Annual PREA Report

VA DOC Website

Individuals interviewed/ observations made.

Interview with Director of the Department of Corrections

Interview with Superintendent

Interview with PREA Coordinator

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative teams review critical incidents with an eye toward improving safety. Interview with the Superintendent and the Director of the Department of Corrections support critical analysis occurs not only at the facility level but also at a system level. Examples were provided of how improvements have been used across the system to improve inmate safety. The Superintendent also confirmed his team looks for trends to further guide policy/ procedural practices or the disbursement of resources.

Indicator (b) The Virginia Department of Corrections annual report has a comparison by each facility and region on the number of sexual assault and sexual harassment claims. Data compares the current year to the prior year's data and included the one contracted facility. The report shows if the accused was a staff or an inmate and provided the outcome determination. The report goes on to also track PREA related improvements across its facilities. The report also reviews the number of complaints that have been reported through the state hotline through the PREA/ADA unit.

Indicator (c) The Director of the Department of Corrections confirms the PREA report developed by the agency PREA Coordinator is approved by him before being placed on the agency's website. OP 038.3 states "The report must be approved by the PREA/ADA Supervisor and the Director and made readily available to the public through the DOC Public website." The Auditor reviewed the site which had PREA Annual reports dating back to 2014. The 2020 report is posted and the 2021 report is scheduled to be up in late spring or early summer.

Indicator (d) The DOC removes all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers.

Compliance Determination:

The Virginia Department of Corrections meets the requirements of this standard in policy OP 038.3 (pages 14-15) defines the use of data. The Director and the Superintendent supported they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do a critical review of data to identify problem areas and enact corrective actions. The PREA Coordinator and her team of analysts can identify trends that can be reviewed and support change at either the facility level or system level. The agency also showed compliance with PREA standards through the publishing of its annual reports that combines data, graphs, and narrative information on Virginia efforts since 2014 in the development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information. Compliance is based on policy, interviews and the posted documents which backs that the Data review process is done statewide for all the agency's facilities.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy – OP 038.3 Prison Rape Elimination Act

Policy – OP 050.1 Offender Record Management

PREA Annual Report

VA DOC Website

VACORIS

Individuals interviewed/ observations made.

Interviews with PREA Coordinator

Interview with PREA Analyst

Interviews with PREA Compliance Manager

Interviews with Investigators

Interviews with Screening staff

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections has policies that protect the security of information. Policy OP 038.3 the PREA policy states "All data collected on allegations of sexual abuse at DOC facilities must securely retained." Policy OP 050.1 Offender Records Management governs the establishment, utilization, content, privacy, secure placement, preservation, and security of offender records; the dissemination of information from these records, and instructions for retiring or destroying inactive records. Discussions with the PREA Coordinator, the individual who completes screenings, the investigator, and medical and mental health staff describe layers of controls in place to ensure no unnecessary disclosure.

Indicator (b) The Virginia Department of Corrections ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The annual report describes the agency and facility's efforts to create and maintain PREA safe environments. The website also includes information on PREA incidents at the contracted facility. A review of the state's website supports the annual reports are all publish dating back to 2014. As noted in standard 115.88 the Auditor reviewed the material provided and those available on the state Department of Corrections website.

Indicator (c) The annual report located on the state's website does not include any identifiers.

Indicator (d) Policy OP 038.3 sets forth the obligations of the agency's PREA Coordinator including the responsibility for collecting all incidents. The policy states "All sexual abuse data collected must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise." Virginia DOC Policies OP 050.1 and OP 025.1 define controls and record retention. The Agency PREA Coordinator is aware that all PREA related Data be maintained for a period of no less than 10 years.

Compliance Determination:

The Standard is compliant, the Auditor based this conclusion on the review of the agency policy and procedures, observations, and information obtained through the various staff interviews and review of documentation at the facility and on the agency website.

115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 711 358">Policy – OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="242 387 464 416">Virginia DOC Website</p> <p data-bbox="242 501 617 530">Individuals interviewed/ observations.</p> <p data-bbox="242 560 584 589">Interviews with PREA Coordinator</p> <p data-bbox="242 618 529 647">Interview with PREA Analyst</p> <p data-bbox="242 676 679 705">Interviews with PREA Compliance Manager</p> <p data-bbox="242 734 402 763">Tour of HCU 17</p> <p data-bbox="242 848 580 878">Indicator Summary Determination</p> <p data-bbox="242 907 1481 1032">Indicator (a) The Virginia DOC has several of its 43 facilities audited in a year. In spite of the pandemic the agency has been able to complete its PREA Audits on a consistent schedule with 13 facilities audited in the first year of the current cycle, 16 in the 2nd year of the cycle and with 11 of 14 audits in the current year that have already had site visits. The State has one current contracted facility for beds which underwent its PREA audit in 2019 and is due later this year.</p> <p data-bbox="242 1120 1490 1180">Indicator (b) This is year three of the Audit cycle and from information provided and found on the agency website at least two-thirds of the facilities were completed going into this year.</p> <p data-bbox="242 1267 1481 1462">Indicator (h) The Auditor did have open access to all parts of the facility. Despite COVID-19 social distancing measures the Auditor was able to move freely about the housing units on the tour to be able to speak informally with inmates and staff to ensure they were aware of the Audit, the agency's efforts to educate inmates, and how to seek assistance if the need arises. In addition to the two interior spaces of the locked compound the auditor visited other parts of the HCC/HCU complex where inmates move about working in gardens, moving trash, working in warehouses and other buildings as well as the administrative building.</p> <p data-bbox="242 1550 1453 1711">Indicator (i) The Virginia Department of Correction provided the Auditor with documents in advance in the OAS plus documentation on site as requested. The Auditor, Facility Leadership, the PREA Coordinator, and the Regional PREA Analyst had zoom meetings to review material and set up information the Auditor would like to review on site. The Auditor was also able to get copies of other documentation as requested on site. The Agency provided materials in an organized manner including a welcome book with documentation about the facility and typical documentation provided to inmates.</p> <p data-bbox="242 1798 1465 1892">Indicator (m) The Auditor was able to interview inmates throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the inmate to speak freely without others being able to hear our conversations. The Auditor was able to socially distance and use a mask during the audit, but it did not appear to impact the interview process.</p> <p data-bbox="242 1980 1490 2105">Indicator (n) The Auditor did not receive confidential mailings from inmates staff, or other interested parties. The Auditor's information was posted, and the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. During the onsite visit the Auditor made it clear that individuals who request to be seen would add to the random sampling of staff and clients to be interviewed.</p>

Compliance Determination:

The Virginia Department of Corrections has had PREA audits of each of its 43 facilities since 2014. The DOC has spread its facility audits over the three-year PREA cycle and have set up deadlines when contracting for new beds to be PREA compliant including undergoing formal audits. The Auditor was given full access to the prison and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and inmates.. The facility did post the Audit notice, it was visible on the tour and inmates were aware of the posting and the audit. Compliance is based on the above-mentioned facts which support a culture in which PREA is monitored daily.

115.403	<p>Audit contents and findings</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>VA Department of Corrections Website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator</p> <p>Indicator Summary Determination</p> <p>Indicator: (f) The Virginia Department of Corrections website has all the previous PREA Audits posted. This was determined through a review of the state's DOC Website. The DOC has published all PREA reports dating back to the agency's first PREA Audits in 2015. Both of Haynesville Correctional Unit 17's previous PREA reports (2015 and 2019) were viewed on the state's website.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Correction website has all previous facility PREA Audits posted under its PREA information link. The Auditor's prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report.</p>
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Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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

115.13 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	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
	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
	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

115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	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.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	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

115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.34 (c)	Specialized training: Investigations	
	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

115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.35 (b)	Specialized training: Medical and mental health care	
	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
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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
115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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

115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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
115.43 (a)	Protective Custody	
	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
	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

115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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

115.53 (a)	Inmate access to outside confidential support services	
	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
	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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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

115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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

115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	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

115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	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.)	na
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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.)	na

115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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 appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes