

PREA Facility Audit Report: Final

Name of Facility: Sussex II State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/21/2022

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: Brian Sutherland	Date of Signature: 06/21/2022

AUDITOR INFORMATION	
Auditor name:	Sutherland, Brian
Email:	bcsuther@gmail.com
Start Date of On-Site Audit:	03/29/2022
End Date of On-Site Audit:	03/31/2022

FACILITY INFORMATION	
Facility name:	Sussex II State Prison
Facility physical address:	24427 Musselwhite Drive, Waverly, Virginia - 23891
Facility mailing address:	

Primary Contact	
Name:	Melissa Vandermark
Email Address:	melissa.vandermark@vadoc.virginia.gov
Telephone Number:	804-834-4050

Warden/Jail Administrator/Sheriff/Director	
Name:	Tony Darden
Email Address:	tony.darden@vadoc.virginia.gov
Telephone Number:	804-834-4004

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Patricia Lampman
Email Address:	patricia.lampman@vadoc.virginia.gov
Telephone Number:	804-834-1681

Facility Characteristics	
Designed facility capacity:	1312
Current population of facility:	1019
Average daily population for the past 12 months:	1026
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:	17-80
Facility security levels/inmate custody levels:	SL 4,5 Maximum Security
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	231
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	302
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11

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:	
2	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.12 - Contracting with other entities for the confinement of inmates
Number of standards met:	
43	
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:	2022-03-29
2. End date of the onsite portion of the audit:	2022-03-31

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:	Virginia Sexual and Domestic Violence Action Alliance Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1312
15. Average daily population for the past 12 months:	1026
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input 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:	1133
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	1
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:	9
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:	1

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:	4
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:	1
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:	3
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:	1
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:	2
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:	4
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:	5
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):	The facility reported the following physical plant characteristics: 6 buildings, 5 housing units, 3 single cell units, 14 multiple occupancies, and 88 segregation cells. The facility does house youthful offenders, and no females.
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:	242
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:	39
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:	The staff count on the first day of the audit was 242 and 39 contractors. No volunteers have been authorized to enter the facility in the past 12 months due to the COVID-19 Virus.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Requested at random the fifth inmate on the housing roster based on the selected criteria and include inmates from all housing units.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor attempted to select inmates from each housing unit to ensure the sample size demonstrated a diverse mix of the population.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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):	The auditor was able to interview a sample of inmates from all housing units as the facility was not experiencing a quarantine due to the effects of the COVID-19 Virus.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
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".	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	1

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:	4
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:	1
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:	4
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:	1
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:	3
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:	1
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:	2
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:	4
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:	5
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:	0

<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 conducted interviews with the staff that supervise segregated housing, the facility PREA Compliance Manager, and facility Warden and all confirmed one inmate has been housed in segregation for high-risk victimization in the past 12 months. During the on-site review the auditor spoke with inmates in segregated housing, reviewed samples of segregation forms and did not identify any inmates under this category during the on-site review.</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>All interviews were conducted using COVID-19 safety protocols such as social distancing, both the auditor and interviewees wearing masks, and safety barriers.</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 random sample of staff included selecting the fifth staff member on the daily duty roster, utilizing staff availability, minimizing scheduling conflicts, and ensuring the samples were selected from all shifts.</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.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
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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 checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input checked="" 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 checked="" 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 checked="" 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 checked="" 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>2</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 checked="" type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The interviews with the specialized staff attempted to assist the auditor to determine whether or not particular roles and responsibilities are being completed. No interviews were conducted with volunteers during the on-site review. The facility is prohibiting access for volunteers into the facility due to the effects of the COVID-19 Virus. Once the agency has lifted the restriction on access for volunteers to the facility, all volunteers will have to complete the biometric clearance process and PREA training before being allowed authorization into the facility.</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>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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>	<p>During the site review, the auditor verified the cross-gender presence of staff as announcements were made while entering the housing units. The auditor verified the use of the language line services, tested the outside reporting mechanisms, identified areas of signage that may need to be posted, received positive feedback from the Action Alliance victim advocate, and inspected all areas for blind spots and cross-gender viewing capabilities. The facility addressed concerns during the on-site review regarding inmates using sheets for privacy instead of shower curtains, improvements to the half walls during restroom functions, and half tint on the laundry restroom.</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.

<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>During the on-site review the auditor reviewed employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed employee training files for initial and annual PREA training. The auditor reviewed contract clearance documents, investigative files, and inmate files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education. The auditor reviewed the intake packet for clarity and observed the intake and reassessment processes. The auditor observed the PREA video and reviewed all video monitoring equipment for cross-gender viewing.</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	10	1	10	1
Staff-on-inmate sexual abuse	2	1	2	1
Total	12	2	12	2

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	13	0	13	0
Staff-on-inmate sexual harassment	50	0	50	0
Total	63	0	63	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	1	1	0	0	0
Staff-on-inmate sexual abuse	1	1	0	0	0
Total	2	2	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	3	1	5	1
Staff-on-inmate sexual abuse	0	0	2	0
Total	3	1	7	1

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	2	10	1
Staff-on-inmate sexual harassment	0	4	46	0
Total	0	6	56	1

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:	3
99. Did your selection of SEXUAL ABUSE 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 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:	2
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal 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 abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 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:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input 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:	19
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:	7
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:	12

<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 auditor selected 7 investigative files to review during the onsite review. The auditor reviewed additional investigative files during review of the facility PAQ. All requested information in this post audit review was not deemed essential when the audit process began.</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>PREA Auditors of America, LLC.</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>Standard 115.11 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure 038.3, Prison Rape Elimination Act (PREA) Procedures Manual, July 1, 2019 3. Sussex II State Prison Organizational Chart 4. Sussex II State Prison Operations Manager Position Description 5. Agency Organizational Chart 6. Agency PREA Coordinator Position Description 7. Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staff performing cross-gender announcements upon entry to all housing units. 2. Supervisory staff documenting unannounced security rounds in the post logs. 3. Signs and posters indicating zero tolerance posted throughout the facility. <p>Findings (By Provision):</p> <p>115.11 (a) - Agency PREA policy 038.3, page 3 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy 038.3 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of inmates such as: architectural design, security supervision, video monitoring equipment, inmate orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.</p> <p>During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the cross-gender announcements were made over the loudspeaker and verbally by staff entering the units. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The policy includes definitions of prohibited behaviors in policy 038.3, Glossary of Terms, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There are a total of 3 pages included within this policy as a complete glossary of terms.</p>

Policy 135.2, Section III, page 5 explains the presumptive approach toward staff who engage in sexual abuse will be termination and prosecution referral. This agency policy describes the sanctions for staff, contractors, volunteers, and referrals to law enforcement. Agency policy 038.3, Section I, page 3 includes disciplinary sanctions for inmates found to have participated in all forms of sexual abuse, sexual harassment, and inappropriate physical contact.

Training is provided for all inmates, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor discussed the facility training plan with the PREA Compliance Manager and was explained the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross-gender strip searches, body cavity searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships and communicating effectively with special populations. Agency policy 038.3 provides information relating to employee, volunteer, contractor, and inmate training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs staff fulfill their responsibilities toward prevention, detection, reporting, and response procedures. All agency contractors and volunteers are required to review and sign upon receipt the document, A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections.

115.11 (b) - Policy 038.3, Section I, page 3, explains the agency employs an upper-level, agency wide PREA Coordinator, employs three regional analysts to provide direct supervision to all facilities in their region, and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the Corrections Operations Manager, and this position is documented in the agency organizational chart as an upper-level Chief position. The auditor reviewed a signed position description by the Statewide PREA Coordinator, and this document was certified on October 22, 2020. The position description emphasized the importance of regulated duties and requirements. The interview with the PREA Coordinator indicated sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

115.11 (c) - The PREA Compliance Manager reports directly to the facility Warden and communicates with the agency wide regional analysts and agency PREA Coordinator. This position is in the facility organizational chart (Operations Manager). The auditor reviewed a position description signed by the PREA Compliance Manager on October 25, 2021, confirmed by the facility Warden on October 25, 2021. There is a total of 43 agency wide PREA Compliance Managers that report to the agency wide PREA Coordinator.

Conclusion: Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed sufficient time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and truly knowledgeable. Interviews conducted with staff, inmates, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager was always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency and the facility continue to enhance their efforts toward PREA compliance by attending collaborative meetings with other states, and continuously developing new methods of documentation. Based on the evidence provided the auditor has determined the facility exceeds this standard and no further action is required.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.12 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1481 907" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure 038.3, Prison Rape Elimination Act (PREA) Procedures Manual, July 1, 2019 3. PREA Contract Compliance Monitoring Report, January 2021 to January 2022 4. Operating Procedure 260.1, Procurement of Goods and Services, June 1, 2019, page 10 5. Lawrenceville Correctional Center final PREA Audit Report, November 20, 2019 6. Agency Contract with GEO Corrections and Detention, LLC, and the Commonwealth of Virginia through its Department of Corrections, July 19, 2018, pages 1-81 <p data-bbox="240 996 352 1023">Interviews:</p> <ol data-bbox="240 1052 576 1193" style="list-style-type: none"> 1. Agency Contract Administrator 2. Agency PREA Coordinator 3. Sussex II State Prison Warden <p data-bbox="240 1283 464 1310">Findings by Provision:</p> <p data-bbox="240 1339 1490 1500">115.12 (a-b) Agency policy 038.3, Section I, page 4 describes, the Department shall include in any new contract or contract renewal for the housing of offenders with a private entity or other entities, including other government agencies, the entity's obligation to adopt and comply with the Prison Rape Elimination Act (PREA) Standards and the Department's policies related to PREA compliance. The agency Contract Monitor serves as the agency contract administrator and the interview with the agency PREA Coordinator indicated all contracts were renewed on July 19, 2018, will remain in effect for five years.</p> <p data-bbox="240 1529 1473 1657">The Sussex II State Prison does not contract with other entities for the confinement of inmates. The auditor confirmed this statement during the Contract Administrator and facility Warden interviews. This statement was also confirmed during the 2019 PREA audit report. Sussex II State Prison does not have any responsibility, separate from that on the agency level, to enter or maintain contracts for confinement of inmates with other agencies or jurisdictions.</p> <p data-bbox="240 1686 1490 2116">The Virginia Department of Corrections currently has one contract for confinement of its inmates with the GEO Corrections and Detention, LLC. The auditor reviewed the PREA Contract Compliance Monitoring Report for January 2021 to January 2022, confirmed PREA compliance is required within the contract. The agency performs status checks regarding the contract policy toward PREA and the current PREA Audit Report. The agency contract monitoring process is very impressive, and the requirements are documented in agency policy 260.1, Procurement of Goods and Services, page 10. The Correctional Services Contract Between GEO Corrections and Detention, LLC, and the Commonwealth of Virginia, Through its Department of Corrections, states, "Section 4.1 Operating Standards. The Contractor shall operate and maintain the Facility in accordance with all applicable federal, state, and local laws; Court Orders; orders or decisions of federal, state, and local regulatory agencies; ACA Standards, State PREA Audit Report – V5. Page 16 of 124 Lawrenceville Correctional Center Regulations, Prison Rape Elimination Act (PREA) standards, and all DOC policies and procedures as they may all be amended and/or superseded from time to time. With respect to correctional education services, the Contractor shall also comply with applicable state and federal educational statutes, court orders, regulations, and policies, including, but not limited to those issued by the Virginia Department of Education."</p>

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard. Sussex II State Prison has not entered any contracts in the last 12 months for the confinement of inmates. The agency level does require all contract participants to comply with the PREA standards. The agency level of compliance monitoring exceeds the overall expectations of the standard as the agency has developed policy, procedure, and practice documentation and forms. The PAQ documentation provided an extensive amount of contract monitoring as the agency includes the PREA Audit Report, contract policies, and a monthly monitoring practice toward compliance. No further action is required for this standard and the auditor determined standard 115.12 exceeds the expectations.

115.13	Supervision and monitoring
	<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="240 273 504 300">Standard 115.13 Analysis</p> <p data-bbox="240 385 1026 412">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1150 990" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. 2021 Facility Staffing Plan, Post Audit, April 1, 2021 3. Agency policy 401.2, Security Staffing, January 1, 2020 4. Sussex II State Prison Annual PREA Staffing Review, February 8, 2021 5. Facility Logbook entries – Unannounced Rounds Logs, January 2021 to December 2021 6. Agency policy 401.1, Development and Maintenance of Post Orders, September 1, 2019 7. Daily Duty Rosters, 1st through 4th Quarter 2021 8. Facility Camera Listings, pages 1-11 <p data-bbox="240 1075 352 1102">Interviews:</p> <ol data-bbox="240 1133 703 1447" style="list-style-type: none"> 1. Facility Warden 2. Intermediate and Higher-Level Facility Staff 3. Agency PREA Coordinator 4. Facility PREA Compliance Manager 5. Informal Staff Interviews 6. Random Staff Interviews <p data-bbox="240 1532 512 1559">Site Review Observations:</p> <ol data-bbox="240 1590 1126 1680" style="list-style-type: none"> 1. Viewed video camera footage, monitors, and storage 2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries <p data-bbox="240 1765 483 1792">Findings (By Provision):</p> <p data-bbox="240 1823 1469 2016">115.13 (a) - The auditor conducted a review of the documented 2021 facility-staffing plan. Agency policy 401.2, Section VII, page 8, indicates security positions allocated are documented in the Post Audit report. The auditor reviewed the post audit report for June 2021 and these positions are broken down into the following classifications: Major = 1, Captain = 4, Lieutenant = 18, Sergeant = 28, Unit Manager = 4, and Officers = 97. Sussex II State Prison is currently operating with 242 total staff, and this includes 90 non-security positions and 152 security positions. The facility reported hiring 71 staff in the past 12 months and a total staff compliment to include all facility positions as 439 on the first day of the audit.</p> <p data-bbox="240 2047 1422 2136">The institutional staffing plan is reviewed annually by the facility PREA Compliance Manager, and the staffing plan is reviewed annually by the agency PREA Coordinator. This is a very thorough process that includes gender- based post assignments, staff audit teams, post reviews, roster reviews, corrections officer post assignment reports, and final</p>

administrative review. The auditor reviewed the Sussex II State Prison Annual PREA Staffing Review signed by the PREA Coordinator. The auditor reviewed the daily operation data for the three days during the on-site review and did not find any deviations within the staffing plan for the three days. All posts are currently filled by using overtime and staff are being recruited by other surrounding facilities on a rotational basis.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. Sussex II State Prison has exterior cameras that monitor the perimeter and key areas of the facility. The exterior cameras are monitored by central control room officers, Warden's Complex, Deputy's Complex, and all mandatory stations in each building. There are 302 total cameras that are also Pan – Tilt – Zoom and fixed devices that are monitored from Control Room, Warden's Complex, Deputy's Complex, and all mandatory stations in each building. Each camera is monitored by staff 24 hours a day and the onsite review did not indicate any concerns with cross-gender monitoring. The facility has improved the video monitoring equipment with the recent upgrades and continues to invest opportunities for growth in the future.

The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Warden interview indicated the factors considered in the development of this staffing plan includes, accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the inmate population averaged 1026 inmates and the facility staffing plan predicated to include 1312 inmates. Each housing unit includes correctional officers, counselors, unit managers, and supervisors make rounds two times a day.

All programming activities are during dayshift hours and the facility provides additional staff to accommodate these needs with the addition of these staffing requirements. This is currently being provided by overtime authorization, and newly hired staff. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. The facility reported 1 substantiated allegation of sexual harassment, and no substantiated allegations of sexual abuse considered prior to the review of the current staffing plan.

115.13 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating no deviations within the staffing plan in the last 12 months. The agency developed the post audit that documents all security personnel, and which post staff members are assigned. The post audit is conducted every three years and the facility Warden confirmed each facility is required to submit a report annually. All deviations from the post chart are documented in an incident report. In circumstances of non-compliance with the staffing plan, the shift supervisor shall document, in writing, and justify all deviations from the plan. The auditor reviewed no incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime hiring. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Warden indicated in the formal interview there are mandates within the policy that require every post to be filled. During the on-site review, the auditor interviewed 2 informal staff on an assigned overtime post, and 2 random staff interviewed on overtime from the third shift.

115.13 (c) - Agency policy 401.2, Section VII, page 8 includes the PREA Coordinator Staffing Plan Review. This document must be submitted annually by the PREA Compliance Manager to the PREA Coordinator and reviewed annually by agency leadership. The PREA Coordinator and the facility Warden interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The regulations are established by the Regional Office and the Post Audit is conducted every three years. The result of the review includes considerations to enhance the sexual safety of the facility, the effects of video monitoring equipment, camera placements, and funding are all considerations discussed within the staffing plan review. The Warden confirmed no current litigation, and no federal mandates are currently present that may affect the sexual safety. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the staffing plan review submitted by the facility PREA Compliance Manager to the PREA Coordinator indicating Sussex II State Prison conducted their annual staffing plan review. This report included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities.

115.13 (d) - Agency policy 401.1, Development and Maintenance of Post Orders, page 5 informs staff regarding supervisor unannounced rounds must be made throughout the facility to deter sexual abuse or sexual harassment on each shift. Agency policy 401.1, page 5 also includes staff are prohibited from alerting other staff members regarding the supervisory rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted and documented on the unit logs. The auditor reviewed documented supervisory logs for each quarter, since January 2021, for the inspections conducted by the Shift Supervisor. These documents indicated rounds being conducted during day and night shift activities and at random intervals. The logs did not indicate a distinct pattern as all rounds were conducted at various times and on different shifts. The facility organizational chart indicates higher level supervisors as Lieutenant and above. All rounds were conducted at random intervals, on multiple shifts, and no distinct pattern was identified. The auditor conducted an interview with a higher-level supervisor indicating the unannounced rounds, documenting the rounds on the supervisory logs, and attempting to conduct the rounds without staff notifications. The

interview indicated the supervisor will enter the facility at random locations, double back on security rounds, and monitor the radio traffic regarding supervisory notifications. All staff interviewed indicated disciplinary action as the result of any infractions regarding unannounced rounds throughout their tours. The auditor conducted 6 informal staff and 4 informal inmate interviews, and these interviews indicated higher level staff are present throughout the units on both day and night shifts. The informal staff interviews indicated supervisors are always walking through the units and documenting their presence. The informal inmate interviews indicated supervisory presence within the units.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate or higher-level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.14 Analysis

The following evidence was analyzed in making the compliance determination:

Documents :

1. Sussex II State Prison Pre-Audit Questionnaire responses
2. Agency policy 425.4, Management of Bed and Cell Assignments, Section F, page 6, August 1, 2021
3. Facility Population Analysis of Housing Units Document - (12 Months), Housing Unit #5 Youthful Inmate

Interviews:

1. Line Staff Who Supervise Youthful Inmates
2. Youthful Inmates
3. Education and Program Staff
4. PREA Compliance Manager

Site Review Observations:

1. Reviewed the daily inmate rosters and housing reports
2. Reviewed the facility intake process and classification questionnaire
3. Reviewed the Agency Web Site

Results Based on the Following Provisions:

115.14 (a-c) - The Sussex II State Prison does house youthful inmates. Agency policy 425.4, Section F, page 6 describes youthful inmates as the following, "Under age 18, convicted as an adult; not under Youthful Offender Law." The Virginia Department of Corrections provides specialized housing arrangements for youthful inmates that meet the requirements of this standard. 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. Direct supervision by institutional staff is always required when a youthful inmate and an adult inmate have sight, sound, or physical contact with one another. 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.

The auditor viewed the area of the facility that houses the youthful inmates and determined it to be housing unit five. This unit is separated from the general population by its own swing gate. There are no other units visible from this area. The youthful inmates have their own individual cells and the total count for youthful inmates during the onsite review was one. The youthful inmates also have their own recreation space that is separate by sight and sound of the adult inmates. The interview with the youthful inmate indicated he felt very secure and does not have any contact with adult inmates. The interview also revealed the inmate is always escorted by staff if movement occurs within the common areas of the facility such as education. This practice was confirmed during the interview process by the education and program staff and verified by the facility Warden interview. The facility PREA Compliance Manager interview confirmed youthful inmates are housed at the Sussex II State Prison and are not within sight or sound of adult inmates.

Conclusion: The auditor did not find any non-compliance with this standard as all male youthful inmates housed at Sussex II State Prison are not within contact of any adult inmates. No further action is required regarding this standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.15 Analysis</p> <p data-bbox="240 387 1026 414">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 504 363 530">Documents:</p> <ol data-bbox="240 560 1350 1048" style="list-style-type: none"> 1. Sussex II State Prison Responses to the Pre-Audit Questionnaire 2. Operating Procedure, 445.4, Screening and Searches of Persons, September 1, 2021, pages 16-17 3. Operating Procedure, 801.1, December 1, 2018, page 3 4. Lesson Plan, Searches, pages 1-14 5. Operating Procedure, 401.2, Security Staffing, January 1, 2020, page 7 6. Operating Procedure, 401.1, Development and Maintenance of Post Orders, September 1, 2019, page 4 7. Unannounced Rounds Logbook, January -December 2021 8. Operating Procedure, 720.2, Medical Screening, Classification, and Levels of Care, October 1, 2020, page 8 9. Operating Procedure, 350.2, June 1, 2018, page 9 <p data-bbox="240 1137 352 1164">Interviews:</p> <ol data-bbox="240 1193 986 1451" style="list-style-type: none"> 1. Non-Medical Staff Involved in Strip Searches 2. Random Sample of Staff/Inmates = 12 Random Staff 3. 6 Informal Staff, and 4 Informal Inmates Interviewed 4. Transgender/Intersex population = 2 Transgender on-site, 2 interviewed 5. 20 Random Inmate Interviews <p data-bbox="240 1541 507 1568">Site Review Observations:</p> <ol data-bbox="240 1597 991 1798" style="list-style-type: none"> 1. Confirmation of gender specific posts compared to the daily duty rosters. 2. Intake Risk Screening and Classification Review. 3. 2 - Transgender inmates observed during the on-site review 4. Opposite gender announcements entering housing units. <p data-bbox="240 1888 483 1915">Findings (By Provision):</p> <p data-bbox="240 1944 1489 2161">115.15 (a) - Agency policy 445.4, page 16 indicates the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The Sussex II State Prison reported no cross-gender strip or visual body cavity searches were conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by nonmedical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviews advised the facility does not perform cross gender strip or visual body cavity searches. The auditor conducted 20 random interviews with inmates and several interviews indicated no cross gender strip or visual body cavity searches have been performed. The inmate population advised female staff do not conduct strip</p>

searches of male inmates only the male staff. This information was also confirmed during informal interviews with staff, and informal inmate interviews as the interviews confirmed the female staff are only allowed to perform pat searches.

During the on-site review, the auditor received notice of two inmates currently housed at Sussex II State Prison that identifies as a transgender female. The auditor interviewed two inmates that identify as transgender and confirmed the facility approved a strip search deviation for female staff to conduct the strip search. This was confirmed by the agency PREA Coordinator. One inmate interview indicated the facility staff are very respectful. They allow the purchase of female products on commissary and do not prohibit the wearing of female undergarments.

Agency policy 445.4, page 15 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and approved by the Shift Commander, and the Regional PREA Analyst. The facility provides gender specific post assignments for required areas of the facility such as visitation strip searches, transportation strip searches, and intake. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted requirements. No discrepancies were noted by the Auditor during the on-site review. All facility posts are directed by the shift supervisors and gender specified within the respective areas.

115.15 (b) - The Sussex II State Prison is an all-male facility, and no female inmates were observed during the time of the audit. The facility reported two male inmates that identify as a transgender female within the male population. The facility Warden confirmed this statement during the onsite review. No female inmates were observed by the auditor during the on-site review, and the facility website indicates Sussex II State Prison is an all-male facility.

115.15 (c) - Agency policy 445.4, page 15 requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of male inmates. Facility policy indicates the Strip Search Deviation Request form will be utilized when conducting cross-gender searches and must be approved in advance by the Shift Commander. The facility Warden confirmed this statement during the on-site review. The auditor confirmed two inmates that identify as transgender female have been approved the strip search deviation for female staff only to conduct the strip search. Interviews conducted with 4 informal inmates confirmed they have not been strip searched by a cross gender staff member.

115.15 (d) - Agency policy 801.1, page 3 explains inmates shall be able 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. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower doors and half walls for inmate privacy while performing sanitary functions. Informal interviews with 6 staff and 4 inmates indicated no concerns with viewing of this nature. No video monitoring equipment was identified to be positioned to allow for cross gender viewing in this capacity. The auditor identified a minor concern regarding the showers in housing unit one. The doors on the showers did not appear to provide enough coverage to deter cross-gender viewing as the tray slots were broken. The inmates were putting sheets up to the block the view and this was not authorized by the facility. A work order was submitted during the on-site review and all maintenance concerns were addressed during the post audit phase. The facility agreed to correct the concern during the post audit phase and provided photo evidence demonstrating that compliance was made.

Agency policy 401.1, page 4 indicates a procedure for staff of the opposite gender to announce their presence when entering an inmate housing unit. This practice was observed throughout the facility site review as staff announced their presence and noted the response in the unit logbooks. The auditor reviewed logbook entries from January 2021 to December 2021 demonstrating this process.

Agency policy 720.2, page 8 forbids staff to examine inmates for the sole purpose of determining the inmate's genital status. This policy includes transgender and intersex inmates, and if the genital status is unknown, the information will be obtained during the inmate conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The Health Services Administrator confirmed this through random staff and inmate interviews. The PREA Compliance Manager interview and the PREA Coordinator interviews confirmed all inmate information is utilized to ensure this process is adhered too. The agency policy 445.4, page 15 explains the department approach to working with transgender and intersex inmates. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population.

The facility developed a Plan of Action to prepare for reception and housing of transgender and intersex populations. The daily process was described to the auditor during the on-site review to include the following: the inmate must complete the Strip Search Deviation Request form and this request must be approved by the Shift Commander and forwarded to the Regional PREA Analyst. The facility currently has two inmates that identify as transgender female with the strip search deviation approval. The inmates interviewed indicated approval with their housing considerations and satisfaction with the commissary program.

115.15 (f) - Agency policy 350.2, page 9 indicates all custody staff are trained to conduct proper pat down searches on inmates to include cross-gender searches. Sussex II State Prison facility describes the methods of conducting clothed

searches, strip searches, body scanner screenings, and body cavity searches. The training curriculum consists of a lesson plan titled, "Search Procedure and Practice" and the auditor reviewed the entire 11 pages. This is a mandated training for all employees and the facility indicated all security staff have received the mandatory training in the last 12 months. Random interviews with 12 staff and 6 informal staff interviews indicated knowledge of the training and verbal demonstrations regarding proper conduct. The training curriculum described proper conduct as utilizing the back of the hand to conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

Conclusion: Based upon the review and analysis of all the available evidence, interviews, on-site observations, and policy, procedure, and practice considerations, the auditor has determined that the facility is fully compliant with this standard. No corrective action is required.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.16 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Sussex II State Prison Pre-Audit Questionnaire responses
2. Operating Procedure, 038.3, Prison Rape Elimination Act, July 1, 2019, page 7
3. Spanish Offender Training Acknowledgement Form, September 1, 2017
4. Lion Bridge Global Solutions Language Line Contract, Propio, LLC, November 1, 2021 to October 31, 2022

Interviews:

1. Agency Head (Designee)
2. 4 Inmates with a Physical Disability
3. 1 Inmate with a Hearing Disability
4. 3 Inmates with Limited English Proficiency
5. 1 Inmate with Cognitive Disabilities
6. 12 Random Staff Interviews
7. 6 Informal Staff Interviews

Site Review Observations:

1. Sign Language Interpreter Service
2. Signs and posters indicating zero tolerance posted throughout the facility English/Spanish formats
3. The unit phones are available with a TTY service and Spanish options

Findings by Provision:

115.16 (a) Policy 038.3, page 7 indicates the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing inmates, blind or having low vision, inmates who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficient. The auditor utilized the facility contract language line to interview 1 inmate with a limited English proficiency disability. The inmate advised his primary language as Spanish and the facility provided the PREA materials, inmate handbook, and posters in a language he understood. The Agency Head interview indicated the State has a contract to provide language line services, the facilities are required to post materials in both English and Spanish formats, there are braille options for the blind, a state contract for sign language services, and all PREA related materials are available in multiple languages. The auditor inspected the inmate phone systems, and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats.

115.16 (b) The inmate handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy 038.3, page 7 and indicate the following resources are available for the inmates:

closed captioning, large print material, reading of materials to inmates by staff, department translator lists, and the language line services. Inmates are provided the PREA education pamphlet in their primary language upon request and the auditor reviewed the intake process. The auditor interviewed 1 limited English proficient inmate that indicated gratitude for the language line service. They advised using this service in the past and the facility PREA Compliance Manager ensuring the PREA materials were provided in Spanish format. The facility staff interviews indicated multiple staff at the facility can speak various languages and have been used to interpret in the past.

115.16 (c) The facility provides interpreter services with a language line service known as Lion Bridge Global Solutions. This company also requires its interpreters to undergo a medical interpreter credentialing process. This service is available for inmates with limited reading skills in both English and Spanish. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. Staff training files reviewed indicated training received for managing inmates at risk of sexual abuse and identified the policy against using inmate interpreters. The auditor interviewed 12 random staff, and most of the staff indicated the use of the language line to conduct interviews with limited English proficient inmates.

Conclusion: The evidence reviewed by the auditor reveals a significant level of facility importance regarding inmates with disabilities or inmates with limited English proficiency having the ability to communicate effectively with staff, and be included in each facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken an approach to accommodate steps to communicate effectively with inmates who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes the language line contract, and potential staff interpreter lists. The inmate and staff interviews did not indicate concerns regarding the use of inmate interpreters, readers, or assistants during sexual abuse or sexual harassment investigations. The agency has a policy in a written format and the on-site review indicated the facility practice aligns with the written policy. The Agency head interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy.

115.17	Hiring and promotion decisions
	<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="240 273 502 300">Standard 115.17 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1270 873" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure, 102.3, Background Investigation Program, page 6, November 1, 2020 3. 26 Random Staff Personnel Files 4. Operating Procedure, 260.1, Procurement of Goods and Services, June 1, 2019, page 10-11 5. Operating Procedure, 102.2, Recruitment, Selection, and Appointment, page 7-8, December 1, 2019 6. Virginia Crime Information Network (VCIN), Employee and Contractor Lists <p data-bbox="240 963 352 990">Interviews:</p> <ol data-bbox="240 1021 576 1218" style="list-style-type: none"> 1. 1 Human Resource Staff 2. PREA Compliance Manager 3. 6 Informal Interviews with Staff 4. 2 Contract Staff Interviews <p data-bbox="240 1308 509 1335">Site Review Observations:</p> <ol data-bbox="240 1366 775 1505" style="list-style-type: none"> 1. 26 Random Staff Personnel Files 2. Biometric Screening Equipment and Identification 3. 302 Contractor Background Screenings Confirmed <p data-bbox="240 1594 464 1621">Findings by Provision:</p> <p data-bbox="240 1653 1489 1877">115.17 (a) Policy 102.3, page 6 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with 1 Human Resource staff member. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 26 staff personnel files that indicated a response to these PREA related questions.</p> <p data-bbox="240 1908 1489 2033">115.17 (b) Policy 102.2, pages 7-8 require the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. This was confirmed during the interview with 1 Human Resource staff member. The auditor reviewed 26 staff personnel files indicating their signatures on the background release forms. All background checks were completed prior to offering employment.</p> <p data-bbox="240 2065 1425 2154">115.17 (c) The Virginia Department of Corrections agency policy 102.3 indicates a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with inmates,</p>

criminal background records checks and 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 is completed. The auditor spoke with the PREA Compliance Manager and determined 71 criminal background checks were completed in the past 12 months. These record checks were through the Virginia Crime Information Network (VCIN), and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions.

115.17 (d) The Pre-Audit questionnaire indicated 302 background checks were completed for staff covered under contracts for services that may have contact with inmates. This number was confirmed during the PREA Compliance Manager interview. The auditor reviewed background checks that were conducted for contracted services.

115.17 (e) Policy 102.3 indicates criminal background checks conducted on all current employees, volunteers, and contractors, at least every 5 years. This was confirmed during the 1 human resource staff interview. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the Virginia Crime Information Network. The auditor reviewed a complete spreadsheet of staff and contractors verifying the checks are completed every five years.

115.17 (f) All applicants and employees, who may have contact with inmates, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the 1 human resource staff member. The auditor reviewed 26 staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual misconduct.

115.17 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The policy 102.2, page 7 explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, 26 staff personnel files were reviewed, and no issues determined regarding this practice.

115.17 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver's license, personal interview, proper documentation provided, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Compliance Manager provided documentation demonstrating a criminal history and driver history inspection was previously conducted for staff. The PREA Compliance Manager confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review.

Conclusion: Based on the evidence reviewed by the auditor to include: 26 staff personnel files, interviews with 1 human resource staff, agency, and facility policy, contractor reviews, and 6 informal staff interviews, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the safety of the inmates with qualified staff is impressive.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.18 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Sussex II State Prison Pre-Audit Questionnaire responses
2. Operating Procedure, 801.1, page 2, December 1, 2018
3. Facility Technology Installation Memo, January 18, 2022
4. Facility Camera Listings

Interviews:

1. Agency Head Designee
2. Facility Warden
3. PREA Compliance Manager

Site Review Observations:

1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Cross-gender viewing on video monitoring equipment

Findings by Provision:

115.18 (a) Agency policy 801.1, page 2 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The facility Warden confirmed no substantial expansions were performed to the Sussex II State Prison facility within the last 12 months. The interview with the Agency Head Designee indicated the safety and privacy needs for inmates is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots are important. The facility is currently undergoing a project to repair the cell doors in the housing units. The current program was approved by the Virginia State Fire Marshall on March 23, 2022.

115.18 (b) Agency policy 801.1, page 2 indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The facility supports the most recent video monitoring equipment design and consists of 302 cameras throughout the facility. This was confirmed by the facility PREA Compliance Manager interview and 1 informal staff interview with the staff that monitors the video recordings. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment. The facility has 302 total cameras and the installations have made a significant impact to monitoring the sexual safety of the facility.

Conclusion: The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout the facility. Each camera has a full DVR recording support, and all these modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meets the requirements of this standard. The facility Warden indicated the facility is equipped with state-of-the-art video monitoring equipment and best practice recommendations in today's modern society. The auditor reviewed monthly meeting minutes indicating the PREA Compliance Manager participates in the discussion for future planning.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.21 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure, 030.4, Special Investigations Unit, pages 12-13, November 1, 2021 3. Memorandum of Understanding (MOU) between the Virginia Department of Corrections and the Virginia Sexual and Domestic Action Alliance, pages 1-4, February 18, 2022 4. Investigations Matrix, 030.4 Attachment 1, October 1, 2018 5. Operating Procedure 030.1, Evidence Collection and Preservation, November 1, 2021, pages 4-8 6. Operating Procedure 720.7, Emergency Medical Equipment and Care, October 1, 2020, page 9 7. Forensic Exam Medical File, November 4, 2021 8. Sexual Assault Response Checklist, November 4, 2021 9. VCU Health Systems Forensic Nurse Examiner Regional Listing Document 10. Operating Procedure, 038.3, Prison Rape Elimination Act (PREA), page 13, July 1, 2019 11. Operating Procedure, 730.2, MHWS: Screening, Assessment and Classification, page 12, June 1, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Random Staff 2. Sexual Assault Nurse Examiner 3. PREA Compliance Manager 4. Inmates who Reported Sexual Abuse 5. Virginia Sexual and Domestic Action Alliance (Victim Advocate) 6. 6 Informal Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Virginia Sexual and Domestic Action Alliance, mailing address posted in all living units 2. Third party reporting posters and zero tolerance posted in all living units 3. Shift Commander Sexual Assault Response Checklist available. <p>Findings by Provision:</p> <p>115.21 (a) The Sussex II State Prison utilizes the facility trained PREA investigators for conducting initial administrative sexual abuse and sexual harassment investigations, and the agency Special Investigations Unit will be notified along with the</p>

PREA Analyst for continuing the investigations for administrative action and completing the criminal abuse or harassment investigations. The Special Investigations Unit (SIU) utilizes a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. Agency policy 030.4 and 030.1 explains the uniform evidence protocol required for the facility.

The Shift Commander Sexual Assault Response Checklist is designed to ensure proper steps are taken to preserve evidence for the abuser and the victim. The auditor reviewed the checklists for one allegation that was referred to the VCU Health Systems for a Sexual Assault Forensic Nurse Exam. The auditor interviewed 12 random staff and most of the interviews indicated securing the scene and the trained investigators would be responsible for collecting the evidence at the scene. The agency policy 030.1, pages 4-8 indicate the standard utilized when conducting sexual harassment and discrimination investigations. This includes a uniform protocol for the preservation, control, and disposition of all physical, digital, recorded, electronic, and other evidence obtained in connection with a violation of standards of conduct, law, facility rules, or conditions of supervision. All aspects of collection, documentation, chain of custody, preservation, and disposal of evidence is addressed.

115.21 (b) The Sussex II State Prison does house youthful inmates, and this was confirmed by the agency website, onsite interviews conducted with staff, and the population statistical data. Agency policy 030.4, page 13 explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.21 (c) The facility offers all inmates who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. Policy 720.7 explains the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The Sussex II State Prison utilizes an off-site medical emergency room. The facility reported 1 forensic medical exam performed by a qualified Sexual Assault Nurse Examiner (SANE) during the past 12 months. The number performed by a SANE was 1, and the number performed by a qualified medical practitioner was 0. The auditor was able to review one incident report from 2021 that supported the arrangement with the hospital. This auditor was able to speak with a SANE nurse during the onsite review. The staff indicated they would provide the necessary support at the Virginia Commonwealth University (VCU) Health Systems. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the on-site review.

The Health Services Administrator confirmed all medical procedures will be performed to the victim at no cost and the auditor reviewed data to support the 1 SANE evaluation was performed at no cost to the inmate. Sussex II State Prison also provides onsite mental health treatment through their crisis stabilization and transitional care units. The auditor reviewed the agency VCU Health Systems Forensic Nurse Examiner Regional Listing document establishing an agreement with the agency to offer certified Sexual Assault Nurse Examiner duties per each region in Virginia. VCU Health Systems has a certified SANE on staff, and they provide sexual assault exams by qualified SANE medical professionals.

115.21 (d) The Sussex II State Prison medical staff complete the specialized medical and mental health training designed specifically to meet department operations. Training records were reviewed for medical staff and all training was verified. The auditor reviewed the MOU with the Virginia Sexual and Domestic Action Alliance for confidential support services. The auditor identified Virginia Sexual and Domestic Action Alliance poster in all housing units, intake, and medical sections of the facility. The poster identified the 24-hour services offered by the agency, advocacy, and case management, and hospital accompaniment. The poster offers an address for inmates to write directly to the agency and the information is also provided in the inmate handbook. The information provided to the inmates in intake includes a facility sexual abuse awareness pamphlet and the address for the Virginia Sexual and Domestic Action Alliance. All inmates are required to sign for receipt of the inmate handbook and the PREA pamphlet.

115.21 (e) The auditor reviewed 1 incident report demonstrating a victim advocate present during the sexual assault medical exam. The victim advocate information was provided in the sexual abuse awareness pamphlet. Policy 730.2, page 12 explains any inmate who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. This was confirmed during the victim advocate interview, and the auditor reviewed the MOU with the provider. The auditor interviewed 1 staff from the Virginia Sexual and Domestic Action Alliance and this volunteer confirmed the MOU with Sussex II State Prison, explained the process regarding notifications, discussed the limits to confidentiality, and expressed appreciation for Sussex II State Prison involving them within their program. The auditor interviewed 4 inmates that had previously reported an allegation of sexual abuse. Many of the inmates advised they were aware of the program and had spoken with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for services in the future. The facility reported knowledge of inmates participating in the program in the past.

115.21 (f) The Sussex II State Prison utilizes the facility trained PREA investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Special Investigations Unit has the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Compliance Manager interview, but several informal staff interviews were able to identify the investigator as the point of contact for facility investigations.

115.21 (g) N/A

115.21 (h) The facility PREA Compliance Manager verified the facility will always utilize the Virginia Sexual and Domestic Action Alliance as the community advocate to offer emotional support, crisis intervention, information, and referrals in the area. The agency does not utilize staff as representatives to provide emotional support services.

Conclusion: Based on the evidence provided by the facility, all provisions were met within standard 115.21 and no further corrective action is required.

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="240 273 504 300">Standard 115.22 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1414 846" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure, 038.3, Prison Rape Elimination Act (PREA), page 11, July 1, 2019 3. VADOC 030.4 Investigator Matrix, Attachment #1, October 1, 2018 4. Operating Procedure, 030.4, Special Investigations Unit, pages 5,6, &12, November 1, 2021 5. Reviewed 7 Investigative files during the on-site review and one investigation for each month from January 2021 to December 2021 <p data-bbox="240 936 352 963">Interviews:</p> <ol data-bbox="240 994 676 1137" style="list-style-type: none"> 1. Agency Head Designee 2. 1 Special Investigations Unit Investigator 3. PREA Compliance Manager <p data-bbox="240 1227 512 1254">Site Review Observations:</p> <ol data-bbox="240 1285 839 1482" style="list-style-type: none"> 1. Reviewed the facility website for Investigative information 2. Reviewed Shift Commander Checklist 3. Reviewed 19 Investigative Files 4. Case Management Log Entry System <p data-bbox="240 1572 467 1599">Findings by Provision:</p> <p data-bbox="240 1630 1469 1787">115.22 (a) The auditor received a copy of the case management spreadsheet as requested along with the following data: 1 unsubstantiated staff-on-inmate allegation of sexual abuse within the last 12 months, 1 unsubstantiated inmate-on-inmate allegation of sexual abuse within the last 12 months, 4 unfounded and 46 unsubstantiated staff-on-inmate allegations of sexual harassment in the past 12 months, and 2 unfounded, 11 unsubstantiated, and 1 substantiated inmate-on-inmate allegations of sexual harassment in the past 12 months.</p> <p data-bbox="240 1818 1485 2047">The Virginia Department of Corrections recognizes the grievance system as a method of reporting allegations of sexual abuse. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is forwarded immediately to the PREA Compliance Manager and the PREA Investigators for investigation. The facility received 18 allegations reported by use of the facility grievance system. The Virginia Department of Corrections provides a hotline number as a method of reporting sexual abuse or sexual harassment. The auditor verified this working number during the on-site review and received confirmation from the PREA Coordinator. The Sussex II State Prison reported a total of 47 investigations were conducted within the past 12 months from calls made to the agency hotline.</p> <p data-bbox="240 2078 1453 2136">The interview with the facility Warden explained the facility PREA Compliance Manager is the point of contact for all investigations. All criminal investigations are referred to the agency Special Investigations Unit and the PREA Compliance</p>

Manager will remain in contact for all investigations being conducted. The PREA Compliance Manager will ensure that all cases are completed and documented with complete investigative summaries and the Warden is informed of the outcomes.

115.22 (b) The agency PREA policy 038.3, page 11 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 030.4, page 5 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Special Investigations Unit (SIU) shall be responsible for criminal investigations in matters relating to the Department of Corrections. This notification policy is posted on the agency website and the procedures for reporting allegations.

This auditor reviewed documentation indicating all cases were entered into the Case Management Log Entry System. This information was provided and explained by the PREA Compliance Manager. The SIU investigator interview confirmed this process and indicated knowledge of the credibility assessments for all parties involved during the administrative investigations. The investigator indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the agency website.

115.22 (c) Agency policy 030.4 indicates the Special Investigations Unit shall conduct all criminal investigations of sexual abuse, sexual battery, and staff sexual misconduct. The SIU will conduct investigations for staff-on-inmate conduct that may have been determined during other investigations involving staff misconduct. The information provided by the agency and facility indicates compliance with this standard. The auditor received referrals provided by the facility to the SIU for investigation. The auditor confirmed referrals were investigated and the outcome was not referred for prosecution. There is one allegation that remains pending as a referral to the SIU.

115.22 (d) N/A

115.22 (e) N/A

Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a posted investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. The facility provided evidence of referrals of allegations of sexual abuse and sexual harassment. The agency policy is posted on the website, and it describes the investigative responsibilities of both the agency and the entity that conducts the criminal investigations on its behalf. The facility meets the provisions of this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.31 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure, 102.6, Staff Orientation, November 1, 2020, page 8 3. Operating Procedure 350.2, Training and Development, pages 13-14, Curriculum, Trainer. 4. PREA Training Lesson Plan 5. PREA Training and Acknowledgement Forms = 19 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Random Staff 2. PREA Compliance Manager 3. 6 Informal Staff Interviews 4. Inmates that identify as Transgender <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 19 Staff Training Files 2. Reviewed 19 PREA Training Acknowledgement Forms 3. Verified a list of all current staff training dates <p>Findings by Provision:</p> <p>115.31 (a) Agency policy 102.6, page 2 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill staff responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. The auditor conducted 12 Random staff interviews indicating significant knowledge regarding zero tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the 19-page lesson plan provided by the PREA Compliance Manager and page 2 provides the discussion regarding the zero-tolerance standard. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, inmate rights to be free from sexual abuse and sexual harassment, inmate and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.</p> <p>115.31 (b) This auditor reviewed the staff training curriculum to include rosters, briefing rosters, lesson plans, and the on-line training program. This program is an interactive testing software and specifically designed to provide the PREA training elements listed in 115.31 (a) 1-10. The facility trained all staff members in the last 12 months and provided training rosters demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the inmates at the facility to</p>

include male and female inmates and staff. The facility search practice appears to match the training received. This auditor was able to interview inmates that identify as transgender as the facility indicated two inmates were present during the on-site review. The facility reported 2 inmates at the facility in the past 12 months that identifies as a transgender female. The auditor interviewed 20 randomly selected inmates that did not identify any concerns with searches.

115.31 (c) The auditor reviewed a total of 19 staff training files. The documentation provided indicated all 19 staff received PREA training in the past 12 months. A complete listing of all staff was provided by the PREA Compliance Manager to the auditor ensuring the training was received by all staff at the end of the on-site review. The on-line program requires a test to be completed at the end of each section to determine satisfactory completion. The PREA Compliance Manager interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and in-service. The PREA Compliance Manager explained, staff training has been affected by COVID-19, in the past 12 months as training has been conducted on-line.

115.31 (d) The 12 random staff interviewed during the on-site review and 6 informal staff interviews indicated no concerns from staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator.

Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employee signatures signifying comprehension of the training received, the facility meets substantial compliance with this standard. No corrective action is required at this time.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.32 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1326 987" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure, 027.1, Volunteer and Internship Programs, page 11, May 1, 2020 3. Operating Procedure, 038.3, Prison Rape Elimination Act (PREA), page 5, July 1, 2019 4. Operating Procedure, 102.6, Staff Orientation, page 8, November 1, 2020 5. Operating Procedure, 350.2, Training and Development, page 10, July 1, 2021 6. Operating Procedure, 038.3, Attachment 6, VADOC PREA Training Acknowledgement Form, July 1, 2019 7. Contractor/Volunteer PREA Training Lesson Plan, pages 1-13 8. Contractor/Volunteer PREA Training Power Point slides 1-22 <p data-bbox="240 1077 352 1104">Interviews:</p> <ol data-bbox="240 1133 427 1216" style="list-style-type: none"> 1. 2 Contract Staff 2. 0 Volunteers <p data-bbox="240 1305 509 1332">Site Review Observations:</p> <ol data-bbox="240 1361 798 1444" style="list-style-type: none"> 1. Reviewed Volunteer/Contractor/ Public Visitor Forms 2. Reviewed the facility Biometric process <p data-bbox="240 1534 464 1561">Findings by Provision:</p> <p data-bbox="240 1590 1485 1787">115.32 (a) Agency policy 038.3, page 5 explains the zero-tolerance standard and the facility also provides a volunteer and contractor training lesson plan and power point. This auditor reviewed the volunteer and contractor training, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed volunteer/contractor/and public visitor forms acknowledging they understand the training received.</p> <p data-bbox="240 1816 1493 2042">115.32 (b) The Sussex II State Prison has not trained any volunteers and 313 contractors were trained in the last 12 months. There were no volunteers authorized to visit the facility in the past 12 months due to COVID-19. The level of training provided is based on the services they provide and the level of contact they have with inmates. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the National Crime Information Center.</p> <p data-bbox="240 2072 1469 2134">115.32 (c) The auditor spoke with 2 contract positions and no volunteers were interviewed due to COVID-19 precautions. The information provided relating to the training received included a lesson plan and a power point. The interview indicated</p>

the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. The contract interview confirmed receipt of the PREA Training Acknowledgement Form. No volunteers have received a copy of the PREA pamphlet in the past 12 months. All previously authorized volunteer clearances will have to be renewed by completing a new background screening prior to authorized entrance.

Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the inmates. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.33 Analysis</p> <p>The following evidence analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure, 038.3, Prison Rape Elimination Act (PREA), page 4, July 1, 2019 3. Reviewed the PREA Intake Pamphlet (Spanish/English Format) 4. Reviewed the Sexual Abuse/Sexual Harassment Inmate Education Program Facilitator's Guide 5. Inmate Handbook (Spanish/English Format) 6. Inmate Handbook (Braille Version) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 1 Intake Staff 3. 20 Randomly Selected Inmate Interviews 4. 4 Informally Selected Inmate Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observed the Intake Process and Issue of the PREA Pamphlet 2. Reviewed 13 Inmate Education Files 3. Reviewed 13 PREA Inmate Intake Handout Receipts 4. Observed PREA Posters and Materials Posted in All Living Units, Medical, and Programs (English/Spanish) <p>Findings by Provision:</p> <p>115.33 (a-f) Policy 038.3, page 4 discusses the inmate education requirements and (a-f) within the policy. The intake officer described the inmates receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed inmates receive the PREA pamphlet and watch the PREA video. This document includes the facility zero tolerance policy, the inmates right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The inmates can write directly to the PREA Grievance and the Action Alliance victim advocate to report allegations of sexual abuse, sexual assault, or sexual harassment and the pamphlet includes the numbers to contact the hotline.</p> <p>Agency policy 038.3, page 4 indicates within the first 10 days of reception additional PREA information will be provided to the inmate population. This information includes the inmate's rights to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation is explained during the comprehensive review. A video is shown, and questions asked at the end of the video to ensure the inmate understands the information received. The facility also proudly displays PREA posters, and one is displayed in the intake section regarding zero tolerance.</p>

The auditor interviewed 20 randomly selected inmates that indicated the video is played on an ongoing basis. The intake staff are required to print an inmate orientation acknowledgement form and the inmates sign acknowledging they understand the training they have received. The auditor sampled 13 inmate files indicating receipt of the PREA brochure and viewing the video within 10 days of arrival. The PREA Compliance Manager and the intake officer indicated the video is played to the population immediately upon arrival. The PREA Compliance Manager reported a total of 572 inmates admitted during the past 12 months, and 563 of those inmates' length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview.

There are several reporting methods provided to the inmates and this is discussed in the PREA pamphlet. The PREA information, handout, and Action Alliance information posted on the wall near the phones in every inmate living unit, in both Spanish and English formats. Posters are visible throughout the facility reminding inmates regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 20 randomly selected inmate interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility. The inmate phones are equipped with a TTY system, the facility provides a language line for numerous languages, a list of certified staff interpreters, and the video is played in both Spanish and English formats. The facility employs staff to provide the information verbally to inmates that cannot read.

Conclusion: The auditor has determined the agency has a policy governing PREA education for inmates. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of inmates entering the facility in the past 12 months, signed documents by the inmates indicating the understanding of the training received within 30 days of intake, confirmation of all inmates receiving the PREA information within one year of the effective date of the PREA standards, review of the inmate handbook, PREA pamphlet, PREA video, education materials in formats accessible to inmates that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated substantial compliance and no corrective action requested at this time.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.34 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Sussex II State Prison Pre-Audit Questionnaire responses
2. Operating Procedure, 030.4 Attachment 1, VADOC Investigation Matrix, October 1, 2018
3. Reviewed 22 Specialized Investigator Training Certificates for General and Advanced NIC Training
4. Operating Procedure, 350.2, Training and Development, page 15, July 1, 2021
5. Operating Procedure, 030.4, Specialized Investigations Unit, page 12, November 1, 2021

Interviews:

1. 1 Agency SIU PREA Investigator

Site Review Observations:

1. Reviewed the Investigator Basic School Training Agenda
2. Reviewed 22 Correctional Investigator Training Files
3. Reviewed 22 PREA Investigator Training Certificates

Findings by Provision:

115.34 (a-d) Agency policy 030.4, page 12 includes the specialized training requirements for the facility and agency PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility utilizes investigators from the Specialized Investigative Unit (SIU) for all criminal investigations and the facility PREA Investigators are assigned to conduct all administrative investigations. The SIU will investigate staff-on-inmate allegations in all circumstances usually discovered during investigations of other unauthorized activity. The auditor reviewed 22 training records indicating the facility and agency staff members have received specialized PREA training for investigators. This was confirmed during the investigator interview, and the auditor reviewed 7 investigative files and confirmed the investigator of each file has received the specialized PREA investigator training.

The facility and agency PREA investigators completed the basic school training for investigators and completed the National Institute of Corrections classes for PREA investigators. This training provided the necessary elements required within this standard to include the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and agenda associated with this learning environment. This training identified the 8 PREA standards that apply to investigating sexual abuse of inmates and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency policy 030.4, page 12 indicates training documentation will be maintained by the employee training files and the PREA Compliance Manager. The auditor reviewed 22 PREA Training Certificates for the 4 facility investigators and the 19 agency staff members that have taken the specialized PREA investigator training class.

Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is required at this time.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.35 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Sussex II State Prison Pre-Audit Questionnaire responses
2. Operating Procedure, 701.1, Health Services Administration, page 10, November 1, 2021
3. Operating Procedure, 102.6, Staff Orientation, page 8, November 1, 2020
4. Medical Staff Training Files
5. PREA Specialized Training: Medical and Mental Health Care Course Guide
6. PREA Training NIC Certificates

Interviews:

1. 1 Medical Staff
2. 1 Mental Health Staff
3. Sexual Assault Nurse Examiner (SANE)

Site Review Observations:

1. Reviewed medical staff training files
2. Reviewed PREA Training and Understanding Verification Forms

Findings by Provision:

115.35 (a-d) Agency policy 0701.1, page 10 explains the facility policy, procedures, and practice associated with this standard compliance and all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 25 medical staff that work regularly in the facility and the training records indicated all staff have received the initial PREA orientation and the specialized training. The facility provided written documentation demonstrating full compliance that staff have received the specialized medical or mental health training. The auditor reviewed the facility PREA Medical and Mental Healthcare training certificates that included the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor was able to review the PREA Training and Understanding Verification Forms documenting the medical staff signatures and understanding the training they have received as the training for 2021 was conducted online due to COVID-19 precautions. The auditor interviewed 1 medical staff, and 1 mental health staff and both interviews indicated knowledge regarding specialized medical training. The facility utilizes the National Institute of Corrections (NIC) Specialized Medical and Mental Health training program. All forensic exams are conducted at the VCU Health Systems, and the facility does not utilize contract medical staff for services.

Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum and signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all of the provisions required within this standard with compliance. No further action is required.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.41 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1214 987" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operating Procedure 810.0, Classification, March 1, 2019 3. Operating Procedure 810.2, Transferred Offender Receiving and Orientation, May 1, 2019 4. Classification Assessment Details Form, January 15, 2015 5. Classification Assessment Institutions Document, January 15, 2015 6. Classification Assessment Details Form Spanish, January 15, 2015 7. Operating Procedure, 861.1, Reassessments, April 1, 2016 8. Operating Procedure, 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021 <p data-bbox="240 1077 352 1104">Interviews:</p> <ol data-bbox="240 1133 639 1503" style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. 20 Random Inmate Interviews 3. 4 Informal Inmate Interviews 4. 12 Random Staff Interviews 5. 6 Informal Staff Interviews 6. PREA Coordinator 7. PREA Compliance Manager <p data-bbox="240 1592 512 1619">Site Review Observations:</p> <ol data-bbox="240 1648 807 1906" style="list-style-type: none"> 1. Inmate Risk Screening Process 2. Inmate Risk Screening Reassessment Process 3. Intake and Classification Housing Assignment Review 4. Inmate File Reviews 5. PREA Risk Assessment Tool <p data-bbox="240 1995 483 2022">Findings (By Provision):</p> <p data-bbox="240 2051 1461 2145">115.41 (a-l) Agency policy 810.1, explains the screening procedures for risk of victimization and abusiveness. This policy explains all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Inmates will also be screened upon transfer to another facility for their risk of being</p>

sexually abused or sexually abusive toward other inmates. The Sussex II State Prisons utilizes the Classification Assessment Details Form to accomplish the risk screening process. This tool is utilized during the intake screening process, 20-30 days after receipt into a facility, whenever an inmate participates in an incident of sexual abuse, added information is provided within the inmate's history, and during the annual review process. The auditor attempted to observe this process during the on-site review, but no new intakes were received at the facility during the on-site review.

Agency policy 810.2 indicates this tool must be completed within the first 72 hours of reception to the Department or upon arrival at another facility. The auditor reviewed inmate files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This follows the 72-hour mandate required by the standard. None of the files reviewed indicated concerns regarding the initial intake screening or the reassessment. The facility utilizes an objective classification screening instrument that includes yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a booking inmate risks and needs assessment, and a PREA intake screening. The objective classification screening includes the following criteria for the risk of sexual victimization: inmate mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, whether the inmate is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the inmate is detained solely for civil immigration purposes. The auditor observed the staff performing the risk screening to document the responses of the inmate and staff indicated responses also reflected the inmates' personal perceptions of themselves. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted.

The objective classification system questionnaire also assesses inmates for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each inmate must be carefully screened, and every evaluation should be unbiased, results should be based on the communication between the staff conducting the review and the inmates' own perceptions and responses to the questions.

Agency policy 810.2 indicates within 14-21 days of intake an inmate's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Interviews conducted with 20 random inmates indicated this process was being applied as the inmates could explain the questions being asked by the facility. This information is consistent with the agency policy previously discussed.

Agency policy 810.1 indicates inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. The interview with staff that conduct the risk screenings advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Coordinator interview indicated limited access to review these documents once they have been uploaded within the system.

Conclusion: Based on the review and analysis of all available evidence to include agency policy governing the screening of inmates upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is fully compliant with this standard regarding inmate risk of victimization and abusiveness.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.42 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 3. Operating Procedure 810.1, Classification, March 1, 2019 4. Operating Procedure 810.2, Transferred Offender Receiving and Orientation, May 1, 2019 5. Operating Procedure 841.2, Offender Work Programs, July 1, 2020 6. Operating Procedure 425.4, Management of Bed and Cell Assignments, August 1, 2021 7. High Risk Victim and High-Risk Abuser Lists 8. Operating Procedure 830.5, Transfers, Institution Reassignments, November 1, 2020 9. Operating Procedure 730.2, MHWS: Screening, Assessments and Classification, June 1, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Inmates Identifying as Transgender, Inmates Identifying as Gay 5. Facility Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the PREA Risk Screening Process 2. Reviewed the PREA Risk Screening Reassessment Process 3. Reviewed Inmate Files 4. Reviewed for PREA Accommodations 5. Reviewed the housing unit cell, shower, restroom, and bunk accommodations <p>Findings (By Provision):</p> <p>115.42 (a-g) Agency policy 038.3 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Coordinator as the PREA Coordinator advised all facility risk screenings are objective, case by case evaluations of the inmates with their own perceptions and views being considered. The views of the inmate are</p>

recognized along with the tally provided by the staff on the risk assessment document. The staff that performs risk screening interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The facility maintains a high-risk abuser and a high-risk victim list to keep the two categories separate from each other. The auditor reviewed this process during the on-site review. The auditor spoke with 20 randomly selected inmates that confirmed inmates were on-site that identify or perceived to be transgender. The facility reported 2 inmates in the past 12 months at the facility that identified as transgender female. The auditor spoke with 2 inmates that identifies as transgender, and all agreed their housing was discussed during the classification interview. They agreed to the level of housing recommended by the facility and no further issues were discussed.

Agency policy 425.4 indicates the facility will make individualized determinations on a case-by-case basis to ensure the residents health and safety and personal views are considered. Reassessments shall be conducted by the inmate's assigned counselor between calendar day 14 and 21 of every inmate's arrival in the system. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Compliance Manager confirmed the Unit Management staff will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the inmates' personal views. This was confirmed during the intake screening staff interview, and all assessments will be documented on the PREA Risk Assessment Tool. Inmates that identify as transgender or intersex will receive a reassessment twice each year. The Virginia PREA office staff initiated a self-assessment program regarding this requirement to ensure proper actions are taken regarding this population for review.

The video monitoring equipment did not indicate concerns regarding cross-gender viewing during episodes of undress or showering. This is especially important when unit managers are evaluating the housing considerations for transgender and intersex inmates as they are provided the opportunity to shower separately from other inmates in the facility. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated housing facility, unit, or wing based on their status. This is forbidden in policy 038.3. The facility Warden interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The onsite review indicated special populations are not assigned to one housing unit as the auditor was able to interview inmates from all living units.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding inmate risk of victimization and abusiveness.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.43 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure 830.5, Transfers, Institution Reassignments, November 1, 2020 3. Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021 4. Sexual Abuse/Sexual Harassment Available Alternatives Assessment, August 1, 2021 5. PREA Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. 1 Staff Supervising Inmates in Segregated Housing 3. 0 Inmates in Segregated Housing for Risk of Suffering Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Inmate Case Files 2. Segregation Housing Records <p>Findings (By Provision):</p> <p>115.43 (a-e) Agency policy 810.1 clearly defines the information within this standard. Inmates at elevated risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment. This policy was confirmed during the interview with the facility Warden.</p> <p>This policy allows for programming, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility must document on the Sexual Abuse/Sexual Harassment Available Alternatives Assessment. This auditor reviewed the segregated housing records and spoke with 1 staff that supervises inmates in segregated housing. There was one report of inmates in restrictive housing in the past 12 months identified to be housed in segregated housing involuntarily. The auditor confirmed the housing status and reviewed the alternatives assessment and investigation report. The auditor determined an initial review was conducted within 24 hours and the reassessment.</p> <p>Conclusion: Based on the review and analysis of all available evidence, the auditor has determined that the agency has a policy governing involuntary segregated housing for inmates at elevated risk for sexual victimization. The auditor reviewed facility records of housing assignments, segregation logs, and verified out of cell activities were not interrupted throughout this review. The auditor has determined the facility is fully compliant with the provisions of this standard.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.51 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operating Procedure 801.6, Offender Services, October 1, 2018 3. Operating Procedure 038.3 Prison Rape Elimination Act, July 1, 2019 4. Operating Procedure 803.3, Offender Telephone Service, February 1, 2020 5. Operating Procedure 866.1, Offender Grievance Procedure, Institutions, January 1, 2021 6. PREA Pamphlet Spanish/English 7. Memorandum of Understanding Virginia Sexual and Domestic Violence Action Alliance, February 18, 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. 20 Randomly Selected Inmates 3. 6 Informal Staff Interviews 4. 4 Informal Inmate Interviews 5. PREA Compliance Manager 6. Facility Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the Virginia Sexual and Domestic Violence Action Alliance Information 2. Reviewed the Third-Party mailing address. <p>Findings (By Provision):</p> <p>115.51 (a-d) Sussex II State Prison provides multiple methods for inmates to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, neglect, and contributing factors to these incidents. These factors are described in policy 038.3 and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, agency hotline, or report directly to a family member or friend.</p> <p>The agency has a documented Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance to provide one method of anonymous inmate reporting to a public entity that is not part of the agency. The auditor interviewed 20 randomly selected inmates and conducted 4 informal inmate interviews that concluded knowledge of this process. The Sussex II State Prison does not detain inmates solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager, and the facility Warden interviews.</p> <p>Agency policy 801.6 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of</p>

sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility Warden also confirmed any allegations reported by another facility or to another facility will be performed from the facility head to the other facilities agency head in writing. This information will then be passed on to the facility PREA investigator promptly.

Conclusion: Based on the review of all documents provided to the auditor in the preaudit questionnaire, interviews conducted during the on-site review, and site review observations, the auditor determines all provisions were met within this standard and no further corrective action required.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.52 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operating Procedure 866.1, Offender Grievance Procedure, Institutions, January 1, 2021 3. Operating Procedure 038.3, Offender Orientation Manual, 2021 4. 1 Emergency Grievance Alleging Sexual Abuse <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 20 Randomly Selected Inmates 3. 12 Randomly Selected Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Grievance forms are readily available to the inmate population in all housing units. <p>Findings (By Provision):</p> <p>115.52 (a-g) The agency follows a standardized acceptance process for grievance procedures for dealing with inmate grievances regarding sexual abuse. Agency policy 866.1, explains inmates shall utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, if an inmate files a grievance related to staff on inmate sexual abuse/sexual harassment or inmate on inmate sexual abuse, the facility Grievance Coordinator shall process the grievance and forward it to the facility Investigator and PREA Compliance Manager (PCM)/designee for tracking and investigation. The inmate shall be notified of this action.</p> <p>The facility PREA Compliance Manager reports one allegation of sexual abuse submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the investigator and the PREA Compliance Manager for immediate investigation. The facility reported no allegations of sexual harassment received through the grievance system for investigation in the past 12 months. The auditor reviewed a sample of the grievances forwarded to the investigator.</p> <p>Agency policy 866.1 explains the grievance system is intended to deal with a wide range of issues, procedures, or events that may be of concern to an inmate. All incidents of an emergency nature including allegations of sexual abuse includes an immediate response and when faced with an incident of an urgent or emergency nature, the inmate shall contact the nearest staff member for immediate assistance. The auditor reviewed the inmate handbook, and the inmate grievance system is listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews with randomly selected staff, and these interviews indicated knowledge of the inmates being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 20 randomly selected inmates and several of the inmates indicated they could submit a grievance to notify the staff of an allegation of sexual abuse.</p> <p>Conclusion: The Virginia Department of Corrections recognizes the inmate grievance system as a method of reporting for the</p>

inmate population. All grievances received relative to sexual abuse will be forwarded to the facility PREA Investigator for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Inmates are informed the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and Inmate Handbook. The auditor determined the facility meets the requirements of this standard as its policy is to forward all grievances alleging sexual abuse and sexual harassment for investigation and provides other means of reporting. No further action is required regarding this standard.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.53 Analysis</p> <p data-bbox="240 383 999 409">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 499 371 526">Documents :</p> <ol data-bbox="240 555 1246 813" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 3. PREA Intake Pamphlet (Spanish/English) 4. Facility PREA Posters (Spanish/English) 5. Memorandum of Understanding, Virginia Sexual and Domestic Action Alliance, February 24, 2022 <p data-bbox="240 902 352 929">Interviews:</p> <ol data-bbox="240 958 647 1160" style="list-style-type: none"> 1. 20 Random Inmates 2. Inmates Who Reported Sexual Abuse 3. Facility Warden 4. PREA Compliance Manager <p data-bbox="240 1245 512 1272">Site Review Observations:</p> <ol data-bbox="240 1301 1385 1391" style="list-style-type: none"> 1. Verified all third-party reporting materials are posted in the inmate living units in both English and Spanish. 2. Verified telephone and mail monitoring notices are posted in the inmate living units in both English and Spanish. <p data-bbox="240 1476 483 1503">Findings (By Provision):</p> <p data-bbox="240 1532 1473 1827">115.53 (a-c) Agency policy 038.3 explains the PREA Compliance Manager, Unit Manager, and Mental Health Staff shall ensure that inmates are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Compliance Manager shall 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. Each facility shall ensure that if facility phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and the level of monitoring must be clearly posted in the facility handbook and bulletin boards.</p> <p data-bbox="240 1856 1489 2152">Agency policy 038.3 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. Sussex II State Prison utilizes the services of the Virginia Sexual and Domestic Action Alliance, a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. This is accomplished by inmates writing a letter to access the services and provide notifications or by dialing a specific number. The Sussex II State Prison established a Memorandum of Understanding with the Virginia Sexual and Domestic Action Alliance on April 29, 2013, continues their partnership to provide victim advocate services. The auditor reviewed both documents for clarity and all signatures are current and binding. The Memorandum of Understanding may be revised at any time by either party, or the terms of the Agreement do not expire without written notice by both parties. The Virginia Sexual and Domestic Action Alliance information is posted in all inmate living units, near the phones, provided in</p>

the inmate handbook, and listed on the initial intake PREA pamphlet provided upon arrival to the facility. The auditor confirmed the facility provides the name and address, at no cost to the inmate and these services are confidential.

The Sussex II State Prison does not detain persons solely for civil immigration services. This information was confirmed during the facility Warden interview. The 12 random staff interviewed were able to identify the Virginia Sexual and Domestic Action Alliance, as an option for confidential inmate support services. A total of 20 random inmate interviews, and inmate interviews that have reported sexual assault allegations, indicating knowledge of the Virginia Sexual and Domestic Action Alliance. The inmates reported feeling confident these services would be useful, and the facility provided information on inmates currently utilizing the services. The PREA Compliance Manager was aware of current inmates that utilized the service. The Virginia Sexual and Domestic Action Alliance volunteer interview confirmed inmates at Sussex II State Prison have received the services at the facility in the past. Interviews with the inmates that have reported an allegation in the past advised they were offered the PREA pamphlet in the past and have not chosen to use the services.

Conclusion: Based on the review of all evidence supplied by the facility to include agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for inmates to report anonymously, a policy regarding inmates not being detained solely for civil immigration purposes, a policy for staff to privately report, accepting reports from inmates in writing, an MOU with the victim advocate, and the inmate handbook, the auditor has determined the facility meets the substantial requirements of this standard. No further action is required regarding the provisions of this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.54 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operating Procedure, 038.3, Prison Rape Elimination Act, July 1, 2019 3. Zero-tolerance and third-party reporting poster (English/Spanish) 4. Third-party reporting form English/Spanish <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 20 Random Inmates 3. 4 Informal Inmate Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address. 2. Reviewed the agency website for the third-party reporting information. <p>Findings By Provision:</p> <p>115.54 (a) The agency has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in agency policy 038.3. This information is also published on the agency's website and the notification process is to write a letter to the third-party reporting agency, call the hotline, or an email address. There are posters throughout the facility such as: inmate living units, medical, programs, intake, visitation, and reception regarding third-party reporting and the address required to file the complaint. The inmates are provided a handbook that explains the reporting process and this information is posted on the PREA intake pamphlet, PREA video, and signs posted near the inmate phones in the living Units. The 20 random and 4 informal inmate interviews indicated knowledge of the third-party reporting methods and inmates advised they felt extremely comfortable reporting all allegations of sexual misconduct.</p> <p>Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. The facility is compliant with this standard and no further action is required.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.61 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 363 530">Documents:</p> <ol data-bbox="240 560 1230 815" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operating Procedures 038.3, Prison Rape Elimination Act, July 1, 2019 3. Operating Procedures 730.2, MHWS: Screening, Assessments, and Classification, June 1, 2021 4. Investigative Files 5. Operating Procedures 801.6, Offender Services, October 1, 2018 <p data-bbox="240 904 352 931">Interviews:</p> <ol data-bbox="240 960 552 1272" style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. 6 Informal Staff 3. Facility Warden 4. PREA Compliance Manager 5. 1 Medical Staff 6. 1 Mental Health Staff <p data-bbox="240 1361 512 1388">Site Review Observations:</p> <ol data-bbox="240 1417 1010 1621" style="list-style-type: none"> 1. Reviewed Investigative Files 2. Reviewed Incident Reports 3. Reviewed Allegations of PREA Reports Referred to the PREA Investigator 4. Compared the dates received to the date the investigation began <p data-bbox="240 1711 485 1738">Findings (By Provision):</p> <p data-bbox="240 1767 1461 2092">115.61 (a-e) Agency policy 038.3 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against inmates or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Warden and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and 6 informal staff interviews as staff conveyed the directive to notify a supervisor immediately. The staff were able to identify the PREA Investigator, and PREA Compliance Manager during the random staff interviews. Agency policy 038.3 indicates apart from reporting to designated supervisor or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements.</p> <p data-bbox="240 2121 1490 2148">The Sussex II State Prison does house youthful offenders as confirmed during the census report review. Agency policy 730.2</p>

explains when the alleged victim is under the age of 18, the Department shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws as outlined by the Virginia Code. The auditor interviewed 1 medical staff and 1 mental health worker and both interviews indicated knowledge regarding mandatory reporting requirements as one medical staff member advised she will always report an allegation to her supervisor and the Shift Commander. During the on-site review, the auditor reviewed investigative files, and incident reports relating to a sexual abuse allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day.

Conclusion: Based on the evidence provided by the facility, the auditor determined the agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the Shift Commander immediately. The facility does house youthful offenders and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no further action is required.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.62 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Sussex II State Prison Pre-Audit Questionnaire Responses
2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019
3. Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021
4. Operating Procedures 830.6, Offender Keep Separate Management, August 1, 2020
5. Investigative Files

Interviews:

1. Agency Head Designee
2. Facility Warden
3. 12 Random Staff
4. Inmates in Segregation for High Risk of Sexual Abuse

Site Review Observations:

1. File reviews to determine elevated risk for sexual victimization
2. Reviewed PREA Allegations and High-Risk Victim and High-Risk Abuser Lists

Findings (By Provision):

115.62 (a) Agency policy 038.3 ensures that when Department staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect that inmate. Alleged inmate victims of sexual abuse shall 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim. The facility Warden indicated segregation may be ordered immediately to protect the inmate or others, but the action must be reviewed within 24 hours by the housing committee.

The facility Warden interview determined the agency takes all allegations serious and any inmate subject to imminent sexual abuse will receive immediate action. The facility reported 4 incidents in the past 12 months that determined an inmate was subject to a substantial risk of imminent sexual abuse. The auditor reviewed investigative files indicating the housing unit change was performed immediately upon notification. The classification files reviewed indicated no inmates were being housed in segregation for high-risk of sexual victimization during the on-site review. The informal staff interview indicated the housing would be for less than 24 hours. No program activities would be interrupted due to this housing assignment. The auditor interviewed informal inmates and they indicated satisfaction regarding their housing placement and did not convey any sexual safety concerns. The auditor confirmed the inmates being housed in segregation was due to behavior concerns and not due to the sexual safety.

Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when inmates are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of inmate's substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence provided the facility meets the provision of this standard. No further action is required.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.63 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 363 530">Documents:</p> <ol data-bbox="240 560 1015 873" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 3. Notification of Sexual Abuse Allegation to Another Facility Form 4. Reviewed 1 case file for notification to another facility 5. Reviewed 1 case file for notification received from another facility 6. Operating Procedure 030.4, Special Investigations Unit, November 1, 2021 <p data-bbox="240 963 352 990">Interviews:</p> <ol data-bbox="240 1019 552 1160" style="list-style-type: none"> 1. Agency Head Designee 2. Facility Warden 3. PREA Compliance Manager <p data-bbox="240 1249 512 1276">Site Review Observations:</p> <ol data-bbox="240 1305 1441 1456" style="list-style-type: none"> 1. Reviewed 1 case file including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Reported to another facility. 2. Reviewed 1 case file including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Received from another facility. <p data-bbox="240 1545 483 1572">Findings (By Provision):</p> <p data-bbox="240 1601 1493 1765">115.63 (a-d) Agency policy 038.3 indicates upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Warden indicated they would personally contact the Warden at the facility where the abuse occurred and would expect the other agency to return the same courtesy. The Warden explained, all allegations are taken seriously and treated with an immediate response.</p> <p data-bbox="240 1794 1481 1989">The agency policy 038.3 indicated the documented notification will occur within 72 hours and must be documented in the PREA Tracking System. Sussex II State Prison has reported 2 allegations of sexual abuse to other facilities in the past 12 months. Sussex II State Prison has received 3 allegations of sexual abuse from other facilities in the past 12 months. The auditor received the file number and confirmed the investigative actions. The auditor reviewed email notifications for compliance regarding the reported incidents and the notification was provided within the mandated 72-hour timeframe to the facility head and documented in an incident report.</p> <p data-bbox="240 2018 1445 2145">The agency interview advised all notifications are received by the agency PREA Coordinator and the Facility Head. The auditor reviewed 1 case file of allegations reported to another facility. The case file included the following documents: the case history, email notifications from facility heads, and the investigative report. The Pre-Audit questionnaire indicated 3 allegations were reported to the facility in the past 12 months. All documents indicated notification between the facility</p>

Wardens within 72 hours.

Conclusion: The facility has a policy to ensure reporting of allegations of sexual abuse of inmates while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. The auditor reviewed the documentation of allegations that an inmate was abused while in confinement, documentation that the notifications occurred within 72 hours, and the documentation of the notification from each agency head or appropriate staff person. Based on the evidence provided the facility meets the provisions required within this standard and no further action is required.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 504 297">Standard 115.64 Analysis</p> <p data-bbox="242 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 504 363 530">Documents:</p> <ol data-bbox="242 560 1015 815" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Emergency Response Cards 3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 4. Operating Procedure 075.1, Emergency Procedures, March 1, 2018 5. Operating Procedure 030.4, Special Investigations Unit, November 1, 2021 <p data-bbox="242 904 352 931">Interviews:</p> <ol data-bbox="242 960 647 1160" style="list-style-type: none"> 1. 1 Non-Security Staff First Responder 2. 1 Security Staff First Responder 3. Inmates Who Reported Sexual Abuse 4. 12 Random Staff <p data-bbox="242 1249 512 1276">Site Review Observations:</p> <ol data-bbox="242 1305 962 1393" style="list-style-type: none"> 1. Reviewed the Initial Response Checklist for the victim and the abuser 2. Reviewed the Emergency Response Card being utilized by the staff <p data-bbox="242 1482 485 1509">Findings (By Provision):</p> <p data-bbox="242 1538 1485 1794">115.64 (a-b) Agency policy 038.3 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve, and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed inmates who reported an allegation of sexual abuse, and all inmates indicated a feeling that the staff respected the incident and kept them safe from their abuser.</p> <p data-bbox="242 1823 1485 2157">The facility reported 6 allegations of sexual abuse within the past 12 months, 1 case was reported to security staff that involved the separation of the victim and the abuser, and no cases were reported to a non-security staff member. The facility reported 1 case where physical evidence was collected, and the staff indicated the inmates were informed to not make any attempts to destroy the physical evidence. The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed 1 security staff designated as a first responder, and 1 non-security staff. The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the staff training curriculum and verified during the Warden interview. The auditor interviewed 12 random staff members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed 1 Initial Response Checklist for the alleged victim and 1 Initial Response</p>

Checklist for the alleged abuser that included the 4-step action plan.

Conclusion: The agency has a policy governing the staff first responder duties to include a security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met compliance.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.65 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operational Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 3. Sussex II State Prison, PREA Response Plan, February 9, 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator 3. 12 Random Staff 4. 6 Informal Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the First Responder Duty Cards 2. Reviewed the facility response plan. <p>Findings (By Provision):</p> <p>115.65 (a) Sussex II State Prison has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, security staff, shift commanders, shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan is documented, provides detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and 6 informal staff interviews. The facility Warden and the PREA Coordinator interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.</p> <p>Conclusion: The Sussex II State Prison has a facility institutional response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This response plan is separate from the agency response plan, and it is more locally individualized to meet the specific needs of the facility. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, compliance was indicated, and no further action is required.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	<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="242 271 413 300">Standard 115.66</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 501 365 530">Documents:</p> <ol data-bbox="242 557 1059 701" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 3. Memorandum from the Agency Operations Manager for Support, April 22, 2013 <p data-bbox="242 788 352 817">Interviews:</p> <ol data-bbox="242 844 507 929" style="list-style-type: none"> 1. Facility Warden 2. Agency Head Designee <p data-bbox="242 1016 509 1046">Site Review Observations:</p> <ol data-bbox="242 1072 1080 1102" style="list-style-type: none"> 1. Reviewed the facility for any postings relating to a standardized union agreement. <p data-bbox="242 1189 483 1218">Findings (By Provision):</p> <p data-bbox="242 1245 1485 1574">115.66 (a) The Virginia Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the "nature of the allegations" is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The Fair Labor Standards Act regulations, for exempt employees, permit suspensions of less than a full workweek for violations of written workplace policies applicable to all employees. This provision applies to applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with Section 6 of this procedure's manual.</p> <p data-bbox="242 1606 1485 1798">Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. No documents were reviewed that would limit the agency's ability to remove alleged staff sexual abusers from the contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Warden interview confirmed this process, and the auditor received a memorandum from the agency Operations Manager for Support to all facility Wardens to review. No further action is required toward this standard.</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="240 271 504 297">Standard 115.67 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 363 530">Documents:</p> <ol data-bbox="240 560 1422 757" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Retaliation Monitoring Form 3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 4. Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019 <p data-bbox="240 846 352 873">Interviews:</p> <ol data-bbox="240 902 743 1332" style="list-style-type: none"> 1. Agency Head Designee 2. Facility Warden 3. 1 Staff Member Assigned to Monitor Retaliation 4. Inmates who Reported Sexual Abuse 5. Inmates High Risk of Sexual Victimization 6. 12 Random Staff 7. 20 Random Inmates 8. PREA Compliance Manager <p data-bbox="240 1422 512 1449">Site Review Observations:</p> <ol data-bbox="240 1478 1374 1563" style="list-style-type: none"> 1. Reviewed for email transcripts from the facility Warden to the compliance monitor extending the 90-day review. 2. Reviewed Investigative files for retaliation monitoring documents. <p data-bbox="240 1653 483 1680">Findings (By Provision):</p> <p data-bbox="240 1709 1485 2072">115.67 (a-e) The agency has established a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation, and this is described in agency policy 038.3. The Department shall 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. Department policy explains, any individual, who seeks to deter an inmate or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline. Staff that require retaliation monitoring due to report of sexual abuse or sexual harassment, or because of an expressed fear of retaliation due to cooperation with an investigation of inmate sexual abuse or sexual harassment shall meet with the Administrative Staff Specialist Senior. This staff member is the designated staff member charged with monitoring retaliation. This position is provided the necessary support by the facility Warden. The interview process with the facility Warden indicated an active role toward retaliation monitoring is an ongoing process.</p> <p data-bbox="240 2101 1485 2159">The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for inmate victims and abusers, removal of staff through termination, emotional support services, monitoring the inmate and staff performance</p>

evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the inmates are provided with materials to assist the communication process. Literature is posted in the inmate handbook, posters, and methods of reporting retaliation described in the daily PREA video.

The Warden indicated additional reviews may be considered once the 90-day review has concluded. Random interviews with 12 staff members and 20 random inmates indicated no cause for concern with retaliation. The auditor interviewed the PREA Compliance Manager, inmates that previously reported sexual abuse, and no interviews indicated retaliation concerns. The facility reported no allegations of retaliation were reported in the past 12 months, and the investigative files documented the 90-day reviews. The auditor reviewed the Retaliation Monitoring Form and determined an evaluation is conducted during the initial review and monthly for 90-days. All reviews indicated no concerns regarding retaliation.

Conclusion: The Virginia Department of Corrections has an agency policy protecting all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from inmates or staff and includes the monitoring of inmates and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings and the auditor finds the facility has met the provisions of this standard with substantial compliance. No further action is required.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.68 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 363 530">Documents:</p> <ol data-bbox="240 560 1206 815" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire responses 2. Operating Procedure 830.5, Transfers, Institution Reassignments, November 1, 2020 3. Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021 4. Sexual Abuse/Sexual Harassment Available Alternatives Assessment, August 1, 2021 5. PREA Investigative Report <p data-bbox="240 904 352 931">Interviews:</p> <ol data-bbox="240 960 651 1104" style="list-style-type: none"> 1. Facility Warden 2. Staff Supervising Segregated Housing 3. Inmates in Segregated Housing <p data-bbox="240 1193 509 1220">Site Review Observations:</p> <ol data-bbox="240 1249 1473 1659" style="list-style-type: none"> 1. Reviewed records and documentation of housing assignments of inmates who alleged to have suffered sexual abuse. 2. Documentation of in-cell AND out- of-cell programs, privileges, education, and work opportunities for inmates in segregated housing. 3. Reviewed if the facility restricts access to programs, privileges, education, or work opportunities. 4. Reviewed records for length of placement in segregated housing for those who alleged to have suffered sexual abuse. 5. Reviewed records indicating inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days. 6. Reviewed Case files of inmates who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 months. <p data-bbox="240 1749 483 1776">Findings (By Provision):</p> <p data-bbox="240 1805 1489 2134">115.68 (a) Agency policy 830.5 clearly defines the information within this standard. Inmates at high-risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment. Adherence to the guidelines set forth in this procedures manual shall occur when inmates at a high-risk for sexual victimization or inmates who have alleged sexual abuse are involuntarily placed into Protective Custody (PC) after a determination has been made that no other available alternative means of separation exist from abusers. An administrative hearing shall be conducted when an inmate is placed into involuntary administrative custody due to high-risk for sexual victimization or after suffering sexual abuse. When an inmate is placed into involuntary custody due to high-risk for sexual victimization or after suffering sexual abuse, the report must articulate the basis for the staff member's concern for the inmate's safety, the other alternative means of separation that were explored, and the reason no alternative means of</p>

separation can be arranged.

This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible. This auditor reviewed the segregated housing records and spoke with the staff that supervise inmates in segregated housing. The facility reported one inmate in the past 12 months was identified to be housed in segregated housing involuntary. The initial review was conducted within 24 hours. Inmates are reassigned to general population. The facility documents the privileges such as recreation, education, and programming. The inmate may not be authorized work opportunities due to keep separate concerns and this would be documented on the segregation forms. The auditor interviewed inmates in the restrictive housing unit and determined no concerns with housing considerations. The auditor determined no inmates were housed in segregation due to high-risk of sexual victimization as the inmates in restrictive housing were charged with behavior concerns and not concerns for their sexual safety.

Conclusion: The agency has a policy governing the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse. The auditor reviewed the facility evidence provided, interviews, and on-site compliance determinations. Based on the evidence provided the facility demonstrates substantial compliance to all provisions within this standard. No further action is required.

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="240 271 504 300">Standard 115.71 Analysis</p> <p data-bbox="240 383 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 365 530">Documents:</p> <ol data-bbox="240 557 857 815" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p data-bbox="240 904 352 934">Interviews:</p> <ol data-bbox="240 960 641 1218" style="list-style-type: none"> 1. Investigative Staff 2. Inmates who Reported Sexual Abuse 3. Facility Warden 4. PREA Coordinator 5. PREA Compliance Manager <p data-bbox="240 1308 509 1337">Site Review Observations:</p> <ol data-bbox="240 1364 585 1447" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p data-bbox="240 1536 483 1565">Findings (By Provision):</p> <p data-bbox="240 1592 1485 1787">115.71 (a-l) The Special Investigations Unit conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Virginia Department of Corrections as required in the State policy. The Special Investigations Unit will investigate allegations of staff-on-inmate sexual abuse, typically uncovered during investigations into other forms of unauthorized activity. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment.</p> <p data-bbox="240 1816 1485 1944">The facility reported a total of 75 investigations conducted in the past 12 months. The facility reported 12 allegations of sexual abuse and 63 allegations of sexual harassment. The auditor reviewed 15 investigative reports to include reports from the third-party allegations and 1 case is still active with the Special Investigations Unit, 72 cases are closed, 7 unfounded, 63 unsubstantiated, 3 pending, and 2 substantiated allegations of sexual abuse or sexual harassment were reported.</p> <p data-bbox="240 1973 1485 2136">Agency policy requires the facility use investigators who have received specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Special Investigations Unit will prepare compelled interviews and communicate all activities with the County Prosecutor. The compelled interviews would be conducted while moving forward throughout the investigative process</p>

and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation.

The Special Investigations Unit authorizes investigators to support the Sussex II State Prison and the Virginia Department of Corrections. The auditor verified investigators have received the specialized PREA investigator training. All investigative records reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the PREA trained investigator as the investigator in administrative investigations. The auditor confirmed the investigator has received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties.

The Special Investigations Unit will review the evidence provided throughout the investigation to determine if the case will be deemed criminal or administrative. A criminal case will be consulted with the local prosecutor and the administrative case will be directed back to the facility Warden for administrative action. The Warden will consult with the investigator to determine if staff actions or failures to act contributed to the incident. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. Agency policy explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and Warden interviews. The auditor noted a documented credibility assessment within the 15 investigative reports reviewed.

Conclusion: The Virginia Department of Corrections has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations; the auditor finds Sussex II State Prison meets the provisions of this standard with compliance.

115.72	Evidentiary standard for administrative investigations
	<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="242 271 504 300">Standard 115.72 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 367 528">Documents:</p> <ol data-bbox="242 557 857 813" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p data-bbox="242 902 352 931">Interviews:</p> <ol data-bbox="242 960 448 990" style="list-style-type: none"> 1. Investigative Staff <p data-bbox="242 1075 509 1104">Site Review Observations:</p> <ol data-bbox="242 1133 585 1216" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p data-bbox="242 1305 483 1335">Findings (By Provision):</p> <p data-bbox="242 1364 1430 1489">115.72 (a) Agency policy requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the facility PREA investigator revealed the facility standard is preponderance of the evidence. This evidence was verified through monitoring the results of 15 total investigations conducted.</p> <p data-bbox="242 1520 1481 1715">The facility reported a total of 75 investigations conducted in the past 12 months. The facility reported 12 allegations of sexual abuse and 63 allegations of sexual harassment. The auditor reviewed 15 investigative reports to include reports from the third-party allegations and 1 case is still active, 72 cases are closed, 7 unfounded, 63 unsubstantiated, and 2 substantiated allegations of sexual abuse or sexual harassment were reported. The agency policy states, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="242 1747 1490 1839">Conclusion: The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined substantial compliance with the provisions of this standard. No further action is required.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.73 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Inmate Notification <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Facility Warden 3. Inmates who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Inmate Notifications <p>Findings (By Provision):</p> <p>115.73 (a-e) Agency policy requires, following an investigation into an inmate's allegation of sexual abuse, the agency must inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the inmate was provided as an unfounded complaint. The facility reported a total of 75 investigations conducted in the past 12 months. The facility reported 12 allegations of sexual abuse and 63 allegations of sexual harassment. The auditor reviewed 15 investigative reports to include reports from the third-party allegations and 1 case is still active, 72 cases are closed, 7 unfounded, 63 unsubstantiated, and 2 substantiated allegations of sexual abuse or sexual harassment were reported.</p> <p>Agency policy requires if the allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate whenever the staff member is no longer posted in the inmate's unit, no longer employed at the facility, indicted on a charge, or have been convicted on a charge related to sexual abuse. The policy reflects these steps are not required if the results of the allegation are unfounded. The facility reported 1 substantiated allegation documented within the last 12 months against a staff member. The auditor reviewed documentation indicating all notices were provided to the alleged victims.</p> <p>Agency policy requires when the allegation is the result of sexual abuse by another inmate, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps</p>

are not required if the result of the allegation is unfounded. The facility Warden and the PREA investigator confirmed this communication process during the on-site review. The PREA Coordinator indicated knowledge of this occurring throughout the investigative process. This auditor reviewed documentation of this notification process occurring during the on-site review.

Conclusion: The agency has a policy requiring that any inmate who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided the Sussex II State Prison meets the provisions of this standard with compliance and no further action is required.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.76 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 363 530">Documents:</p> <ol data-bbox="240 560 1465 963" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Inmate Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies <p data-bbox="240 1052 352 1079">Interviews:</p> <ol data-bbox="240 1108 512 1193" style="list-style-type: none"> 1. Facility Warden 2. Human Resources Staff <p data-bbox="240 1283 509 1310">Site Review Observations:</p> <ol data-bbox="240 1339 587 1480" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Inmate Notifications <p data-bbox="240 1570 483 1597">Findings (By Provision):</p> <p data-bbox="240 1626 1493 2022">115.76 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the Sussex II State Prison is termination and this is explained in agency policy. The Warden confirmed this policy during the interview process. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to function as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an inmate. No findings of this nature were reported within the 15 investigative reports reviewed. The facility reported no incidents in the past 12 months for staff who have been terminated, and the auditor searched for samples of staff disciplined for violation of the agency sexual abuse or sexual harassment policies. The auditor reviewed the disciplinary action of staff with the facility Warden and the sanctions imposed for violation of this policy is termination.</p> <p data-bbox="240 2051 1474 2145">The facility Warden confirmed all incidents of abuse will be referred to the Special Investigations Unit for prosecution and notifying the applicable licensing board such as the Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. The Special Investigations Unit conducts all criminal</p>

investigations, and the auditor reviewed the agency policy 030.4 provided by the facility.

Conclusion: The Virginia Department of Corrections has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. The auditor reviewed the agency policy and determined the facility requires no further action as the presumptive expectation of disciplinary action is termination when there are substantiated violations of sexual abuse allegations. The facility provided documentation supporting this practice and no further action is required for compliance.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.77 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Sussex II State Prison Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Inmate Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies

Interviews:

1. Facility Warden
2. Contract Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications

Findings (By Provision):

115.77 (a-b) Agency policy requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal, or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Warden interview and informal interviews with the command staff. The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an inmate. No findings of this nature were reported within the 15 investigative reports reviewed.

Conclusion: The Virginia Department of Corrections has a policy regarding disciplinary violations or acts of sexual abuse or sexual harassment. Based on the review of evidence provided by the facility, the auditor has determined the Sussex II State Prison meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary action is termination.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.78 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 363 530">Documents:</p> <ol data-bbox="240 560 1465 1133" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Inmate Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. Inmate Classification Files 9. Inmate Disciplinary Files 10. Inmate Medical Files <p data-bbox="240 1223 352 1249">Interviews:</p> <ol data-bbox="240 1279 483 1422" style="list-style-type: none"> 1. Facility Warden 2. 1 Medical Staff 3. 1 Mental Health Staff <p data-bbox="240 1512 512 1538">Site Review Observations:</p> <ol data-bbox="240 1568 587 1711" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Inmate Notifications <p data-bbox="240 1800 483 1827">Findings (By Provision):</p> <p data-bbox="240 1856 1493 2085">115.78 (a-g) Agency policy informs inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for sexual abuse. The facility reported no administrative findings of inmate-on-inmate sexual abuse or criminal findings in the past 12 months. There were no substantiated inmate-on-inmate abuse allegations reported by the facility in the past 12 months. This was confirmed by the facility Warden, 1 Mental Health staff, 1 medical staff member, and inmate medical files were reviewed. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and for counseling services.</p> <p data-bbox="240 2114 1433 2141">Agency policy advises the facility may discipline an inmate for sexual contact with staff only upon a finding that the staff</p>

member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity.

Conclusion: The agency has a policy which states inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The auditor reviewed all records and findings associated with the provisions of this standard and no further action is required. The Sussex II State Prison meets the substantial compliance required with this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.81 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Inmate Medical Files 3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 4. Classification Records 5. Mental Health Confidential Disclosure Statement 6. Medical and Mental Health Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. 1 Medical Staff 3. 1 Mental Health Staff 4. Inmate Reporting Prior Sexual Victimization <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed files and records logs <p>Findings (By Provision):</p> <p>115.81 (a-e) The auditor reviewed randomly selected electronic medical files and reviewed the facility policy regarding inmates experiencing prior victimization and abusiveness. Agency policy provides this information and verifies staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process.</p> <p>This was also confirmed during the interview with the Mental Health staff. Agency policy 038.3 indicates that when the screening pursuant to PREA standard 115.41 indicates that a prison or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated. Interviews with one inmate who disclosed sexual victimization during a PREA Risk Assessment, and review of corresponding documentation is consistent with the policy requirement and adhere to this standard. The auditor interviewed an inmate that reported prior sexual victimization during the risk screening and the inmate confirmed being offered a follow up referral with mental health. The inmate advised this was conducted within a few days and the inspection of the medical file indicated 2 days. The auditor did not identify any concerns with the tracking mechanism presented by the medical staff regarding the 14-day reviews. The staff member from intake will generate the referral request based on the information received during the inmate risk screening. The medical staff and authorized staff are provided a username and password to access the medical records. This information is strictly for treatment plans, housing decisions, bed assignments, signed by inmates to provide consent for professional health care services and to receive instructions regarding access to medical, dental, and mental health care. Interviews with medical and mental health staff revealed that a consent form is signed by the inmates regarding the limits to confidentiality.</p>

Conclusion: The Virginia Department of Corrections has a policy governing the facility response to medical and mental health services in correlation with the review of the inmate risk assessment screenings. The policy stresses confidentiality within the medical environment and manages the immediate health needs, security risks, and the determination for further treatment. A review of all evidence provided by the facility indicates compliance with the provisions of this standard. No further action is required.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.82 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Sussex II State Prison Pre-Audit Questionnaire Responses
2. Inmate Medical Files
3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Warden
2. 1 Medical Staff
3. 1 Mental Health Staff
4. Inmate Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.82 (a-d) Agency policy requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers 24-hour medical care and 24-hour crisis intervention services. The facility provides offsite emergency room care and utilizes the Medical College of Virginia for SAFE/SANE exams. The Virginia Sexual and Domestic Violence Action Alliance provides 24-hour counseling and crisis intervention services, and the facility supports its own crisis stabilization and transitional care units. The Medical College of Virginia performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Virginia Sexual and Domestic Violence Action Alliance for onsite advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy. The facility reported 1 incident of sexual abuse requiring a SANE exam within the past 12 months. The facility confirmed a victim advocate provider was utilized throughout the process of the exam. The staff indicate the level of care at the Sussex II State Prison is consistent with the level of care demonstrated within the community. The auditor was able to speak with the SANE staff and confirmed on-site exams are conducted with the presence of a volunteer advocate. The auditor reviewed the MOU for the Virginia Sexual and Domestic Violence Action Alliance.

This auditor reviewed the inmate handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present during the informal inmate interviews. The auditor interviewed inmates who have reported sexual abuse and they did not indicate any concerns within this standard. The interview with the Action Alliance volunteer provided insight into the extremely positive relationship with the provider and the facility.

Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, Sussex II State Prison is fully compliant with this standard. No further action is required.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.83 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Sussex II State Prison Pre-Audit Questionnaire Responses
2. Inmate Medical Files
3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Warden
2. 1 Medical Staff
3. 1 Mental Health Staff
4. Inmate Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.83 (a-h) The facility Mental Health Director indicated the facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. The Mental Health Director advised the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the inmate may qualify for additional services due to their status. The inmate treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.

Sussex II State Prison does not house female inmates and no female inmates were observed during the on-site review. This was confirmed during the population analysis. Agency policy advises inmate victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. The Virginia Sexual and Domestic Violence Action Alliance will also provide outside emotional support services and their volunteers are supportive of the facility programs. This information was confirmed during the Health Services interview and the informal staff interviews. The informal inmate interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The Action Alliance information was posted near every phone in the inmate living units. Several random inmate interviews confirmed knowledge of this service. The Mental Health Director confirmed the 60-day mental health assessments are conducted for inmate-on-inmate abusers.

Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical records indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard and the level of care is consistent with the level of care within the community. No further action is required.

115.86	Sexual abuse incident reviews
	<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="242 271 502 300">Standard 115.86 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 501 365 530">Documents:</p> <ol data-bbox="242 557 857 645" style="list-style-type: none"> <li data-bbox="242 557 857 586">1. Sussex II State Prison Pre-Audit Questionnaire Responses <li data-bbox="242 613 411 642">2. Agency Policy <p data-bbox="242 730 352 759">Interviews:</p> <ol data-bbox="242 786 580 929" style="list-style-type: none"> <li data-bbox="242 786 424 815">1. Facility Warden <li data-bbox="242 842 454 871">2. PREA Coordinator <li data-bbox="242 898 580 927">3. Incident Review Team Member <p data-bbox="242 1014 509 1043">Site Review Observations:</p> <ol data-bbox="242 1070 727 1099" style="list-style-type: none"> <li data-bbox="242 1070 727 1099">1. Discussed the Incident Review Team Process <p data-bbox="242 1187 483 1216">Findings (By Provision):</p> <p data-bbox="242 1245 1473 1373">115.86 (a-e) Agency policy mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 14 days of the conclusion of the investigation. The facility Warden confirmed this process along with the PREA Compliance Manager interviews.</p> <p data-bbox="242 1402 1493 1700">The incident review team consists of the following: Warden, Command Staff, Classification Supervisor, and the team receives input from line supervisors, investigators, and medical and mental health staff. The facility presents a report of its findings from the sexual abuse incident review and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and inmates, appropriate supervision, notifications, and operational considerations. The auditor reviewed several incident review documents and noted the information was provided within the form. The Warden confirmed review of reported facility incident reviews.</p> <p data-bbox="242 1729 1457 1823">Conclusion: The auditor determined the facility met this standard with compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings. No further action is required.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.87 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Agency Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator 3. Incident Review Team Member <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Discussed the Incident Review Team Process <p>Findings (By Provision):</p> <p>115.87 (a-f) The auditor reviewed the facility uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence. The auditor reviewed the data collected in 2014 through 2021 as the data is compiled for a one-year (calendar) period after December. The Sussex II State Prison does not operate another facility or contract with other facilities for the confinement of its inmates. The PREA Compliance Manager securely maintains all documentation used to compile the information and the Special Investigations Unit maintains the investigative data and records. Approved data is posted on the Agency website and available upon request by the Department of Justice. The facility Warden confirmed the use of all facility data relative to this standard.</p> <p>Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the facility website, and a sample of the historical data used to determine the facility is fully compliant with the provisions of this standard. No further action required.</p>

115.88	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 504 300">Standard 115.88 Analysis</p> <p data-bbox="242 383 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 365 528">Documents:</p> <ol data-bbox="242 557 857 642" style="list-style-type: none"> <li data-bbox="242 557 857 586">1. Sussex II State Prison Pre-Audit Questionnaire Responses <li data-bbox="242 613 411 642">2. Agency Policy <p data-bbox="242 728 352 757">Interviews:</p> <ol data-bbox="242 786 582 927" style="list-style-type: none"> <li data-bbox="242 786 424 815">1. Facility Warden <li data-bbox="242 842 456 871">2. PREA Coordinator <li data-bbox="242 898 582 927">3. Incident Review Team Member <p data-bbox="242 1014 483 1043">Findings (By Provision):</p> <p data-bbox="242 1072 1485 1335">115.88 (a-d) Agency policy requires the facility to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the facility website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by inmate-to-inmate and staff-to-inmate reports in 2014 through 2021. This information is approved by the Agency Director and posted on the agency website for review. The agency PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Warden confirmed the use and data associated with this report during the interview. No facility data was redacted from the annual report for publication, and this was verified by the PREA Compliance Manager.</p> <p data-bbox="242 1364 1453 1458">Conclusion: The auditor reviewed evidence provided by the facility such as corrective action plans, an annual report of findings, website materials, and found the facility is fully compliant with the provisions of this standard. No further action is required.</p>

115.89	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 504 300">Standard 115.89 Analysis</p> <p data-bbox="242 383 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 365 528">Documents:</p> <ol data-bbox="242 557 857 642" style="list-style-type: none"> <li data-bbox="242 557 857 586">1. Sussex II State Prison Pre-Audit Questionnaire Responses <li data-bbox="242 613 411 642">2. Agency Policy <p data-bbox="242 728 352 757">Interviews:</p> <ol data-bbox="242 786 580 927" style="list-style-type: none"> <li data-bbox="242 786 424 815">1. Facility Warden <li data-bbox="242 842 456 871">2. PREA Coordinator <li data-bbox="242 898 580 927">3. Incident Review Team Member <p data-bbox="242 1014 483 1043">Findings (By Provision):</p> <p data-bbox="242 1072 1481 1267">115.89 (a-d) The PREA Coordinator indicated all documentation utilized for data collection is maintained by each facility and all information is forwarded to the Regional PREA Analyst. The PREA Compliance Manager collects the data and maintains electronic files on a secure server. The data report is approved by the Agency Director and the Facility Warden and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1299 1441 1359">Conclusion: Based on the auditor's review of the agency policy, facility website, interviews, and historical data, Sussex II State Prison is fully compliant with the provisions of this standard. No further action is required.</p>

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="242 271 515 300">Standard 115.401 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 365 528">Documents:</p> <ol data-bbox="242 557 857 757" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Agency Policy 3. PREA Audit Notice Verification 4. Postal Communications from Inmates <p data-bbox="242 844 352 873">Interviews:</p> <ol data-bbox="242 902 624 1043" style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator 3. Inmates Providing Correspondence <p data-bbox="242 1131 509 1160">Site Review Observations:</p> <ol data-bbox="242 1189 750 1218" style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p data-bbox="242 1305 483 1335">Findings (By Provision):</p> <p data-bbox="242 1364 1473 1458">115.401(a-n) The Sussex II State Prison conducted the first cycle PREA audit on December 1, 2015. The facility was found in compliance on 42 standards. Four standards were found to exceed the requirements (115.11, 115.14, 115.15, & 115.86), 38 met the standards, and was found not applicable at the time of the audit (115.66).</p> <p data-bbox="242 1487 1493 1612">The Sussex II State Prison conducted it second cycle PREA audit on April 29, 2019, and the facility was found in compliance on 45 standards, no standards exceeded expectation, 45 were evaluated with a meet's determination, and no standards were documented as does not meet or not applicable. This data was confirmed by the facility PREA Compliance Manager during the on-site review.</p> <p data-bbox="242 1644 1485 1971">The auditor was authorized complete access to the entire facility and provided this access during the on-site review. No restrictions were placed on the auditor during the Pre-Audit, onsite review, and post audit phases. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with inmates, staff, and contractors without limitations. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all inmates living units on February 11, 2022. This posting provided the inmates and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and inmate interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received no postal communications from inmates at Sussex II State Prison and no correspondence from staff. The interviews with staff and inmates indicated knowledge of the posting and the address to write to the auditor.</p> <p data-bbox="242 2002 1481 2063">Conclusion: The auditor has determined based on the evidence provided by the facility and review of the facility website; the Sussex II State Prison meets compliance with the provisions of this standard. No additional action is required.</p>

115.403	Audit contents and findings
	<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="242 271 515 300">Standard 115.403 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 365 528">Documents:</p> <ol data-bbox="242 557 857 757" style="list-style-type: none"> 1. Sussex II State Prison Pre-Audit Questionnaire Responses 2. Agency Policy 3. PREA Audit Notice Verification 4. Postal Communications from Inmates <p data-bbox="242 844 352 873">Interviews:</p> <ol data-bbox="242 902 454 987" style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator <p data-bbox="242 1075 509 1104">Site Review Observations:</p> <ol data-bbox="242 1133 750 1162" style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p data-bbox="242 1247 483 1276">Findings (By Provision):</p> <p data-bbox="242 1305 1485 1433">115.403 (a-f) The auditor verified the final audit reports were published on the facility website, and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations were completed from the previous audit. The facility has received two prior PREA audit reports and the auditor confirmed the audit report is published on the agency website.</p> <p data-bbox="242 1462 1481 1559">The Sussex II State Prison conducted the first cycle PREA audit on December 1, 2015. The facility was found in compliance on 42 standards. Four standards were found to exceed the requirements (115.11, 115.14, 115.15, & 115.86), 38 met the standards, and 1 was found not applicable at the time of the audit (115.66).</p> <p data-bbox="242 1588 1495 1715">The Sussex II State Prison conducted its second cycle PREA audit on April 29, 2019, and the facility was found in compliance on 45 standards, no standards exceeded expectation, 45 were evaluated with a meet's determination, and no standards were documented as does not meet or not applicable. This data was confirmed by the facility PREA Compliance Manager during the on-site review.</p> <p data-bbox="242 1744 1485 1807">Conclusion: Based on the evidence provided by the facility, the Sussex II State Prison meets substantial compliance with the provisions of this standard, and no further action is required.</p>

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.)	yes
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).)	yes
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).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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.)	yes
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.)	yes
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.	no
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.)	yes
	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.)	yes
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.)	na
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.)	yes

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