

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: Appalachian Detention Center	
Physical address: 924 Clifton Farm Road, Honaker, VA	
Date report submitted: 10/23/2014	
Auditor Information Peter Plant	
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Date of facility visit 09/23-24/2014	
Facility Information	
Facility mailing address: <i>(if different from above)</i>	
Telephone number: (276) 889-7671	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State
Facility Type:	<input checked="" type="checkbox"/> Community Based Confinement Facility
Name of PREA Compliance Manager: Cpl. Michael Horne	Title: Corrections Officer
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Agency Information	
Name of agency: Virginia Department of Corrections	
Governing authority or parent agency: <i>(if applicable)</i>	
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Agency Chief Executive Officer	
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Agency-Wide PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE:

On July 1, 1998, a special program entitled the "Appalachian Detention Center" came into existence. The Detention Center has a capacity to house 106 probationers. Presently, the Appalachian Detention Center has 46 employees. The Detention Center is a 24-week residential program that strives to provide change opportunities in a healing environment to encourage positive change for personal growth, as well as offers a structured living component to assist with personal self-discipline. The Detention Center Program offers programs to include Transitional Services, Substance Abuse Treatment, Life Skills, Anger Management, Cognitive Behavioral change, Academic Classes, and Vocational Classes. The detainees (probationers) are also given opportunities to perform community service in organized public work projects, District Probation and Parole projects, and various major institutional projects. The Appalachian Detention Center promotes physical, mental, and spiritual growth to enhance their wellbeing. The Appalachian Detention Center thrives to provide a healing environment capable of creating change in probationers' lives through challenging, cognitive, and stable structural procedures designed to benefit the detainees, as well as the Community it serves.

Offenders must be referred and accepted prior to sentencing (Referral packet is submitted by the District Probation and Parole Officer), and must be sentenced by the Court. (Sentencing Order is forwarded to the Detention Center). In lieu of a probation violation hearing, the probationer can voluntarily agree to attend the Detention Center Program; however, a Court Order Agreement must be signed by the Judge, Probation Officer, and Probationer. Offenders must be physically and mentally capable of participating in rigorous physical activity and capable of accepting peer/staff instructions. There is no age restriction other than the offender must 18 years of age and convicted as an adult.

All detainees who do not have a high school diploma/GED participate in this academic program to further their education. This academic program provides structured learning opportunities in the major content areas of mathematics, social studies, and sciences with special emphasis on improving reading and writing skills which are recognized core curriculum areas relative to obtaining a General Education Development (GED) diploma. Pre-test and tests are administered on a regular basis. Adult Basic Education (ABE) classes are also provided for those detainees who fail to demonstrate a minimum proficiency in reading. From August 2001 – September 2014, ADC has issued 385 GEDs. One returning citizen scored so high that he was awarded a college scholarship awarded by the Governor. Detainees can also earn a Career Readiness Certificate, and since 2006, ADC has awarded more than 700 such Certificates. Vocational courses available to detainees include welding, horticulture, and small engine repair. Detainees can also earn OSHA and ServSafe certifications.

One of the most important facets of the core requirements for completing the Detention Center Program are the community service work projects. The detainees have assisted in fighting forest fires in the local areas, cleanup after flooding, building numerous Habitat houses, several local food pantries and tasks outside the perimeter at Keen Mountain Correctional Center and Pocahontas State Correctional Center. Here is a list of some of the locations that have benefited from the services of the Detention Center; the Russell County School system, the Town of Honaker, the Forestry Department, local state police headquarters, District 11 Probation and Parole offices, District 16 Probation and Parole offices, Habitat for Humanity, VDOT, Council Recreation Park, ballparks at Tazewell, Honaker, and Lebanon, Scott County Parks and Recreation, also Russell and Tazewell County Fairgrounds. These local public service project benefits all areas in the region, as well as provide an opportunity for detainees to give back to society.

Work crews help promote the importance of giving back to the community. Work is completed for non-profit organizations and schools. In 2013 detainees contributed 53,360 hours of community service work.

The Appalachian Detention Center site visit audit was conducted on September 23-24, 2014. A review of the pre-audit documents had been conducted prior to the on-site visit. Present during the entrance were Superintendent Berk K. Artrip; Cpl. Michael Horne, PREA Compliance Manager; Joseph B. Parks, VDOC Western Region PREA Analyst; and, other members of the facility's Leadership Team.

It was noted that throughout the tour the auditor observed that PREA related material was posted, as well as the PREA audit notice was posted in each housing area. All the offenders interviewed knew that they could dial #55 at any time to contact an outside advocacy agency. After the tour, a list of selected persons was identified for interviews. This list included specialized staff, as well as random staff and offenders. Interviews were conducted with the Superintendent, PREA Compliance Manager, medical and mental health staff, risk screening and intake staff, first responder staff, investigative staff, and incident review staff. An exit meeting was held with the same staff who attended the entrance.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Appalachian Detention Center is located outside of Honaker, Virginia, approximately 35 miles northeast from Abingdon, VA. The facility was constructed as a Field Unit in the 1950's, housing inmates who performed road work crew functions. Then the facility was converted to a Juvenile facility for number of years, then back to a field unit. The facility was converted to a detention center in 1998, offering programming, education, vocational training, work ready programming, and community service. The facility sits on 83 acres.

Appalachian Detention Center facility perimeter is secured with twelve foot fencing with razor wire. Facility access and egress consists of a main secure gate monitored and controlled by the facility control room. Once gate access is obtained, staff, visitors and detainees proceed up a set of steps to the main access door to the facility structure. The main entrance serves as the access and egress point for all offenders and the primary access and egress point for personnel. The main entrance of the facility is immediately adjacent to the continuously staffed control room, with a small foyer.

During the entrance tour, all areas of the facility were toured. Appalachian Detention Center consists of four dormitory housing units (106 beds total), three secure detention cells, a cafeteria and full service kitchen, industrial laundry, programmatic and visitation areas, and case management offices, Within the compound other buildings contain a gymnasium with an adjacent education building. Vocational trades building which includes welding and small engine classes, two greenhouses and a library. Upon entry through the secure sally port the four housing dormitories extend from the center of the facility, and are separated by bars and securable gates. Detainee housing is under constant supervision by correctional staff posted between the four housing units, with direct line of sight through all living areas. These open bay living areas provide each detainee with a sleeping area, locker, chair and writing space. The toilets are at the near end of each dorm and recessed from view.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	5
Number of standards met:	32
Number of standards not applicable:	2
Number of standards not met:	0

Standard**§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

There is a written policy addressing zero tolerance toward sexual abuse and sexual harassment. Policy 038.3 addresses this in detail and was last revised on 7/15/14. This policy outlines the implementation of the agency's approach to the preventing, detecting, and responding to sexual abuse and harassment. Policy 130.1 addresses the rules of conduct between employees and offenders and became effective on 8/2/13. This policy defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions. Interviews with staff reflected a strong understanding of and commitment to a zero tolerance of sexual abuse and sexual harassment at this facility.

Elisabeth Thornton, the state agency PREA coordinator, is in a dedicated position and reports sufficient time and authority to the development and implementation of agency efforts in PREA compliance. She has three regional PREA analysts to provide additional over-site of all state correctional facilities.

Cpl. Michael Horne serves as the facility PREA manager and reports he has sufficient time and authority to direct and oversee the facility's compliance with PREA.

Interviews with both Superintendent Berk Artrip and PREA Coordinator Elisabeth Thornton confirm the Virginia Department of Corrections stand on sexual abuse and sexual harassment and their commitment to enforcing the zero tolerance policy. All staff and detainees interviewed reflected a strong understanding of this policy.

Standard**§115.212 – Contracting with other entities for the confinement of residents****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

There is one contracted prison in the Virginia Department of Corrections, the Lawrenceville Correctional Center operated by the GEO Group, Inc. Policy 260.1 identifies that all contracts for the confinement of DOC offenders shall include requirements of the entity's obligation to adopt and comply with PREA standards, as well as provide for the agency contract monitoring to be conducted. The last contract amendment was in March 2014 and included a requirement to adapt and comply with PREA standards. Additionally, the contract requires state agency monitoring of PREA compliance. Per conversation with the PREA analysts, this will occur as mock audits each year.

Standard**§115.213 – Supervision and monitoring****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 401.2 requires all facilities shall have a staffing plan that takes into consideration all 11 requirements of the PREA standard; requires documentation and justification of deviations of the plan; and requires an annual review of the existing

staffing plan and all post audits. The staffing plan was reviewed and approved by Superintendent Artrip on January 16, 2014. It was re-reviewed on April 3, 2014 and submitted to Western Region PREA Analyst Joseph Parks, who approved it On August 12, 2014. Superintendent Artrip confirmed that there were no deviations from the staffing plan during the previous 12 months.

Policy 401.3 addresses the requirement of the Facility ADO's to conduct and document unannounced rounds intermittently during the month. Policy 401.1 mandates that staff are prohibited from alerting other staff of supervisory rounds. A review of the logbook entries found that these rounds are conducted at random on all shifts. Staff interviewed confirmed that these rounds are regularly conducted and that they do not receive advance warnings that an unannounced round is set to begin.

Clearly, the physical layout of this relatively old facility presents all sorts of challenges with respect to supervision and monitoring, but the absence of allegations of sexual abuse and sexual harassment, a critical factor in the development of the staffing plan, reflects good practices in this regard.

Standard

§115.215 – Limits to cross-gender viewing and searches

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 445.1 addresses cross-gender strip searches which are prohibited unless there is an immediate threat to the safe, secure, orderly operation of the facility, and there is no other available alternative. Policy 445.1 addresses the limits of cross-gender frisk searches for female offenders. This does not apply to this facility as this is a male facility. This policy also notes that only medically trained professionals are permitted to conduct body cavity searches. All cross-gender searches shall be documented on an Internal Incident Report as per policy 445.1.

Policy 445.1 was amended on August 21, 2014, to reflect the PRC FAQ of July 3, 2014, detailing the requirements for being in compliance with the Standard, regarding the searches of transgender and intersex offenders. Facility security supervisors have reviewed these revisions with all security staff at muster. The agency is developing a formal curriculum revision to be substituted for the prior procedure in both pre- and in-service trainings.

Policy 801.1 notes procedures and practices to enable offenders to shower, perform bodily functions, and change clothing without non-medical staff or staff of the opposite gender viewing, except in exigent circumstances or where viewing is incidental to routine cell checks. This process includes the announcing of opposite gender staff onto the housing unit, as well as documenting the announcement in the central control logbook. A review of the logbook shows documented announcements. All offenders interviewed stated that their privacy in this regard is respected.

There are two separate open bay dorms across from one another with a supervision post between the two. A notice was posted at each entry door advising that opposite gender staff must ensure that they announce their presence prior to entering and that they are to ensure the announcement is logged in the log book. Several offenders stated that it is not unusual for the posted officer to see a female staff enter the building and announce her entrance, followed by the female staff announcing her entrance.

Policy 720.2 allows only for the identification of the transgender or intersex offenders genital status to be determined through means other than a strip search by non-medical staff.

Standard

§115.216 – Residents with disabilities and residents who are limited English proficient
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Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 addresses the agency's commitment to provide offenders with disabilities, or who are limited English proficient, appropriate means to participate in all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This commitment prohibits the use of resident interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties or the investigation of the offender's allegations.

The agency has access to information in Braille through the Virginia Correctional Enterprises Document Conversion Unit at Fluvanna Correctional Center for Women for blind or low vision offenders. They also have an MOU with Purple Language for the provisions for Sign Language Translation and Video Remote Interpreting for deaf or hard of hearing offenders. Currently, this facility does not house blind offenders.

Signage, orientation, and offender handbooks are provided in both English and Spanish. The agency would, if necessary, have these documents interpreted into other languages, as the need arose.

Interviews with staff confirmed compliance with this standard. Even those staff who did not know all of the resources available to them, knew to contact their supervisor for assistance, and not to utilize offenders to translate.

Standard

§115.217 – Hiring and promotion decisions
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Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policies 030.3, 040.1, 260.1, 101.1, 057.1 and 170.1 address all components of the standard. Policy 030.3 confirms the commitment to not hire or promote any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or has been civilly or administratively adjudicated to have engaged or 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. The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor. This policy also addresses required background screenings to be conducted prior to any new staff having contact with offenders or before enlisting the services of any contractor who many have contact with offenders. There is a provision for background checks to be completed every five (5) years. As per the HR staff, this practice just began in 2014.

Policy 040.1 and 260.1 confirms the failure of a staff, or a contractor, to report when charged or found liable in any civil or disciplinary proceedings of having engaged or attempted to engage in sexual activity by force as noted in the standard. Additionally they must also report any charges or convictions of a criminal offense or moving traffic violation. Failure to report or material omissions regarding charges or convictions of sexual abuse or sexual harassment is grounds for termination. Policy 101.1 requires employees to complete an Employee Self-Assessment during their annual Performance Evaluation that addresses these behaviors.

Policy 057.1 requires Virginia DOC to provide information on substantiated allegations of sexual abuse or harassment involving an employee to any institutional employer who provides a written request.

Policy 170.1 allows for the direct questioning of an applicant or employee about previous misconduct.

Hiring and promotions policies and practices include specific interview questions as required by the standard, and has a commitment to not hire or promote any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or has been civilly or administratively adjudicated to have engaged or 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. The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor, prior to any offender contact an initial background check is completed.

Five year background checks are required to be completed for all staff. The agency reports sustained allegations of a sexual nature to other institutional employers upon request.

Standard

§115.218 – Upgrades to facilities and technology

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- X Not Applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

There has been no substantial expansion to this facility since August 20, 2012, nor has there been any new video technology installed since that time.

Standard

§115.221 – Evidence protocol and forensic medical examinations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The Virginia DOC is responsible for investigating allegations of sexual abuse. Policy 030.4 requires the use of a uniform evidence protocol that is developmentally appropriate for youth, where youth are incarcerated. The Sexual Assault Victim Search/Evidence Collection Protocol shall be followed for all investigations into allegations of sexual abuse.

Policy 720.7 allows for the facility to offer a victim a forensic medical examination that is performed by a SAFE or SANE examiner at no cost to the victim. It also requires a victim advocate to be provided upon request. The agency has an MOU with Action Alliance for the whole state of Virginia that provides for the training of internal victim advocates. Victim advocates are on-call and do not respond to their own work location. Advocates may, as requested, accompany victims at forensic exams, during investigations and may also include follow-up visits or communications with the victim.

Appalachian Detention Center does not conduct forensic exams. There were no reported allegations of sexual abuse during the prior 12 months; however, should the need arise the facility has a list detailing the locations of Forensic Nurse Examiners in Virginia and offenders would be transported to a selected location for a forensic exam conducted by a SAFE or SANE examiner.

Standard

§115.222 – Policies to ensure referrals of allegations for investigation

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 addresses administrative and criminal investigations. The DOC Special Investigations Unit (SIU) conducts administrative and criminal investigations after an internal investigation at the facility level has definitely determined the allegation is not unfounded. SIU have statutory authority to conduct investigations. They will confer with the Commonwealth Attorney’s Office which has the authority to prosecute.

The agency conducts both administrative and criminal investigations. Criminal investigations are conducted through the Special Investigative Unit (SIU), who will confer with the Commonwealth Attorney’s Office regarding prosecution. There were no allegations of sexual abuse or sexual harassment during this audit cycle.

Standard

§115.231 – Employee training

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires all new staff to receive PREA Orientation which includes all ten items identified in the standard prior to assuming any job duties with a unit.

Policy 350.2 requires annual training of all staff in PREA, which includes all ten items as identified in the standard.

Agency training for employees is required to be conducted annually and includes all ten required items of the standard. The facility reports that 100% of the staff has been trained. Staff interviews and training records confirm training and the training topics.

Standard

§115.232 – Volunteer and contractor training

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires all volunteers and contractors that have contact with offenders are trained on their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, and, at a minimum, will be notified of the zero –tolerance policy and how to report. The agency shall maintain documentation of the training or confirmation of receiving the zero-tolerance policy and how to report.

Training records reviewed indicated that all volunteers and contractors have received PREA training commensurate with the level of contact they have with detainees. Also, the facility provided PREA training for 46 staff at the regional meeting of the Forestry Department in October 2013. This Department is a community service partner, and the training provided

exceeded the facility's responsibility under this standard.

Standard

§115.233 – Resident education

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 requires all offenders, upon admission, be given the *Sexual Assault Awareness and Prevention* brochure (English or Spanish), and that within ten (10) days of arrival shall receive comprehensive education including the videos "PREA: What You Need to Know" and "Breaking the Silence of Offender Sexual Abuse". The offender is required to sign the Training form at the completion of the video and the facility maintains a copy in the offenders Institutional Record.

Policy 810.2 requires all offenders having been transferred to receive a copy of the brochure. If there is no documentation of having received the PREA comprehensive training completed at a prior DOC facility, the facility shall repeat the education with the offender. Once completed, a copy will be placed in the offender's Institutional Record.

All offenders are provided PREA information (Sexual Abuse Brochure) on admission to the facility, as well as a comprehensive education with video within 10 days of their arrival. Additionally, there is information available throughout the facility in order to keep offenders educated after their admittance into the facility, i.e. posters, handbooks, and brochures. Offender interviews and case file records confirmed they received the PREA orientation and education, even if they had received it in another facility.

Standard

§115.234 – Specialized training: Investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 and 350.2 require SIU investigators to receive additional training regarding PREA; specifically, techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecution. This is a two and one half day training that covers all material as required and additional material. Additionally, this training covers not only PREA investigative courses, but all PREA standards.

SUI Investigators have completed a 2 ½ day training, as required by standard, which is documented. Cpl. Horne is the facility PREA investigator and successfully completed the specialized sexual abuse investigations training presented by the Moss Group; however, there have been no sexual abuse or harassment investigations in the previous twelve months.

Standard

§115.235 – Specialized training: Medical and mental health care

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires medical and mental health care practitioners to receiving training mandated for employees or for contractors and volunteers depending upon the practitioner’s status.

Policy 701.1 requires all full and part-time medical and mental health staff work regularly in DOC facilities receive specialized training in the detection and assessment of signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional response to sexual abuse and sexual harassment victims, and the reporting of allegations or suspicions of sexual abuse and harassment. Training sign-in sheets and interviews with medical and mental health staff confirm training.

All medical and mental health practitioners have received initial mandated training based upon contact with offenders. Specialized training is also completed and documented. No forensic examinations are conducted on site. These are conducted at an approved site that supports forensic nursing staff. Interviews with medical and mental health staff confirmed that policies would be followed; however, there have been no incidents thus far that required these procedures.

Standard

§115.241 – Screening for risk of victimization and abusiveness

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 810.1 requires an initial assessment be completed within 72 hours by the reception center staff, and that any offender who scores as a High Risk Sexual Victim (HRSV) and/or High Risk Sexual Aggressor (HRSA) be referred to the facility Senior QMHP for follow-up. The policy also requires a 30-day reassessment based upon any additional and relevant information that may have been received. This policy identifies that sensitive information is not disseminated outside of the persons who are identified in policy and that no offender will be disciplined for refusing to answer a questions or for not disclosing complete information. Policy 810.2 mirrors 810.1 in these areas for transferred offenders.

Policy 730.2 identifies that an offender’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness. When identified as HRSV or HRSA, the QMHP will meet with the offender within 14 days of identification as HRSV or HRSA to notify offenders of available medical and mental health treatment and programming that is available.

Policy 861.1 requires any offender convicted of a sexual assault and any victims shall be referred to their Counselor for reassessment of the offender’s risk of sexual victimization or abusiveness.

The screening tool considers all identified criteria as per the standard with the exception of civil immigration purposes. Virginia DOC does not hold ICE offenders. The agency uses a scoring system to identify a known victim, potential victim or a non-victim, as well as a known sexual aggressor, potential sexual aggressor or a no current indicator of sexual aggressor. The initial screening considers prior acts, convictions and history of prior institutional violence or sexual abuse for HRSA, and all other required components of the standard for HRSV classification.

Identification of HRSV or HRSA is determined through an objective screening tool. For HRSA, the PREA Coordinator stated that *the automatic HRSA trigger question is “Does the offender have a history of institutional sexual disciplinary offense?” Additionally, the questions “regardless of conviction; history of any physical or sexual violence within past 10 years”, what is “The most serious current offense for classification (1st question/the system does pull from listed offense, is current offense assaultive, is current offense sexual in nature” are all weighted in the determination of classification for HRSA.*

A review of the most recent ten admissions indicated that all ten were completed on the day of the offender's admission. Also, the Superintendent reported that there have not been any cases during the past twelve months where a reassessment was needed for any of the offenders because the facility did not receive any additional relevant information.

Standard

§115.242 – Use of screening information

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 425.5 identifies the steps taken by the facility to utilize the Classification Assessment as a tool to make individualized determinations of housing and bed assignments while keeping the goal of separating high risk victims from high risk sexual aggressors. This policy also addresses the placement of transgender or intersex offenders on a case-by-case basis keeping in mind the offender's views as to their own safety, as well as the safety of the facility.

Policy 730.2 requires mental health staff to conduct six-month reviews of any transgender or intersex offender to ensure appropriate housing and programming is in place.

Policy 841.2 identifies the steps for work placement by the Work Program Assignment Reviewer for offenders who are identified as HRSA or HRSV.

Policy 038.3 addresses transgender and intersex offenders being allowed to shower separately from other offenders.

There are two 52 double-bunked beds in each dorm separated by a supervision post. Bed assignment is made on a variety of factors, including the results of the risk screening. Offenders who are assessed as high risk for either aggression or victimization are assigned beds next to the supervision post. The Superintendent reviews and approves the screening information and various assignments.

There is also a Gender Dysphoria Disorder Committee that makes housing decisions for transgender or intersex offenders; decisions are based strictly on the offender's view of their safety and the safety of the facility. At the time of the audit, there were no identified transgender or intersex offenders at the facility.

Standard

§115.251 – Resident reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.1 identifies staff accepts allegations of sexual abuse or sexual harassment that are made verbally, in writing, anonymously, and from third parties and shall prepare an Internal Incident Report. Superintendent White confirmed that the facility did not receive any third party reports during the previous twelve months.

Policy 801.6 offers the offenders the use of the Offender Request where a report of sexual abuse or sexual harassment and retaliation by other offenders or staff can be reported privately. Policy 803.3 identifies that offenders have the ability to use a dedicated hotline when the offender telephones are available by dialing #55.

Policy 866.1 identifies the Offender Grievance Procedure is one of the internal methods available for offenders to privately report sexual abuse/harassment, retaliation or staff neglect/violation of responsibilities.

The facility accepts multiple ways for offenders to report sexual abuse or sexual harassment which includes an Offender Request, Offender Grievance, or the Hotline. There is a MOU established with Action Alliance which allows offenders to dial #55 on the offender phones and privately and anonymously report to an outside agency. Contact with Action Alliance was made and the auditor was informed that all calls are then forwarded back to the state agency PREA Coordinator's office for follow-up only if agreed upon by the caller. Action Alliance staff did report that they maintain a list of calls that is provided quarterly to the state agency. During interviews, both staff and offenders confirmed that the various methods of reporting are known, including contacting the outside abuse agency, and allegations are responded to as identified in policy. The facility provides seven telephones for use by detainees, and all have the #55 capability.

Standard

§115.252 – Exhaustion of administrative remedies

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 866.1 addresses the all components of the PREA standard, regarding exhaustion of administrative remedies. The policy addresses: staff are not to respond to grievances written about them; offenders are not disciplined for filing in good faith; an informal complaint process is not required prior to filing a grievance; and there is no time limit on grievances regarding an allegation of sexual abuse. The grievance system allows for third-party reporting and assistance in completion of grievance paperwork. Responses to regular grievances are based on level. The total time allowed for the final agency decision is 70 days (Level 1 – 30 days; Level 2 – 20 days; Level 3 – 20 days) with an extension of a 30 day period at each level that requires the offender be notified of the delay.

The policy also addresses emergency grievances for alleging a substantial risk of imminent sexual abuse. The policy requires notification to both the Facility Unit Head and the PREA Compliance Manager. A first response within eight (8) hours is expected from the ADO or Shift Commander.

Offenders have access to both the grievance system and the emergency grievance system without stipulations of using the informal process first. Grievances are not turned into, nor answered by a staff member who is the subject of the grievance. Grievances are handled within required timeframes. Emergency grievances of a substantial risk of imminent sexual abuse are addressed within eight (8) hours. All delays of the responses required documentation. Third party persons are allowed to assist.

Superintendent Artrip reported that there have not been any cases where a complaint was filed as an emergency or regular grievance, relating to sexual abuse or sexual harassment.

Standard

§115.253 – Resident access to outside confidential support services

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency has a MOU with Action Alliance to provide confidential support services. Information for offenders is provided through brochures which list the mailing address and two phone numbers (800 number and #55). The handbook

identifies monitoring of these through the description of telephone calls and mail; and instructions on how to call them on the phone is posted in each pod.

Offender interviews confirmed that offenders have a very clear understanding, regarding access and the services provided.

Standard

§115.254 – Third-party reporting

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency offers four ways of third-party reporting of sexual abuse and sexual harassment. The Virginia DOC website identifies the e-mail of the director for electronic correspondence, the e-mail of the PREA Grievance Office for electronic correspondence, a phone number to the Confidential Reporting Hotline, and forms in both Spanish and English that can be printed, filled out and mailed. Offender and staff interviews confirmed that they are aware of third-party reporting.

Standard

§115.261 – Staff and agency reporting duties

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.1 requires all employees, volunteers or contractors to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation for reporting or staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. This policy also addresses the prohibition of revealing information to a person who is not a part of investigation, treatment or management of the particular incident or victim/subject.

Policy 720.2 requires all medical and mental health professionals at initiation of services to disclose their duty to report and the limitations of confidentiality.

Policy 030.4 requires that all allegations of sexual abuse and sexual harassment be reported to the facility designated investigator for initial investigation and notification to the PREA analyst.

All staff interviewed clearly understand their duty to report.

Standard

§1152.262 – Agency protection duties

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 425.4 requires immediate referral and consult with the Facility Unit Head regarding action to be taken when an offender is at substantial risk of imminent sexual abuse or further victimization.

The agency has in place steps to take in the event an offender is at substantial risk of imminent sexual abuse or further victimization including mental health consult and the Facility Unit Head to determine housing interventions or other actions, as identified. It is clear through interviews with Superintendent Artrip and facility staff that they would take immediate action to protect an offender at risk of harm; however, there have been no instances where a detainee has reported being in fear of substantial risk, nor the need for protection.

Standard

§115.263 – Reporting to other confinement facilities

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 requires the Facility Unit Head to ensure an investigation is initiated when an offender reports prior sexual abuse at another facility.

Policy 038.3 requires the head of the facility to immediately notify the head of the facility or the appropriate office of the agency when an alleged prior abuse had occurred.

The policies meet the requirement of the standards in regards to reporting prior institutional sexual abuse to the facility head or appropriate office of the agency when identified. The facility did not have any allegations during the past twelve months of victimization that occurred at another facility, nor did the facility receive any allegations from other facilities.

Standard

§115.264 – Staff first responder duties

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 identifies steps to be taken immediately when there is an allegation of sexual abuse that includes separating the victim from the subject, preserving and protecting the scene, and ensuring both the victim and the subject do not take any actions that could destroy physical evidence upon their bodies.

Policy 075.1 identifies the presence and use of the facility specific checklist that details out steps for any responder to include the above noted steps and further includes moving the victim to the medical department for assessment and treatment and to notify mental health. If the first person to respond is not a trained first responder, they are to protect and separate the victim from the subject and notify administration.

Policies detail all required steps of the standard. A facility specific checklist is available that includes all steps identified above, as well as notification requirements to the investigator, Unit Head, ADO, the taking of photographs and transport to local hospital for forensic evidence collection. This check list identifies those persons responsible for specific tasks and requires each person to sign off that the task has been completed. All staff interviewed were aware of the necessary steps for responding as a first responder; however, there have been no instances during the previous 12 months where a response was needed.

Standard**§115.265 – Coordinated response****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 075.1 details the presence and use of the facility specific checklist for responding to an allegation of sexual abuse.

The facility has a Sexual Assault Checklist that details all the steps to be taken in the event of an allegation of sexual assault. Additionally, the facility has a PREA Management Plan that is specific to the facility that details all steps to be taken in the event of an allegation of sexual assault. The Plan was last reviewed, updated, and approved by Superintendent Artrip in March 2014. Staff interviewed were aware of the necessary steps for a coordinated response; however, there has not been a need for a coordinated response during the previous 12 months.

Standard**§115.266 – Preservation of ability to protect residents from contact with abusers****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)
X Not applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

Collective bargaining in Virginia is prohibited by §40.1-57.2.

Standard**§115.267 – Agency protection against retaliation****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 075.5 identifies the Crisis Response Team as the emotional support service for staff who fear retribution or retaliation for reporting or cooperating with sexual abuse or sexual harassment investigations.

Policy 130.1 provides protection measure for offenders and staff who report sexual abuse or sexual harassment or who cooperate with an investigation or who may fear retaliation by other offenders or staff.

Policy 038.3 provides multiple protection measures that mirror the standard, as well as monitoring of the conduct and treatment of offenders or staff who have reported sexual abuse or cooperated in an investigation each month for 90 days, or longer if necessary. This policy also includes the requirement of periodic status checks for offenders.

The agency has identified services, protections, and monitoring for any staff or offender who reports sexual abuse or sexual harassment, or who cooperates in an investigation. The Facility PREA Manager is the designated person to conduct monitoring. There is a log to be completed for all monitoring that includes the name, date of incident, and dates monitored. Monitoring is to be for a minimum of 90 days and shall occur every 30 days. There were no instances of reported retaliation in the past 12 months.

Standard**§115.271 – Criminal and administrative agency investigations****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 identifies that allegations of sexual abuse and sexual harassment are investigated by the agency internal SIU investigators who have received specialized training; and that such investigations shall be conducted promptly, thoroughly, and objectively. This policy also details the collection of evidence, interviews with alleged victim and suspected perpetrators and witnesses and shall review prior complaints and reports involving the same suspected perpetrator. The policy also addresses credibility of the alleged victim, suspect or witnesses and includes that all efforts are documented in a written report. Those allegations where the investigation identifies potential criminal conduct shall be referred for prosecution. It also addresses the departure of the alleged abuser is not a reason to stop the investigation.

The policy complies with all aspects of the standard. There is a system in place to conduct investigations of sexual abuse and sexual harassment once identified by the Facility PREA Investigator. SUI Investigators have completed a 2 ½ day training, as required by standard, which is documented. Cpl. Horne is the facility PREA investigator and successfully completed the specialized sexual abuse investigations training presented by the Moss Group; however, there have been no sexual abuse or harassment investigations in the previous twelve months.

Standard**§115.272 – Evidentiary standards for administrative investigations****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 130.1, 135.1 and 861.1 state that a preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt in an investigation. The policies meet the requirement of the standard.

Standard**§115.273 – Reporting to resident****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 requires the SIU to notify the Facility Unit head as to the determination of any allegation.

Policy 038.3 requires that at the conclusion of an investigation the investigator in charge shall inform the offender as to the determination using the Offender PREA Allegation Letter, and requires notification of certain information if the allegation was against staff or another offender, as per the standard.

Standard**§115.276 – Disciplinary sanctions for staff****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 130.1 details consequences of staff and offender relationships. In the event of sexual misconduct, termination is the presumptive disciplinary action for those who have engage in sexual abuse. Additionally, if the staff member resigns before conclusion and eventual termination, the incident shall be report to any relevant licensing bodies and law enforcement agencies, unless the activity was clearly not criminal.

Policy 135.1 advises staff of the requirement for any violation of the sexual abuse or sexual harassment policies to be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal.

Standard**§115.277 – Corrective action for contractors and volunteers****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 027.1 details possible grounds for volunteer dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer.

Policy 130.1 details possible grounds for volunteer or contractor dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

The agency policy meets all of the requirements of the standard in regards to corrective action for contractors and volunteers. There have been no instances of a volunteer or contractor dismissed under this standard.

Standard**§115.278 – Disciplinary sanctions for residents****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 820.2 requires that any offender who is found guilty of a disciplinary or criminal offense for sexual abuse shall be offered therapy, counseling or other interventions, if those services are offered at the facility. Offenders that do not comply with required services shall be charged in accordance with Policy 861.1 or .2.

Policy 861.1 details the Disciplinary Hearing Procedure that encompasses the requirements of the standard in full. There is consideration given based on the identification of any mental disabilities or mental illness and the requirement of participation in various therapy or counseling sessions. Should the investigation find that an unfounded allegation was made in good faith, the offender cannot be disciplined. All findings of consensual sexual contact between an offender and a staff member shall not be disciplined.

The policies contain all requirements of the standard. There have not been any offender on offender sexual abuse or staff on offender sexual abuse reported during the past twelve months that required disciplinary sanctions for offenders.

Standard

§115.282 – Access to emergency medical and mental health services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 075.1 requires that if no medical or mental health staff is on duty when there is an allegation, that the first responders shall take preliminary steps to protect the victim and contact the facility’s designated medical and mental health practitioner.

Policy 720.4 requires emergency services to be provided regardless if the victim identifies the subject or cooperates with any portion of the investigation.

Policy 720.7 provides for emergency services in a timely, unimpeded manner; as well as the requirements for emergency contraception and STD treatment. All of this is offered at no cost to the offender. There were no reports of emergency medical or mental health services during the past twelve months that were needed due to any substantiated cases of rape.

Standard

§115.283 – Ongoing medical and mental health care for sexual abuse victims and abusers

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 720.7 requires the medical and mental health evaluation and treatment, as appropriate, to all offenders who have been victimized in any institutional setting. This shall include assessment, treatment plans, follow-up services and referrals. These services shall be provided at a level consistent with community care. Victims of sexual abuse while incarcerated shall be offered STD testing and treatment, as appropriate. All treatment services offered under this policy shall be free of charge to the victim regardless of the identification of the perpetrator or cooperation in any investigation.

Policy 720.4 addresses the requirement that all emergency and ongoing treatment for victims of sexual abuse while incarcerated shall be offered free of cost to the victim.

Standard**§115.286 – Sexual abuse incident reviews****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.1 requires a Review Team shall be conveyed to review all instances of sexual abuse and sexual harassment. The review shall begin as soon as possible after completion of the investigation, and a formal report shall be submitted within seven days. The policy addresses members of the review team and the specifics as required by the standard.

The policy addresses all requirements of the standard. There is a specific form, Report of Incident Review, which is required to be completed and contains all elements of the standard.

Standard**§115.287 – Data collection****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 addresses the collection of accurate and uniform data for every allegation of sexual abuse at facilities under their direct control. The collection shall also include any privatized facility that is contracted by the agency.

The state agency collects information from all facilities regarding allegations of sexual abuse utilizing a standardized instrument. This system for collection of information is used to assist in the preparation of the DOJ Survey of Sexual Violence, as well as assisting the agency in addressing trends and the need for corrective action.

Standard**§115.88 – Data review for corrective action****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 identifies a data review process with corrective action. The review includes identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings and corrective actions for each facility – and as a whole for the agency. Policy requires a comparison of the current data with prior years, and that this report is made public through the agency website. Redaction of certain information is made along with a statement about the nature of the material redacted.

The policy addresses all requirements of the standard, including identification of corrective actions for each facility, as well as the agency as a whole. This report is available on the agency website.

Standard

§115.289 – Data storage, publication, and destruction

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 025.3 addresses retention of records for 10 years after the date of the initial collection and that data must be under the direct control of the agency.

AUDITOR CERTIFICATION:

The auditor certifies that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

October 23, 2014

Date