

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:		Keen Mountain Correctional Center	
Physical address:		3402 Kennel Gap Road, Oakwood, Virginia 24631	
Date report submitted:		11/28/14	
Auditor Information Diane Lee – The Nakamoto Group			
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Date of facility visit:		November 17-18, 2014	
Facility Information			
Facility mailing address: (if different from above)		P.O. Box 860, Oakwood, VA 24631	
Telephone number:		276-498-7411	
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
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Agency Information			
Name of agency:		Virginia Department of Corrections	
Governing authority or parent agency: (if applicable)		Commonwealth of Virginia	
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA audit of the Keen Mountain Correctional Center was conducted on November 17-18, 2014, to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. Before the audit, the auditor interviewed the Agency Director, Harold Clarke, and the Statewide PREA Coordinator, Elisabeth Thornton, at the Virginia Department of Corrections' headquarters in Richmond, Virginia. During the audit, the auditor toured the facility and conducted formal staff and offender interviews. The auditor interviewed 16 offenders (10 were random offenders from all of the housing units). One of the offenders was self-reported gay, three of the offenders had reported sexual abuse/harassment, two of the offenders had written a letter to the auditor and two were in the restricted housing unit. There were no offenders that were transgender, physically neither disabled, nor limited English speaking.

In addition, the auditor questioned 21 staff (11 specialized staff and 10 random correctional officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Random correctional officers were selected from each shift. Specialized staff interviewed included the Warden; PREA Compliance Manager; Investigator; Human Resource Officer; Health Services Administrator; Contract Staff (Keefe Commissary); Qualified Mental Health Professional, Psychology Senior; Institutional Training Lieutenant; Major-Chief of Security; Case Manager Counselor; and Religious Volunteer.

The auditor proceeded to Warden Leslie Fleming's Office, expressed the appreciation for participating in the PREA audit process, and explained what would be involved for the on-site audit. The auditor advised that the facility would exceed, meet or not meet the standards. It was also advised that she would not be able to tell the score at the debriefing except for any standards not in compliance. There will be 180 days to correct any non-compliance.

An entrance meeting was held with the following persons in attendance: Liz Thornton, Operations Manager; Rose Durbin, PREA Analyst Central Region; Joey Parks, PREA Analyst Western Region; Leslie Fleming, Warden; Roy Clary, Assistant Warden; Ron Kelly, Chief of Security; Tammy Barbetto, Institutional Operations Manager/PREA Compliance Manager; Yvonne Taylor, Institutional Program Manager; Sara Diperna, Records Manager; Glenn Cook, Business Manager; Larry Fields, Captain; Shannon Fuller, Unit Manager; Randy Farmer, Unit Manager; John Sykes, Unit Manager; Brad Bales, Human Resource Officer; Eugene Whited, RNCB; Becky Widener, Psychologist Senior; Mike Oslin, Food Service; and Sabrina Harr, Warden's Secretary.

On the first day of the audit, there were 843 male offenders at the facility. Following the entrance meeting, I toured the facility from 8:30 a.m. to Noon. In the last calendar year, there were thirty-five (35) sexual assault/harassment allegation cases. Of the thirteen (13) sexual abuse allegations; one (1) was unsubstantiated, none were substantiated and twelve (12) were unfounded. Of the twenty-two (22) sexual harassment allegations; five (5) were unsubstantiated, none were substantiated and seventeen (17) were unfounded.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Keen Mountain Correctional Center (KMCC) is situated atop Keen Mountain in Buchanan County, Virginia, in one of the most picturesque sites in the county. Construction of the maximum security facility began on the 150 acre site in the spring of 1988 and was completed in the fall of 1990. KMCC is a Level IV/III facility, comprised of three offender housing units; one support building which houses a gym, school area, chapel, security and treatment offices, medical services, kitchen, two dining halls, commissary and vocational training areas; one administration building which houses administrative offices, financial office, human relations, training department, offender records and mail room; one coal-fired power plant, one warehouse complex which includes maintenance and garage areas; two kennels; one auxiliary training building and four guard towers.

KMCC is a 518 cell facility, with a maximum operating capacity of 870. 86 beds are designated as a Custodial Management (Segregation) Unit. In March 1997 a "catwalk" addition was added as well as gun ports in the housing unit control rooms, so that officers could be armed with non-lethal weapons to aid in control during offender altercations. KMCC was the pilot institution in the State to have weapons inside the security perimeter. These modifications have aided in greatly reducing the injuries to staff. KMCC's population ranges from offenders who are in parole granted status and are awaiting their bus tickets home, to those without parole eligibility; from offenders convicted of forgery or habitual traffic offenders, to those serving 100+ year sentences for drug manufacturing and sale, to multiple like sentences for capitol murders. KMCC is charged with the duty of helping these offenders to integrate into the prison population, to show them the benefits of maintaining good behavior and helping them to move to another security level. These are six separate and distinct offender populations: Special Housing (Segregation/Custodial Management), General Population Incentive Pods, General Population, Re-Entry (offenders with less than 2 years remaining on their sentence), STAR (Steps to Achieve Reintegration) and Cadres (Security Level 1 offenders who work in the commissary). The STAR pods are comprised of offenders who have, in the past, refused to leave segregation and enter into the general population.

Case Manager Counselors and Psychology staff provide a wide range of treatment services to the population tailored to the needs and security level of the population. In most instances programming is delivered via video, correspondence, or small groups. Evidence Based Practice and Re-Entry programming includes: Adult Education Classes, Alcoholics Anonymous, Anger Management, Brave programming for STAR program, Breaking Barriers, library services, mental health services and individual counseling, Narcotics Anonymous, Parenting Skills, Preventing Recidivism by Educating for Parole Success, Psychiatric services, Ready to Work, religious services, Resources for Successful Living, Substance Abuse MATRIX, and Thinking for a Change. Vocational classes include custodial maintenance, electrical and masonry.

Keen Mountain Correctional Center is in the process of turning the old industry area into a dormitory to house 204 Security Level 3 (medium security) offenders. Twelve additional cameras will be installed in the dorm area which will also include a separate classroom and program room. There will be six rows of 17 double bunks, with each row separated by blocked half walls. With the exception of meal, recreation and visitation; plans are to make the dorm area self-sufficient. Additional staffing has been requested for this new housing unit.

The mission statement for the facility is that KMCC enhances the quality of life in the Commonwealth by improving public safety. They accomplish this through reintegration of sentenced men in their custody and care by providing supervision and control, effective programs and re-entry services in safe environments which foster positive change and growth consistent with sound correctional principles, fiscal responsibility and constitutional standards. KMCC promotes change created through offender control by maintaining an environment that is safe and productive. They recognize the value of individuals and teamwork by promoting respectful communication. KMCC is a shining example of innovative program excellence, demonstrating the confidence to meet challenges, adapt to change and improve public safety.

The auditor found the staff and offenders to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal with and treat victims of sexual assault and or sexual harassment. The Warden and PREA Compliance Manager are very proactive in implementing all the elements involved in the Prison Rape Elimination Act standards.

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, an exit meeting was held with the Executive Team. While I could not give the facility a final finding, I gave an overview of the audit and thanked the Virginia Correctional Center for Women staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded:	8
Number of standards met:	33
Number of standards not met:	0
Not Applicable:	2

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- Exceeds Standard (substantially exceeds requirement 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)

The Agency exceeds the standard with their policies and practice. Operating Procedures 038.3 and 130.1 clearly meet this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the agency PREA Coordinator, and facility PREA Compliance Manager, they have Regional PREA Compliance Analysts to ensure they are meeting all the PREA standards. The facility PREA Compliance Manager reports to the Lead Warden. Ms. Elisabeth Thornton is the agency PREA Coordinator. She supervises three regional PREA Analysts; Mr. Joseph Parks, the Western Regional PREA Analyst is assigned for this facility. Ms. Lawanda Long is one of the other regional PREA Analysts, but also serves as the PREA Audit Coordinator. It should also be noted Ms. Long is a certified PREA auditor. The facility PREA Compliance Manager does an excellent job coordinating all the procedures for implementing the PREA standards at the facility and involving all the staff in the process. All claim to have enough time to perform their respective PREA duties. All were knowledgeable of PREA and the PREA standards.

§115.12 - Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement 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)

Virginia Department of Corrections has one contracted facility. The Lawrenceville Correctional Center operated by the GEO Group Inc. In March 2013 its contract was amended to include entity's obligation to adapt and comply with PREA standards and the Virginia Department of Corrections responsibility to monitor GEO's compliance with PREA and any standards promulgated in furtherance of PREA. The Virginia Department of Corrections Operating Procedure 038.3 established the requirements in policy. Per conversation with Ms. Long the process will be a mock PREA audit each year the contracted facility does not undergo an official PREA audit. The agency has not contracted with other entities for the confinement of the offenders from Keen Mountain Correctional Center.

§115.13 – Supervision and Monitoring

- Exceeds Standard (substantially exceeds requirement 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)

Keen Mountain Correctional Center has developed a staffing plan and makes its best efforts to comply with the staffing plan. Cameras and mirrors supplement the security of staff members' posts. There is good visibility in all areas of the facility, with numerous windows into areas such as education, medical, and treatment offices. The staffing plan is reviewed annually by the facility, region, and PREA Coordinator. The facility documents all deviations to the plan. The Warden completes an annual review of the post audits and staffing plan. The last review of the Post Audit of the staffing plan by the Warden made one staffing change from a Property Officer to the Evidence Based Practice Manager position. The Warden indicated that they would like to add another mental health professional to assist with offender's needs. As mentioned earlier, there will be additional staff added for the 204 bed dormitory being added next year. Staff will include a Unit Manager, Qualified Mental Health Professional, counselor and several security staff. Unannounced rounds are documented in logs, and are done randomly. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring. Operating procedures 401.1, 401.2, and 401.3 support this standard. There is currently a lawsuit filed: Malcolm Muhammad, et. al., Plaintiff v. L.J. Fleming, et. al filed 10-15-14 by three offenders alleging a violation of their privacy by not being able to cover their cell windows partially. The lawsuit is based on the Warden's memo effective 6-1-14 that they could no longer be permitted to cover their cell window door at any time based on security issues.

§115.14 – Youthful Inmates

- Exceeds Standard (substantially exceeds requirement 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)

Not Applicable- Keen Mountain Correctional Center does not house youthful offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement 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)

Staff of the opposite gender is required to announce their presence when entering the offender housing unit(s) by stating "female on unit". They have also installed an electronic message

board which states “female on the unit” in each control booth in the housing units that is turned on when a female enters the housing units. This is also noted in the log book and has been added to the post orders. Auditor observed female staff announce presence when they enter the housing unit and electronic message board turned on. Staff and inmates interviewed confirmed female staff are announced. This was documented during interviews with staff and offenders, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. The Operating procedures cover all aspects for this standard including 445.1, 401.2, 801.1, 401.1, 720.2, 350.2 and 160.2. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. The policy for conducting transgender or intersex searches 445.1 was amended on 8/21/14 and now meets the PREA standards.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedure 038.3 meets all the requirements of this standard. The DOC takes appropriate steps to ensure offenders with disabilities and offenders with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and offender handbooks are in English and Spanish. They have a contract for interpreter services. OP 038.3 covers the standard.

§115.17 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement 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)

Based on interviews with HR all components of this standard are being met. Operating procedures to meet this standard include 170.1, 030.3, 260.1, 040.1, 057.1, 101.1, and 135.1. All employees/contractors/volunteers have their criminal background check completed. A tracking system is in place to ensure they will be completed every five years. Applicants and employees have a continuing affirmative duty to disclose any sexual abuse in prison or other institution; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community by force or coercion or victim did not consent. Virginia DOC Operating Procedure 057.1 allows information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to be furnished to any institutional employer for whom which the employee has applied to work.

§115.18 – Upgrades to Facilities and Technology

- Exceeds Standard (substantially exceeds requirement 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)

When updating monitoring technology (cameras) and mirrors, the agency and facility considers how technology may enhance the ability to protect offenders from sexual abuse. A 204 bed dormitory renovation construction project is currently being implemented with these standards a priority in the plans. There are approximately 170 cameras installed throughout the institution, 8 of which were added in 2014. Rapid eye camera viewing is accessible to staff as needed and there is a 15-30 day video retention. Modifications to the shower doors were completed to ensure appropriate privacy in the Segregation unit during this report period.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures cover all aspects of this standard in 030.4, 445.2, 720.7, 038.3, and 730.2. A Nursing Evaluation Tool for Sexual Assault is used and medical determines if the offender requires a SAFE/SANE exam. In that case the Mountain States Health Alliance would be contacted and a certified SANE nurse would come to the facility to conduct the exam. The facility has a Memo of Understanding (MOU) to provide these services. There have been no offenders who required a SANE exam during this report period. In addition, a MOU is in place with the Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. The auditor spoke with the Executive Director, Kristi Van Audenhove, in advance of the audit. She indicated that they provide emergency services and support through the free phone call services the offenders are allowed to make. The phone number is posted in each housing unit. There is also a list of VDOC volunteer advocates that are available to accompany the offender to the hospital or other assistance if needed.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 038.3 and 030.4 were reviewed during on-site inspection to verify the components are met. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. The facility investigator initiates all investigations. The Special Investigations Unit (SIU) picks up on criminal cases and advises

facility investigator on administrative investigations. All investigations are internal to DOC. No investigations were referred to SIU during this report period. The Auditor reviewed several of the investigations that had been conducted.

§115.31 – Employee Training

- Exceeds Standard (substantially exceeds requirement 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)

Operating procedures 160.1 and 160.2 cover all training required by standard. Virginia DOC provides all employees a three hour class which includes a video. Staff also acknowledge in writing their understanding of PREA. The acknowledgement form lists all the required areas of the standard. A review of the lesson plan demonstrates all the required areas are covered. All staff interviewed indicated that they received the required PREA training. The Institution Training Lieutenant does an excellent job ensuring that all training is received as required.

§115.32– Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement 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)

The facility PREA Compliance Manager provides the PREA training for volunteers and contractors. I reviewed contractor and volunteer sign-in sheets for training received. All contractors and volunteers who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

§115.33 – Inmate Education

- Exceeds Standard (substantially exceeds requirement 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)

Offenders receive information at time of intake through a PREA pamphlet and there is information in the offender handbook (also available in Spanish). There are posters throughout the facility and the phone number to call to report is in each housing unit. A facility orientation including PREA information is delivered weekly which consists of video and additional information which expands on the information provided in the pamphlet and handbook. The offenders sign an acknowledgement of having received the training. Operating Procedures 038.3 and 810.2 cover the components required. During the tour and interviews,

offenders acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy.

§115.34 – Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement 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)

The Institutional Investigator, as well as the Central Office Special Investigative Unit Investigators, received specialized training at the Virginia State Police Academy, developed by the Moss Group for conducting sexual abuse investigations. The specialized training is now part of the curriculum for main Investigators training. Operating procedures 030.4 and 160.2 meet this standard.

§115.35 – Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement 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)

The Health Services Administrator and all medical and mental health staff have received specialized training on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Operating procedures that meet this standard include 160.1, 701.1 and 720.7.

§115.41 – Screening for Risk of Victimization and Abusiveness

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 810.1, 810.2, 730.2, and 861.1 include all components required by this standard. All offenders are assessed during intake screening for their risks of being sexually abused by other offenders or sexually abusive towards other offenders. Upon arrival at the facility, counselors conduct a screening within 72 hours of arrival by policy and check of records. Offenders identified as high risk for sexual victimization or risk of sexually abusing other offenders are referred to a qualified mental health professional for a reassessment within 30 days. They would be reassessed based on any new information that bears on the offenders' risk of sexual victimization or abusiveness. The new information would be added to the VDOC electronic system to determine appropriate housing assignments.

§115.42 – Use of Screening Information

- Exceeds Standard (substantially exceeds requirement 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)

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping offenders at high risk of being sexually victimized separate from those at high risk of being sexually abusive. Housing and program assignments are done on a case by case basis. They have verified that they have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Numerous operating procedures address how the information from the risk screening is used to ensure safety of each offender. There was one self-identified gay offender at the time of the audit. The inmate was interviewed and is very satisfied with the consideration given for any special needs.

§115.43 – Protective Custody

- Exceeds Standard (substantially exceeds requirement 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)

Agency policy states offenders at high risk for sexual victimization shall not be placed 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. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after that. There have been no offenders placed in this status. Operating Procedures that meet this standard include 425.4, 810 and 830.5.

§115.51 – Inmate Reporting

- Exceeds Standard (substantially exceeds requirement 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)

Based on staff and offender interviews, this is clearly documented. The procedures for reporting are clearly stated in the offender handbook, on posters and through Operating Procedures 038.3, 801.6, 803.3. and 866.1. Through inmate interviews this information was verified.

§115.52 – Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 038.3, 866.1, and 861.1 cover the elements of this standard. The Emergency Grievance form was revised 7/1/13 to specifically address PREA issues. Four grievances were filed in last year that alleged sexual abuse.

§115.53 – Inmate Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement 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)

A MOU is in place with the Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. This auditor spoke with the Executive Director, Kristi Van Audenhove, in advance of the audit. She indicated that they provide emergency services and support through the free phone call services that the offenders are allowed to make. The number is posted in each housing unit.

§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement 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)

This information is made available to offenders through posters and their handbook.

§115.61 – Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 038.3, 038.1, 720.7, 720.2, 730.2, 801.6 and 030.4 include all the components of this standard. This was also verified through interviews with random staff. Agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary.

Staff and offender interviews supported reporting and not discussing sexual abuse and harassment cases.

§115.62 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement 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)

If an offender was at imminent risk of sexual victimization, they take immediate action to protect the victim. There is a detailed PREA Response Plan that was developed by the Warden to ensure all steps are followed. Operating Procedures that meet this standard include 425.4, 038.3 and 730.2. This was also verified through interviews with random staff.

§115.63 – Reporting to Other Confinement Facilities

- Exceeds Standard (substantially exceeds requirement 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)

Operating procedures 038.3 and 030.4 include all the components of this standard. This was also verified through interviews with the Warden and PREA Coordinator. The facility has received two allegations that an offender was abused while confined at another facility. The facilities were notified of the allegations within 72 hours. There has been one allegation of sexual abuse that VCCW received from another facility.

§115.64 – Staff First Responder Duties

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 038.3, 030.4 and 075.1 include all the components of this standard. The Keen Mountain Correctional Center PREA Response Plan ensures that all required steps are followed. This was also verified through interviews with random staff.

§115.65 – Coordinated Response

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 038.3 and 075.1 address this standard. In addition, there is a detailed Keen Mountain Correctional Center PREA Response Plan and Checklist that was developed by the Warden to ensure all steps are followed.

§115.66 – Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement 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)

Not applicable; there is no collective bargaining in the Commonwealth of Virginia.

§115.67 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement 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)

The facility PREA Compliance Manager has the responsibility of monitoring retaliation. She has an excellent record keeping system to ensure that at a minimum, checks on offenders who have been victimized or reported victimization are done every 30 days up to 90 days or longer if required to ensure no retaliation on the offender has been instigated. This was verified through interviews with the Warden and PREA Compliance Manager. A tracking chart has been developed to monitor retaliation checks.

§115.68 – Post-Allegation Protective Custody

- Exceeds Standard (substantially exceeds requirement 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)

There have not been any offenders who required this type of placement in this report period. This is covered in Operating Procedure 425.4.

§115.71 – Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 030.4 and 038.3 cover these components. The Keen Mountain Correctional Center Investigator and Intel Officers conduct investigations within the facility. All of the investigations were reviewed promptly, thoroughly, and objectively, including third-party and anonymous reports. If an allegation appears to be criminal in nature, the Investigator will call upon the DOC SIU to conduct the investigation. The SIU will provide technical assistance and support to the facility investigator for administrative investigations. The DOC SIU has full police powers. All Investigators have received special investigation training. All of the investigations were reviewed promptly, thoroughly, and objectively. During this period no allegations were referred for criminal prosecution.

§115.72 – Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 130.1, 135.1 and 861.1 cover these standard requirements.

§115.73 – Reporting to Inmate

- Exceeds Standard (substantially exceeds requirement 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)

Operating procedures 038.3 and 030.4 address this standard. All offenders were notified of the results of the investigations.

§115.76 – Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 130.1 and 135.1 include all the components of this standard. There were no staff members who have been disciplined or terminated for violation of agency sexual abuse or sexual harassment policies.

§115.77 – Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 027.1 and 130.1 include all the components of this standard. No contractors/volunteers were reported to law enforcement for engaging in sexual abuse of offenders in this report period.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement 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)

This is clearly stated in the offender handbook. Operating Procedures 861.1, 820.2, 830.3, and 038.3 address all disciplinary sanctions for offenders. There were no administrative findings of offender-on-offender sexual abuse that occurred at the facility during this audit period that were subject to disciplinary sanctions.

§115.81 – Medical and mental health screenings; history of sexual abuse

Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 730.2, 425.4, and 701.3 cover all components. There is a new Mental Health Service Progress Note format which was implemented on 9/18/14 which includes all significant areas to be reviewed for follow-up meetings with the offenders. Through an interview with Psychology Associate Senior, it was verified that the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services. All offenders who disclose prior sexual victimization are offered a follow-up meeting with a mental health practitioner within 14 days.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 720.7, 730.2, 038.3 and 075.1 address this standard. Keen Mountain Correctional Center PREA Response Plan and Checklist is used to ensure all steps are completed. Mental Health staff uses a Sexual Assault Assessment to determine services needed and

offers a vast array of treatment service. Review of operating procedures and interviews with staff and offenders confirm compliance.

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

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 720.7 and 730.2 cover all components.

§115.86 – Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement 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)

Operating Procedures 038.3 and 038.1 include all the components of this standard. Reviews are completed by the review team in a timely manner.

§115.87 – Data Collection

- Exceeds Standard (substantially exceeds requirement 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)

This is covered in Operating Procedure 038.3. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument since 2008. The system allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action.

§115.88 – Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement 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)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and to identify problem areas and take

corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the VA DOC website.

§§115.89 – Data Storage, Publication, and Destruction

- Exceeds Standard (substantially exceeds requirement 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)

This is covered in Operating Procedure 038.3 and 025.3. The 2013 Annual Report was reviewed. Data is properly stored, maintained and secured. Access to data is tightly controlled.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Diane Lee

November 28, 2014

Auditor Signature

Date