

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility:		Lunenburg Correctional Center	
Physical address:		690 Falls Road, Victoria, VA 23974	
Date report submitted:		May 30, 2014	
Auditor Information		Charles J. Kehoe	
Address:		P.O. Box1265, Midlothian, VA 23113	
Email:		charlesjkehoe@msn.com	
Telephone number:		(804) 873-4949	
Date of facility visit:		February 10 – 12, 2014	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		(434) 696-2045	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	X State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	x Prison	
Name of PREA Compliance Manager:		Title:	
Lecretia Watkins		PREA Compliance Mgr.	
Email address:		Telephone number:	
lecretia. Watkins@vadoc.virginia.gov			
Agency Information			
Name of agency:			
Virginia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> (
Physical address:			
6900 Atmore, Richmond, VA 23225			
Mailing address:			
P.O. Box 26963, Richmond, VA 23261			
Telephone number: (804) 674-3235			
Agency Chief Executive Officer			
Name: Harold Clarke		Title:	Director

Email address: harold.clarke.vadoc.virginia.gov	Telephone number:	(804) 674-3119
Agency-Wide PREA Coordinator		
Name: Elizabeth Thornton	Title:	PREA Coordinator
Email address: Elizabeth.thornton@vadoc.virginia.gov	Telephone number:	(804) 887-8085

AUDIT FINDINGS

NARRATIVE: The PREA Audit of the Lunenburg Correctional Center was conducted from February 10 through February 12, 2014. The Auditor was assisted by David Haasenritter, a Certified PREA Auditor. Also joining the audit team was Dr. Scott Catey. Dr. Catey is employed by the PREA Resource Center in San Francisco, California. Dr. Catey was primarily participating as an observer, but also participated in the interviews with staff and conducted some interviews with offenders. These three individuals constituted the audit team.

The audit team wishes to extend its appreciation to Warden Layton Lester and his staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the audit team.

The audit team also wishes to compliment the DOC PREA Coordinator, Elizabeth Thornton and Regional PREA Analysts, Lawanda Long and Rose Durbin, for their outstanding work in organizing the electronic files that were provided to the auditors in advance of the audit. This enabled the audit to move forward very efficiently

The Virginia Department of Corrections PREA Coordinator, one of the Regional PREA Analysts, and the agency contract manager were interviewed by Mr. Haasenritter and Mr. Kehoe on December 16, 2013. Mr. Haasenritter conducted a telephone interview with a representative of the victim advocacy agency that provides emotional support services for offenders who have been sexually abused; and a representative from the hotline that handles reporting an incident.

On December 30, 2013, the Designated Auditor, Charles Kehoe, interviewed the Director of Corrections, Mr. Harold Clarke.

Following the Entrance Meeting, the audit team was given a very thorough tour of the facility. Following the tour, the audit team began the interviews and reviews of investigative files and other documents.

At least one offender from each housing unit was interviewed. Those interviewed were selected, by the auditors, from a list of all the offenders in the facility. In addition, offenders who were identified as being in a designated group (i.e., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) were also interviewed.

At least 10, randomly selected, correctional officers and other identified specialized staff were interviewed, including the Warden, PREA Manager, Investigator, first responders, health care providers, and mental health professionals.

The Designated Auditor also conducted a telephone interview with the Acting Chief of the Special Investigation Unit. Following the audit, the Designated Auditor also met with two Investigators from the Special Investigations Unit to clarify specific issues regarding an investigation.

The audit team was impressed by how knowledgeable the correctional officers and other staff were about PREA, first response, evidence collection, etc. Also impressive was the testing that was done to measure the level of understanding staff have following PREA Training. The team felt the testing demonstrated that the DOC and the facility exceeded the standard.

When the on-site audit was completed, the audit team conducted an exit meeting. While the audit team could not give the facility a final finding, as there were some issues needing further documentation and clarification, the audit team did discuss areas where they had questions as to the facility's and the department's compliance with specific standards. The audit team did give an overview of the audit and thanked the Lunenburg Correctional Center staff for their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Lunenburg Correctional Center is located on 205 acres of land, approximately 70 miles Southeast of Richmond, Virginia near Victoria, Virginia in Lunenburg County. This is a Security Level 2 facility (lower end of the security scale). The facility was opened in 1995.

To be eligible for assignment to this facility, the offender must have no history of escape within the past 5 years and no history of disruptive behavior for the past 24 months. For an offender with a single life sentence, he must have reached his parole eligibility date

The facility provides dining, recreation, health care and mental health services, academic and vocational programs, a reentry program, and also operates a Pen Pals program to train dogs taken from shelters to prepare them for adoption. Virginia Correctional Enterprises operates a seating and upholstery industry at the facility.

The Lunenburg Correctional Center is also a reception and classification facility. In that regard, its role is to intake offenders from the local jails and process them into the Department. It houses inmates classified to multiple levels of security.

At the time of the audit, the facility held approximately 983 offenders. There are a total of six buildings housing offenders, including a segregation building that holds new arrivals from some Virginia jails and the general population for the Pen Pal program. Each general population building is divided into an A Unit and B Unit. Each unit houses between 75 and 80 offenders for a building total of approximately 150 offenders. This brings the total to 900 offenders in the general population buildings. The Segregation Building houses 24 single occupancy cells for newly arriving offenders the jails and facility segregation. This building also houses the Pen Pal program where offenders are double bunked for a total of 48 offenders. The dogs are allowed in designated cells. The total capacity of the Segregation Building is 72. The goal of the Department of Corrections is to reduce this facility's capacity to 933 offenders. Renovations are underway to achieve this goal.

In addition to those buildings already mentioned, there is also a building dedicated to the Reentry Program. Outside the fence, there is the Buildings and Grounds and Warehouse Building. Approximately four to six inmates work in the warehouse. One offender is currently working in the Buildings and Grounds side of that structure.

The Lunenburg Correctional Center is clean and well maintained. It is still considered a newer facility being that it only 19 years old.

Lunenburg Correctional Center is accredited by the American Correctional Association and has been for over 15 years.

On February 10 – 12, 2014, the on site audit was completed at Lunenburg Correctional Center. The interim report was provided March 17, 2014, to the Virginia Department of Corrections Central Office reporting one exceed standards; 34 met standards; six not met standards; and two not applicable. On May 2, 2014, all corrective action had been completed. The summary of the final audit findings for Lunenburg Correctional Center is listed below.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	3
Number of standards met:	38
Number of standards not met:	0
Non-applicable:	2

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

XX 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 a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. OP 038.3 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, other agency policies such as OP 057.1 Personnel Records, supplement the main PREA policy.

Ms. Elizabeth Thornton is the PREA Coordinator. She supervises three regional PREA Analysts; Ms. Rose Durbin is the regional PREA Analyst. Ms. Lawanda Long is one of the other regional PREA Analyst, but also serves as the PREA audit coordinator. It should also be noted Ms. Long is a certified PREA auditor. Ms. Loretta Watkins is the Lunenburg Compliance Manager and Institutional Programs Manager. She was appointed in November 2013; previously it was Deputy Warden Ms. Dana Ratliffe-Watkins. All claim to have enough time to perform their respective PREA duties. All were knowledgeable of PREA and the PREA standards.

The strong implementation of PREA at the Lunenburg Correctional Center is a direct reflection of the hands-on approach of Ms. Watkins, Ms. Durbin, and Ms. Long. Ms. Durbin and Ms. Long continuously visit facilities to check for compliance, teach seminars, and seek for ways to improve the agency and facilities PREA implementation. They are actively seeking additional PREA grant resources. The Virginia Department of Corrections PREA organization and enthusiasm is a model to follow. The regional staff are key active players and not just figure heads. It is clear to the auditors that the Prison Rape Elimination Act is part of the Department of Corrections fabric.

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

Exceeds Standard (substantially exceeds requirement of standard)

XX 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.

Durbin and Ms. Long the process will be a mock PREA audit each year the contracted facility does not undergo an official PREA audit.

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Lunenburg 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. The staffing plan is reviewed annually by the facility, region, and PREA Coordinator. The facility documents all deviations to the plan. Unannounced rounds are documented in logs, and are done randomly by Lieutenant and above staff. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring.

§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)

XX Not Applicable

Lunenburg Correctional Center does not house any youthful offenders. Operating Procedure 038.3 and 425.4 covers the standard of separating youthful inmates. All youthful inmates are housed at Sussex 1 State Prison.

§115.15 – Limits to Cross-Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Lunenburg Correctional Center does not conduct cross gender strip searches. Body cavity searches are only done by medically trained professionals per Operating Procedure 445.1. Team observed female staff announce presence when they enter the housing unit. Staff and inmates interviewed confirmed female staff are announced. There is an exception, which are

the unannounced supervisory checks. These should be announced once entering the housing area.

Operating Procedure 401.1 states "Staff of the opposite gender shall announce their presence when entering an offender housing unit. Staff of the opposite gender assigned to routine duties in an offender housing unit need announce their presence only once per shift the first time they enter each dormitory or housing pod." If they leave and no female correctional officer remains in the housing area, they should announce upon returning. Recommend both memo and OP 401.1 needs to be corrected.

Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks.

During the corrective action period OP 401.1 and the memo were revised to clarify when staff of the opposite gender would announce their presence in a housing area. The designated auditor conducted interviews of staff to verify the implementation of the new policy.

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

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 takes appropriate steps to ensure inmates with disabilities and inmates 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 inmate handbooks in English and Spanish. Hearing impaired inmates go to Powhatan Correctional Center and Fluvanna Correctional Center. Agency contracts for sign language and video remote interpreting services. Through the medical contract the agency also has a contract for other language interpretations, though it was not well known amongst staff. Contract with OPTIMAL for phone interpreters. There are some staff who speak Spanish and both inmates and staff stated inmates are not used as interpreters especially if it is an issue with sexual abuse and sexual harassment. Not all shifts had someone who spoke Spanish. OP 038.3 covers the standard.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 facility just started doing background checks every five years (started in November 2013). Previously done only when hired, transferred, and promoted. Conduct background check on all contractors. Background checks are logged. 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 recently changed policy 057.1 to allow 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.

Five year background checks were completed on all staff during the corrective action period. Copies of the checks and a spreadsheet annotating the date of the last check and the next background check was provided to the auditors.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 consider how technology may enhance the ability to protect inmates from sexual abuse. Review of staffing plan addressed enhancement through cameras.

Recent upgrade of cameras in LCC was based on a review of blind spots, etc.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy and procedures outline evidence protocols and requirements for forensic medical exams. No outside agencies conduct investigations. Hospitals with SANE/SAFE are identified and are provided at no costs to the inmate when requested. No inmate has requested a forensic medical examination during the audit period. Action alliance trains Virginia DOC staff to be victim advocates. Victim advocates are on call and are not from facility victim is from. No victim advocates were required to date.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. Facility investigator initiates all investigations. SIU picks up on criminal cases and advises facility investigator on administrative investigations. All investigations are internal to DOC.

§115.31 – Employee Training

XX 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 DOC provides all employees a three hour class which includes a video. In 2013 staff had to score 80% on a written exam to receive credit for PREA training. Staff also acknowledge in writing their understand PREA. The acknowledgement form lists all the required areas of the standard. Review of the lesson plan demonstrates all the required areas are covered. All staff have been trained. Interviews of staff demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Interviews of two contractors and one volunteer demonstrated their knowledge of PREA and their responsibilities and agency zero tolerance policy. Reviewed contractor and volunteer training records, each have to sign a PREA Training Acknowledgement form.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

During intake inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. During facility orientation they receive additional training which consists of a video and additional information which expands on the previous information provided in the pamphlet and handbook. The inmates and staff remember the video as the "candy bar video". Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates.

During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy. The majority of offenders interviewed were substantially unaware of several critical pieces of PREA to include the difference between sexual abuse and sexual harassment; and that they have the right to be free from retaliation for reporting such incidents. Some were also unaware of the victim services that are available to them in the community. Recommend annual classes for inmate population as done for staff.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

SIU trained Feb 11 – Feb 13, 2013

Training was developed by Moss Group. Two days of training with scenarios and far exceeds training requirements.

§115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Medical staff do not conduct forensic medical examinations. Training records demonstrated training was conducted. The auditors checked three random training records in addition to what was provided with the questionnaire.

§115.41 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. These are done within 72 hours per records checked. Screening information provided to mental health staff and records maintained with unit management team. A new form was implemented in January 2014 that met all but one screening criteria (9(d) inmates own perception of vulnerability.

During the corrective action period (14 March) policy was updated to include screening criteria d (9). The facility was trained and the auditors were provided copies of the new policy implemented to meet the standard. Telephonic interviews further confirmed new process was implemented.

§115.42 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. To date only one has been screened for being high risk to be sexually victimized and one for being high risk of being sexually abusive. They are housed in two totally different housing units. Housing and program assignments are done on a case by case basis.

The agency has a Gender Identity Disorder Committee led by Dr. Meredith. The GID committee meets as needed and by email. The decision whether to place a transgender or intersex inmate in a male or female facility is based on biological sex (how you were born) unless reassignment surgery has been conducted at which time the inmate would be moved to a facility of that sex. This method does not consider on a case by case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

At the time of the audit there was no transgender or intersex inmate in Lunenburg Correctional Center.

During the corrective action period, the Gender Identity Disorder Committee procedure was revised to ensure placement decisions are made on a case by case basis. The Committee no longer uses just inmate biological sex or genitalia, if reassignment surgery was completed, but has implemented revised criteria to ensure inmate health and safety.

§115.43 – Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 inmates at high risks 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.

Only Riverside Correctional Center houses Protective Custody inmates.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 Virginia DOC and Lunenburg Correctional Center provide multiple internal ways for inmates to report sexual abuse, sexual harassment and retaliation. The MOU allows for reporting to Action Alliance and that they will only forward immediately if victim agrees. Per the MOU, if not immediately reported it will be forwarded to DOC as part of the quarterly report. Per conversation with hotline; option includes outside reporting. A person will then take the information provided by the inmate, to include any request for follow-up actions and forward to the DOC. The inmate name will not be provided.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 DOC Grievance Operating Procedures have been modified to address PREA standards. Inmate interviews indicated some inmates did not know they could file a grievance on a PREA issue.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Action Alliance is used for confidential reporting and outside confidential support services. Phone numbers and mailing addresses are provided to the inmate population on the PREA pamphlets they receive upon arrival to the facility. Recent flier added a PO Box address. Inmate interviews indicated some offenders did not know these outside support services were available.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 has established a method to receive 3rd party reporting.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 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 extent necessary. Staff and inmate interviews supported reporting and not discussing sexual abuse and harassment cases.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 requires staff to take immediate action to protect inmates they learn is subject to substantial risks. None to date at Lunenburg facility.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 the requirements of the standard. A Warden's Memo, dated 1-13-14, documents notification was made to a correctional facility in another state.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX 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's operating procedures meet the standard. (OP 030.4; 075.1; and 038.3)

Interviews with staff confirm that the staff know what to do upon learning that an offender was sexually abused.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 and the LCC PREA Plan meet the requirements of the standard. Interviews with staff confirmed they were knowledgeable about LCC's PREA Plan and the coordinated duties and responsibilities.

§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)

XX Not Applicable

Central office reported there has been no collective bargaining agreement entered into or renewed since August 2012. State employees do not have collective bargaining in the Commonwealth of Virginia as per the Code of Virginia 40.1-57.2

§115.67 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 has an Operating Procedure (OP 038.3) that protects inmates and staff who report sexual assault or sexual harassment. However, OP 130.1. states:

“Employees and supervisors are charged with monitoring retaliation and shall report all incidents to the Special Investigations Unit who will review all allegations of retaliation and investigate as appropriate. (§115.67[a], §115.267[a]).”

The standard states “and shall designate which staff members or departments are charged with monitoring retaliation.”

The LCC PREA Plan does state that the PREA Compliance Manager ensures the 30, 60 and 90 contacts are conducted.

During the corrective action period OP 130.1 was revised to require the facility unit head to designate appropriate staff to monitor for retribution. Lunenburg Correctional Center had previously designated the PREA Compliance Manager who was actively managing retaliation.

§115.68 – Post-Allegation Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

OP 425.4 meets the requirements of the standard.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 LCC Investigator conducts investigations within the facility. If an allegation appears to be criminal in nature, the Investigator will call upon the DOC Special Investigation Unit (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. With the exception of recently hired investigators who are still in their field training, all SIU Investigators have received special investigation training.

Fifteen cases were reviewed. One was determined not to be a PREA case, one was withdrawn, one was alleged to have happened in another state, six were unfounded, five were unsubstantiated, and one was founded.

In one investigation, a female employee passed a note to an offender that was very sexually explicit. The employee was charged with bringing in contraband (tobacco) to the offender and fraternization. Initially, it was not defined as a PREA case, however, after the audit; the type of case was changed to a PREA case. (There is some confusion as to whether the SIU was informed of this change. The SIU Acting Chief said only the SIU can change how a case is described once and investigation has been concluded.).

In another case, an employee, who was transferred from another DOC facility to LCC, while under a PREA investigation, was terminated from LCC for touching inmates in an inappropriate manner. This investigation was described as unsubstantiated. The auditor did not agree with this finding.

All of the investigations were reviewed promptly, thoroughly, and objectively, including third-party and anonymous reports.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 reviewed of DOC OP 130.1.9, 135.1.E and 861.1.11.b and interview with employees confirm the LCC meets the standard.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 review of OP 030.4 and OP 038.3 and a sample of the investigations completed indicated that offenders were informed of the outcome of the investigations.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 DOC's Operating Procedures meet the standard. A review of one investigation showed the employee was terminated and the matter was referred to the Commonwealth Attorney (prosecutor).

§115.77 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

While the DOC policy is consistent with the requirements of this PREA standard, there is confusion around how it is implemented. In one case at LLC, a nurse, who was an employee of the private health care company serving LCC under a contract, was investigated by the SIU for sexual abuse (voyeurism), bringing contraband into the facility, and fraternization. The individual resigned from her position and the matter was referred to the Commonwealth Attorney. However, the nurse in this matter was never reported to the Nursing Board. There was some confusion surrounding this standard and the DOC policy as to who should report the nurse to the Nursing Board (i.e., the Warden, the private company/employer, DOC Central Office). Because there is not clarity, this case went unreported, as of this date. The Operating Procedures should specify for both Standard 115.76 and 115.77 who is responsible for the actual reporting and what form the reporting will take. In the case of private providers, consideration should be given to adding language in contracts that would require the company to report sexual abuse to the appropriate licensing board and provide documentation to the facility when this is accomplished.

During the corrective action period, the PREA Coordinator was designated as the responsible official for reporting incidents to licensing boards and law enforcement agencies as applicable. She immediately reported the nurse case, discussed above, to the Virginia Department of Health Professionals, Enforcement Division.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

DOC procedures confirm compliance and review of investigations showed there was no documented inmate-on-inmate sexual abuse.

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

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

LCC meets the requirements of the standard as confirmed by review of operating procedures and staff and inmate interviews.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Review of operating procedures and interviews with staff and inmates confirm compliance.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 review of specific incidents meets the requirements of the standard. However, the form does not indicate the date on which the investigation was concluded making it difficult to determine if the review occurred “within 30 days of the conclusion of the investigation.” It is recommended that this information be added to the form.

§115.87 – Data Collection

XX 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 collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument since 2008. The system is continuously improved by Ms. Chrishana Frye. 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. Ms. Frye receives all the information and continuously thinks of ways to use the aggregate data to assist in eliminating prison rape. The Virginia system would be a good model for others to duplicate when collecting, tracking, and using prison rape data.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

XX 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)

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.



Auditor Signature
Charles J. Kehoe,
Certified PREA Auditor

May 30, 2014

Date