

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report April 29, 2019

Auditor Information

Name: Alton Baskerville	Email: abville42@aol.com
Company Name: AB Management and Consulting, LLC	
Mailing Address: P.O. Box 73371	City, State, Zip: Richmond, VA 23235
Telephone: 804-980-6379	Date of Facility Visit: March 26, 2019 -March 28, 2019

Agency Information

Name of Agency: Virginia Department of Corrections		Governing Authority or Parent Agency (If Applicable): Virginia Department of Corrections	
Physical Address: 6900 Atmore Drive		City, State, Zip: Richmond, VA 23225	
Mailing Address: P. O. Box 26963		City, State, Zip: Richmond, VA 23225	
Telephone: 804-674-3119		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: We enhance the quality of life in Commonwealth by improving public safety. We accomplish this through reintegration of sentenced men and women in our 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 research-based evidence, fiscal responsibility, and constitutional standards.			
Agency Website with PREA Information: www.vadoc.virginia.gov(search PREA)			

Agency Chief Executive Officer

Name: Harold Clarke	Title: Director
Email: harold.clarke@vadoc.virginia.gov	Telephone: 804-887-8081

Agency-Wide PREA Coordinator

Name: Rose Durbin	Title: PREA/ADA Supervisor
Email: rose.durbin@vadoc.virginia.gov	Telephone: 804-887-7921

PREA Coordinator Reports to: Marie Vargo	Number of Compliance Managers who report to the PREA Coordinator 3-Regional PREA/ADA analysts and 40-Compliance Managers report to PREA Analysts
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Facility Information

Name of Facility: Sussex II State Prison

Physical Address: 24427 Musselwhite Dr. Waverly, VA 23891

Mailing Address (if different than above): [Click or tap here to enter text.](#)

Telephone Number: 804-834-2678

The Facility Is: Military Private for profit Private not for profit

Municipal County State Federal

Facility Type: Jail Prison

Facility Mission: Sussex II State Prison is to enhance the quality of life in the Commonwealth by improving public safety. We accomplish this through reintegration of sentenced men and women in our 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 research-based evidence, fiscal responsibility, and constitutional standards

Facility Website with PREA Information: [www.vadoc.virginia.gov\(search PREA\)](http://www.vadoc.virginia.gov(search%20PREA))

Warden/Superintendent

Name: Beth E. Cabell **Title:** Warden

Email: beth.cabell@vadoc.virginia.gov **Telephone:** 804-834-2678

Facility PREA Compliance Manager

Name: Melissa Vandermark **Title:** Operations Manager

Email: Melissa.vandermark@vadoc.virginia.gov **Telephone:** 804-834-2678

Facility Health Service Administrator

Name: Jessica Sadler **Title:** Health Services Administrator

Email: Jessica.Sadler@vadoc.virginia.gov **Telephone:** 804-834-2678

Facility Characteristics

Designated Facility Capacity: 1312 **Current Population of Facility:** 1228

Number of offenders admitted to facility during the past 12 months 756

Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 1859

Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1960	
Number of offenders on date of audit who were admitted to facility prior to August 20, 2012:		1126	
Age Range of Population:	Youthful Offenders Under 18: 16-17	Adults: 19-81	
Are youthful offenders housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are youthful offenders housed separately from the adult population?			
Number of youthful offenders housed at this facility during the past 12 months:		27	
Average length of stay or time under supervision:		645	
Facility security level/inmate custody levels:		SL4	
Number of staff currently employed by the facility who may have contact with offenders:		311	
Number of staff hired by the facility during the past 12 months who may have contact with offenders:		111	
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:		50	
Physical Plant			
Number of Buildings: 5		Number of Single Cell Housing Units: 3 pods	
Number of Multiple Occupancy Cell Housing Units:		14	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		88	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Rapid Eye Camera System placed in all housing units			
Medical			
Type of Medical Facility:		24/7 medical department	
Forensic sexual assault medical exams are conducted at:		VCU	
Other			
Number of volunteers and individual contractors, who may have contact with offenders, currently authorized to enter the facility:		486	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1 Lieutenant, 2 Intel Officers	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

On January 29, 2019, the Pre-Audit Notification was sent to Sussex II State Prison to be posted throughout the facility. The audit would take place March 26, 2019 through March 28, 2019. Instructions were given to post the notice throughout the Prison where offenders, staff and visitors can view it. The notification will remain posted at least six weeks after the onsite audit. On February 5, 2019, I received electronics files from Sussex II State Prison which included the Pre-Audit Questionnaire, operating procedures, organizational charts, population reports, ACA report, and other PREA related information. I received no offender request to be interviewed prior to the onsite visit. The PREA Audit Schedule was sent to the Prison on March 13, 2019. Staff rosters and offender bed logs were sent to me prior to the onsite visit. Selection of offenders and staff were selected prior to the onsite visit.

The audit team, Phyllis Baskerville and I arrived to Sussex II State Prison on March 26, 2019 prior to 8:00 AM. We met with Warden Cabell and her key staff members in the administrative conference room at 8:30 AM. We were welcomed by Warden Cabell and was introduced to her staff. We introduced ourselves and shared the audit schedule, expectations and purpose for the audit. After the conclusion of the entry meeting, I began a tour of the prison along with Warden Cabell and other key members of the staff. Auditor Phyllis Baskerville began interviewing random offenders and random security staff.

During the tour, I saw the PREA Notification letter posted throughout the prison. PREA posters were posted in English and Spanish in all the housing areas; PREA hot line numbers and instructions were stenciled on the walls in the dayrooms above the telephones. I tested two PREA hot lines and successfully completed the calls. I spoke with offenders in all housing, program and work areas. They communicated freely, and demonstrated knowledge of PREA requirements and knew how to make notifications if needed. I spoke with several youthful offenders in the housing area designated for them. They spoke freely and did not have any issues concerning PREA. They were isolated from the adult prison population, and were supervised by staff when they were moving to appropriate areas within the prison compound. My tour included but was not limited to the housing areas, intake, mess hall, school, industrial laundry, recreation areas and visiting. All areas were PREA compliant; offenders had privacy when showering, dressing and using the toilets. There are 300 plus cameras throughout the prison and control room officers are monitoring cameras throughout the course of a work day.

I spoke with many members of the staff throughout the prison. They knew that the PREA audit team would be auditing the prison. They readily answered the auditor's questions and expressed knowledge of PREA policies and procedures. Announcements were made prior to female staff entering the male housing areas.

I returned to the intake area the afternoon of the second day of the audit to observe the processing of at least eight offenders. The intake had security staff, male and female, intake counselor, medical nurse and mental health provider were present. The processing area was small and congested for the number of intakes that came into the facility. Some privacy was afforded the offenders and the intake staff. I was advised that intake processing would move to the gym when larger groups arrive. Warden Cabell advised that they have plans to expand and to improve the intake area.

Upon completion of the tour, I went to our assigned work area and began to interview staff and offenders and began reviewing audit files and documentation. The audit team interviewed 20 random offenders and

22 specialize offenders. The interviews demonstrated knowledge of PREA rules and reporting procedures. There were no reported problems with PREA. 23 random staff were interviewed, and 18 specialized staff were interviewed. All staff had received training within the past 12 months. Staff were aware of PREA requirements and their duty to act immediately on any PREA complaint or violation. In order to determine compliance of each standard, the auditor relied upon information in the DOPs, written memoranda, posts log entries, interviews of offenders and staff, and observations during the tour of the prison.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Sussex II is located in Waverly, Virginia which is approximately 50 miles southeast of Richmond, Virginia. The address is 24427 Musselwhite Drive, Waverly, Virginia 23891-2222. The prison has nearly 540 acres of land of which approximately 40 acres make up the secure compound which includes the prison and surrounded by a double chain linked fence. In 1999, the prison opened as a level five maximum security prison. From 1999 to 2002, the prison was contracted to house offenders from the District of Columbia. From 2002 to the present, the prison has housed level four close custody offenders from the Virginia DOC.

Sussex II State Prison is located adjacent to Sussex I State Prison which has an identical physical plant structure. The prison's physical plant includes five housing units primarily using double cell occupancy. Housing Units 1, 2 and 4 each has a capacity of 352 which includes four pods with each pod containing 44 double bunked cells. Housing Unit 5 is the youthful offender unit; it has a 14 double occupancy cells. The medical department has ten single cells. Eight cells are designated for medical observation and two are for medical isolation.

Sussex II State Prison has eight outdoor recreation yards for general population and one for youthful offenders. Each yard encompasses approximately 20,000 square feet. Outdoor recreation for special housing offenders is staged behind the special housing unit in a secure yard. This secured area is approximately 1,370 square feet. For indoor recreation, the institution is equipped with a 6,000 square foot gymnasium.

Sussex II State Prison houses offenders who have long-term sentences or have demonstrated disruptive behavior at lower security levels. An offender cannot have any disruptive behavior for at least the past 24 months prior to being considered for a transfer to any less-secure facility.

In January 2008, Sussex II State Prison implemented Evidence Based Practices. Based on the various principles of Evidence Based Practices, this facility is adopting the body of research which has found that certain practices are more effective at encouraging pro-social behaviors and reducing recidivism. The goal is to create a safer, positive environment for staff and offenders and to reduce the likelihood of future criminal behavior. Sussex II State Prison has eight outdoor recreation yards for general population and one for youthful offenders. Each yard encompasses approximately 20,000 square feet. Outdoor recreation for special housing offenders is staged behind the special housing unit in a secure yard. This secured area is approximately 1,370 square feet. For indoor recreation, the institution is equipped with a 6,000 square foot gymnasium.

In addition to recreational activity, Sussex II provides general population offenders the opportunity to have jobs within the facility. These assignments include kitchen, laundry and housekeeping. Offenders are also allowed visitation on weekends and state holidays. Located in the eastern corner of the support building is the main visitation room. This area provides ample space for contact visiting privileges. Offenders must change into specially colored jumpsuits to enter the main visitation room. Non-contact visitation is conducted

using video visitation, with one visitation module in the administration building and the other module in the special housing unit (3B Pod).

Sussex II State Prison is equipped with two 2,200 square foot dining halls. Each dining hall has sufficient seating for 88 offenders. Drinks and condiments are made available at each dining hall.

Sussex II State Prison was designed and built in compliance with the Americans with Disabilities Act of 1990. All areas of the institution in which offenders are allowed access are considered ADA compliant. 40 cells located on the lower tier of the housing units are equipped per ADA standards. Square footage within the ADA compliant cells is the same as those within other areas.

The Support Building is divided into several distinct areas depicting the specific function performed in that area, i.e., Security, Medical, Visitation, Treatment, Food Service, and Educational Hall. The prison has a

Total number of cells: 718

Maximum bed capacity of 1,302;

Site Property: 560 acres.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

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Number of Standards Met: 45

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Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

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PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 135.2 states the Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment. This procedure defines prohibited behaviors regarding sexual assault and sexual harassment, and includes sanctions for those found to have participated in behaviors of a sexual nature. Operating Procedure 038.3 states the DOC prohibits and will not tolerate any fraternization or sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operation procedure.

The DOC actively works to prevent, detect, report, and respond to any violation. In addition, this procedure provides information on preventing, detecting, and responding to such conduct, and also includes definitions of bad behaviors regarding sexual assault and sexual harassment. The PREA Coordinator and PREA Compliance Manager acknowledge they have sufficient time to manage their PREA. Responsibilities.

The Agency has divided up the state into three regions and has assigned a PREA Analyst to each region to assist with PREA Compliance. Staff and offender interviews affirm the policy of zero tolerance of sexual abuse and sexual harassment.

Standard 115.12: Contracting with other entities for the confinement of offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its offenders with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders.)
 - Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states through contracts and Board of Corrections operating standards, facilities and jails that contract for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Operating Procedure 260.1 states all contracts for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The agency has entered into or renewed one contract for the confinement of offenders on or after August 20, 2012. This contract was with Lawrenceville Correctional Center (2015). The auditor reviewed a copy of the contract and discovered language requiring Lawrenceville Correctional Center (GEO) to adopt and comply with the Federal Prison Rape Elimination Act.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and

determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 401.2 section on Staffing Plan states each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- Generally accepted detention and correctional practices
- Any judicial findings of inadequacy
- Any findings of inadequacy from Federal investigative agencies
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated)
- The composition of the offender population
- The number and placement of supervisory staff
- Institution programs occurring on a particular shift
- Any applicable State or local laws, regulations, or standards
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. During the pre-audit, the auditor was advised the facility has deviated from the staffing plan in the past; however, those positions deemed to be key posts, were never closed. By January 31 of each year and more frequently if needed, each facility shall review any existing staffing plan and post audits.

- a. This review shall assess, determine, and document whether adjustments are needed to:
- The facility's established staffing plan
 - The facility's deployment of video monitoring systems and other monitoring technologies
 - The resources the facility has available to commit to ensure adherence to the staffing plan
 - If the review indicates that the facility is not staffing to plan or staffing to post audits, the facility must provide a comprehensive written explanation as to why they are not able to staff to post audits and possible solutions to increase facility staffing levels
 - These comprehensive written explanations shall be provided to the Regional Operations Chief for review and forwarded to the Regional PREA Analyst

Since August 20, 2012, the average daily number of offenders was 1,238.

Since August 20, 2012, the average daily number of offenders on which the staffing plan was predicated was 1,238.

Operating Procedure 401.3 states ADO's conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds should be made intermittently during the month.

Operating Procedure 401.1 states Post Orders shall require that Lieutenants and above conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

- a. Supervisors are prohibited from notifying staff of unannounced rounds. Unannounced intermediate and upper-level supervisor rounds occur on all three shifts and are completely random. They are logged in the log books located in the control room of each housing unit.

During the pre-audit, the auditor reviewed, a sample of unannounced rounds by supervisors. The documentation of unannounced rounds showed they have occurred on all three shifts. Staff interviews indicate the facility has a staffing plan they review annually in order to determine the minimum number of required staff. Video monitoring is a part of this plan. The Warden, Assistant Warden, and Major all have a copy of the staffing plan. All required staffing plan guidelines under 115.13 are a part of the facility's staffing plan. The Warden checks for compliance with the staffing plan by reviewing the daily duty roster and observing these areas to make sure staff are assigned there. The Warden can also review the staffing report which is a part of the supervisor's daily shift briefing report. In the event a staff member calls in, another staff member would be drafted from the overtime list to fill this position. The staffing plan is developed at the facility level. Departmental security supervisors audit the facility and review the facility's staffing plan. Recommendations are forwarded to the PREA Analyst and PREA Coordinator for their review. Staffing plans are reviewed annually, or whenever the need is identified. Standard 115.13 is in compliance based upon review of operating procedures, file documents, and interviews with relevant staff.

Standard 115.14: Youthful offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful offenders in housing units that separate them from sight, sound, and physical contact with any adult offenders through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

115.14 b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful offenders and adult offenders? (N/A if facility does not have youthful offenders [offenders <18 years old].)
 Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful offenders in isolation to comply with this provision? (N/A if facility does not have youthful offenders [offenders <18 years old].)
 Yes No NA
- Does the agency, while complying with this provision, allow youthful offenders daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA
- Do youthful offenders have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful offenders [offenders <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 425.4 state a youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. DOC

provides specialized housing arrangements for youthful offenders to meet the requirements of this standard. Exigent circumstances may require removal to a special housing unit. During the onsite audit, there were 20 youthful offenders housed at Sussex II State Prison.

In the past 12 months, there has been one housing unit to which youthful offenders are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. This housing unit is HU5. In the past 12 months, there have not been any youthful offenders placed in the same housing unit as adults at this facility. The facility maintains sight, sound, and physical separation between youthful offenders and adult offenders in areas outside housing units.

The agency always provides direct staff supervision in areas outside housing units where youthful offenders have sight, sound, or physical contact with adult offenders. The facility documents the exigent circumstances for each instance in which youthful offenders' access large-muscle exercise, legally required education services, and other programs and work opportunities were denied.

The school division is responsible for the educational programs of all incarcerated individuals in the state correctional system. At Sussex II State Prison, HU5 offenders will have academic instruction provided by an instructor in the school classroom with the supervision of staff to insure no contact with adult offenders.

In the past 12 months, there have been no youthful offenders who have been placed in isolation in order to separate them from the adult offenders. Interviews with youthful offenders indicate youthful offenders are placed in HU5 which is completely separate from all other housing units. These offenders stated they never have any direct contact with, see, or communicate with adult offenders. A recreation yard, designated for youthful offenders, is connected to the HU5. Whenever youthful offenders leave the housing area, they are escorted by staff. Staff interviews indicate youthful offenders have access to the same programs as the adult offenders; however, the youthful offender programs occur on HU5, which is separate from the adult offenders. This standard is satisfied with relevant operating procedures, practices, and interviews of staff and offenders.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female offenders in non-exigent circumstances? (N/A here for facilities with less than 50 offenders before August 20, 2017.)
 Yes No NA
- Does the facility always refrain from restricting female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 offenders before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?
 Yes No
- Does the facility document all cross-gender pat-down searches of female offenders? Yes No NA

115.15 (d)

- Does the facility implement a policy and practice that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No NA
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operation Procedure 445.1 prohibits cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. Policy requires all cross-gender strip- searches and cross-gender visual body cavity searches be documented.

In the past 12 months, there have no cross-gender strip or cross-gender body cavity searches of offenders. Female offenders are not housed at Sussex II State Prison.

Operating Procedure 401.2 states officers of the opposite gender should be allowed to supervise offender housing areas, with appropriate physical modifications made to toilet and shower areas to provide a reasonable degree of offender privacy. Facility procedures and practices shall enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender shall announce their presence when entering an offender housing unit. These announcements shall be documented in the log book.

During the audit, the auditor observed female staff announcing their presence before entering the pod. Operating Procedure 350.2 states all new Corrections Officers (and any other offender care workers at Detention/Diversion Centers) receive at least 120 hours of training (in addition to orientation) during their first year of employment. This training includes cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

A review of the pre-audit questionnaire indicates 100% of all security staff has received training on conducting cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner, consistent with security needs. Staff interviews indicate female security staff announces their presence at the beginning of their shift. In addition, an announcement is made anytime non-security female staff enters the housing unit. During the audit, the auditor observed female staff announcing their presence before entering the pod.

Staff interviews indicate they were trained on how to conduct cross-gender pat- down searches and searches of transgender/intersex offenders. Offenders are never viewed by female staff while in a state of undress. The auditor also observed dayroom toilets had been sealed to prevent cross gender viewing of

offenders using the restroom in the dayroom area. Offenders are now required to use the restroom in their cells. Based upon observations, interviews, and review of operating procedures, this standard is in compliance.

Standard 115.16: Offenders with disabilities and offenders who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with offenders who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Are blind or have low vision?
 Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 has specific language for offenders with disabilities and offenders who are limited English proficient. Policy states the Virginia DOC shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The Virginia DOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The Virginia DOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. The DOC shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The DOC shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.

During the pre-audit, the auditor was provided with a copy of a contract with Purple Language Services, Co. for sign language translation and video remote interpreting. This contract was dated August 21, 2018, and the contract renewal period runs from November 1, 2018 through October 31, 2019. During the pre-audit, the auditor was provided with sexual assault awareness brochures in English and Spanish as well as a Brochure for the hearing impaired.

In the past 12 months, there have not been any instances where offender interpreters, readers, or other types of offender assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.64, or the investigation of the resident's allegations.

During the onsite audit, the auditor assistant conducted an interview with a deaf offender using a sign language interpreter. The offender was familiar with the interpreter present. Of the dozen disabled offenders interviewed, no one complained about the services and programs they were receiving at the prison. They were familiar with PREA and knew how to make notifications in the event of a PREA complaint. I find this standard to be in compliance based upon review of operating procedures, and interviews of staff and offenders.

.Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with offenders, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with offenders, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 101.8 states the DOC shall not hire or promote anyone who may have contact with offenders, and shall not enlist services of any contractor who may have contact with offenders who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
- b. 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, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

The DOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

Before hiring new employees, who may have contact with offenders, the DOC shall:

- a. Perform a criminal background records check
- b. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In the past 12 months, there have been 111 persons hired who may have contact with offenders who have had criminal background records checks. This equates to 100% of all persons hired within the last 12 months. DOC shall perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with offenders were 53. This equates to 100% of all contracts.

The DOC shall conduct criminal background records checks at least every 5 years of current employees and contractors. A criminal background record check will be conducted annually for sensitive specialist assignments. The Human Resources Officer for each organizational unit shall ensure criminal background record checks are conducted and documented as required. The Human Resources Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted.

Staff interviews indicate criminal background checks are conducted on both security staff as well as contractors and volunteers. Past incidents of sexual abuse and sexual harassment are considered when determining whether or not to hire or promote an employee. All applicants are checked using VCIN as well as NCIC. PREA questions are asked as a part of the application as well as during any promotional process. The facility imposes upon employees a continuing affirmative duty to disclose any such previous

misconduct. Whenever a former employee applies for work at another institution, the facility would provide information on substantiated allegations of sexual abuse and sexual harassment involving the former employee.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 801.1 states the effect of the facility's design, acquisition, expansion or modification on the facility's ability to protect the offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect offenders from sexual abuse.

During the onsite audit, the auditor was advised the agency/facility are in the process of upgrading the cameras in the prison. A door to the offender's restroom was modified in the Buildings and Grounds Department to allow staff to view inside without violating PREA, but providing security. This standard is in compliance after review of operating procedures, observations during the tour, and interviews of staff and offenders.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including offender-on-offender sexual abuse or staff sexual misconduct). Operating Procedure 030.4 is the agency procedure for evidence protocol and forensic medical examinations. Policy states SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview. During the pre-audit, the auditor was provided with documentation showing the agency has four separate forensic examination providers available in the Eastern Region.

Operating Procedure 720.7 states if evidentiary or medically appropriate, victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. A medical history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiner (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender for this examination. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

A qualified DOC Mental Health/counseling staff member or a qualified community-based staff member shall be an individual who has been screen for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the appropriate authority (PERK kit recommended). Although it is recommended that a PERK kit be collected within 72 hours, it should be beyond that time whenever there is possibility of evidence remaining. If the offender alleging assault refuses to be examined, it shall be documented in the Health Record and the offender shall sign a Health Services Consent to Treatment; Refusal 720_F3. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

During the pre-audit, the auditor was provided with documentation showing the agency has an existing MOU with Virginia Sexual & Domestic Violence Action Alliance to provide support services to victims of sexual abuse. During the pre-audit, the auditor was provided with documentation for 12 separate volunteer victim advocates that are available in the Eastern Region. During the past 12 months, there has been no forensic medical examination conducted.

Random staff indicate staff are aware of how to collect usable, physical evidence and know who is responsible for conducting sexual abuse investigations. Staff indicate victim advocate services would be provided by Virginia Sexual & Domestic Violence Action Alliance or by staff member trained in providing these services. The prison is in compliance with this standard based upon written policy, observations and interviews of staff and offenders.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 030.4 states the SIU is responsible for conducting administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities as outlined in this procedure. The SIU is responsible for conducting investigations on all incidents of sexual abuse and sexual harassment. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations.

In addition to the general PREA training provided to all employees, investigators shall receive specialize training in conducting sexual abuse investigations in confinement settings. Specialize training shall include the following:

- i. Techniques for interviewing sexual abuse victims
- ii. Proper use of Miranda and Garrity warnings
- iii. Sexual abuse evidence collection in confinement settings
- iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral

During the past 12 months, there have been 39 allegations of sexual abuse and sexual harassment that were received.

During the past 12 months, there have been 39 allegations resulting in an administrative investigation.

During the past 12 months, there have been no allegations referred for criminal investigation.

Operating Procedure 038.3 states an administrative or criminal investigation conducted in accordance with PREA standards shall become completed for all allegations of sexual abuse and sexual harassment. Initial investigation may be conducted by the facility investigator. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit (SIU). The facility shall document all such referrals. The SIU shall conduct investigations into criminal behavior, procedural or administrative violations, or employee misconduct affecting the operations of the DOC.

The Chief of Special Investigations Unit or a designee shall review the nature of the allegations received to determine if an investigation is warranted. Upon notification of an allegation of sexual abuse or misconduct, investigative staff shall follow Operating Procedure 030.4, Special Investigations Unit.

During the pre-audit, the auditor located the policy stating referrals of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website (<https://vadoc.virginia.gov/about/procedures/documents/030/038-3.pdf>). Staff interviews indicate the DOC has a Special Investigation Unit (SIU) with law enforcement authority to investigate crimes in facilities within the DOC.

Institutional Investigators handle administrative or criminal investigations at the facility. When an allegation is received, the warden of the facility, the institutional investigator, and the PREA Analyst are notified. If the allegation is criminal in nature, SIU would also be notified. Staff would ensure the victim is protected and all protocols are instituted. Any allegation received from another agency is processed the same way. If an allegation is received that happened at another agency, the DOC reports these allegations to the respective authority. Review of Operating Procedures, review of case files, interviews of staff and offenders verify compliance of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with offenders on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with offenders on offenders' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with offenders on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with offenders on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with offenders on how to avoid inappropriate relationships with offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the offenders at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with offenders received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 outlines orientation training for new employees. Policy states PREA Orientation will consist of the following:

- a. Its zero-tolerance policy for sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- c. Offenders' rights to be free from sexual abuse and sexual harassment
- d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- e. The dynamics of sexual abuse and sexual harassment in confinement.
- f. The common reactions of sexual abuse and sexual harassment victims.
- g. How to detect and respond to signs of threatened and actual sexual abuse.
- h. How to avoid inappropriate relationships with offenders.
- i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders, and
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a

facility that houses only female offenders, or vice versa. The agency shall document through employee signature or electronic verification that employees understand the training they have received.

There have been 311 staff employed by the facility, who may have contact with offenders, who were trained or retrained on the PREA requirements listed above. Staff training is conducted annually. During the pre-audit, the auditor was provided with copies of the agency's PREA curriculum, training logs, certificates of completion, training acknowledgement forms. The training curriculum meets all requirements under 115.31 (a)-1.

Random staff interviews indicate staff have received the training required under 115.31. This standard is in compliance based on review of DOC procedures, proper documentation and staff interviews.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors 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? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with offenders been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 027.1 states the Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with offenders, but all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

All volunteers who have contact with offenders shall be notified of the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A briefing on security procedures, privacy laws, chain of command, basic knowledge of criminal behavior, and other related topics, as pertinent and applicable. Completion of orientation/training will be documented by the volunteer's signature on the Rules for Volunteers. This standard is in compliance based upon review of operating procedures, documentation verifying training and interview of volunteers.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do offenders receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all offenders received such education? Yes No

- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all offenders including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all offenders including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all offenders including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all offenders including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all offenders including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of offender participation in these education sessions?
 Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure 810.2 states an offender received from another DOC facility via transfer will be provided a copy of the Sexual Assault Awareness and Prevention brochure that includes the Sexual Assault Hotline number.

In addition to providing such education, each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

There were 756 offenders admitted during the past 12 months who were given this information at intake. There were 1859 offenders during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Of those who were not educated during the first 30 days of intake, all offenders have been educated subsequently.

During the pre-audit, the auditor was provided with sample documentation of offenders signing for their receipt of the PREA brochure. Offenders are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. This information is provided in a brochure and given to all offenders immediately upon intake. The intake officer will read this information to the offenders during intake. Offenders are required to sign for receipt of this information. Also, counselors show PREA informational videos to the offenders typically within a few days of intake. Offender interviews indicate offenders receive information about the facility's rules against sexual abuse and sexual harassment through brochures they receive during intake.

Within 30 days of intake, offenders receive comprehensive education via a PREA video. In addition, the auditor observed the intake process and saw the offenders being informed about PREA. This standard is in compliance.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 030.4 states sexual abuse and sexual harassment investigations shall only be conducted by SIU investigators who have received special training in sexual abuse investigations. In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings.

Specialized training shall include: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators. In the pre-audit phase, the auditor was provided a copy of the training curriculum which met the requirements under 115.34.

There are three investigators currently employed and working within the facility who have completed the required training. Investigative staff interviews indicate investigative staff are trained in conducting sexual abuse investigations in confinement settings. Training topics include: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Standard 115.34 is in compliance based upon review of operating procedures, documentation of training and interview of staff and offenders.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 160.1 states Prison Rape Elimination Act (PREA) training for medical and mental health care practitioners shall also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC.

Operating Procedure 701.1 states the Health Authority and/or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receives specialized training in:

- a. How to detect and assess signs of sexual abuse and sexual harassment
- b. How to preserve physical evidence of sexual abuse
- c. How to respond effectively and professionally to victims of sexual abuse
- d. How to preserve physical evidence of sexual abuse
- e. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
- f. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

There have been 39 medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy. This amounts to 100% of all medical and mental health care practitioners. Agency medical staff at this facility do not conduct forensic medical exams.

Medical and Mental Health staff interviews indicate all forensic examinations would be conducted by SAFEs/SANEs at VCU MCV Hospital in Richmond, VA. Medical and Mental Health staff acknowledged receiving specialized training regarding sexual abuse and sexual harassment.

Training topics include: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The prison is in compliance with 115.35 based upon auditor's review of operating procedures, documentation of training, and interview of medical and mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all offenders assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? Yes No
- Are all offenders assessed upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the offender has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No

- Does the facility reassess an inmate’s risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that offenders are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 160.1 states Prison Rape Elimination Act (PREA) training for medical and mental health care practitioners shall also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner’s status in the DOC.

Operating Procedure 701.1 states the Health Authority and/or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receives specialized training in:

- a. How to detect and assess signs of sexual abuse and sexual harassment
- b. How to preserve physical evidence of sexual abuse
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

There have been 39 medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy. This amounts to 100% of all medical and mental health care practitioners.

Agency medical staff at this facility do not conduct forensic medical exams. Medical and Mental Health staff interviews indicate all forensic examinations would be conducted by SAFEs/SANEs at VCU MCV Hospital in Richmond, VA.

Medical and Mental Health staff acknowledged receiving specialized training regarding sexual abuse and sexual harassment. Training topics include: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Evidence from interviews of medical and mental health care givers, along with review of operating procedures and documentation of training show compliance with 115.35.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns offenders to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex offenders given the opportunity to shower separately from other offenders? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: transgender offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, Operating Procedure 810.1 Offender Reception & Classification, and Operating Procedure 810.2, Transferred Offender Receiving and Orientation, offenders will be screened for potential vulnerability to sexual assault, or tendencies to act out with sexually aggressive behavior at intake, transfer and as needed while incarcerated.

Upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Operating Procedure 038.3 says the DOC shall use information from the offender risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The DOC shall make individualized determinations about how to ensure the safety of each offender. Specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by Mental Health staff with Gender Dysphoria shall be made by the Gender Dysphoria Committee. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

Staff interviews indicate medical and mental health staff are made aware of any offenders who screen as victims as well as those screening as being abusive. Medical and mental health staff will conduct follow-up evaluations. Housing is determined based on the screenings with the goal of housing these two types of offenders separate from one another. These bunk assignments will typically be assigned closer to the control rooms for more direct observation by security staff. Transgender or intersex offenders' views with respect to his or her own safety are given serious consideration in placement and programming assignments. Interviews of offenders did not raise any concerns about inappropriate placement which caused offenders to be fearful of sexual assaults or aggressive sexual behavior.

I find Sussex II to be in compliance with standard 115.41 for the above stated reasons.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign offenders at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 830.5 states offenders identified as HRSV shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. If the Facility cannot conduct an assessment immediately, the Shift Commander may place the offender in Special Housing on General Detention for no more than 24-hours while completing the assessment.

The facility must clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. Involuntary assignment to Segregation or a Restrictive Housing Unit shall only be made until an alternative means of separation can be arranged. This assignment to Segregation/Restrictive Housing Unit shall not ordinarily exceed a period of 30 days.

The pre-audit questionnaire indicates that, the facility has not placed any offenders at risk of sexual victimization in involuntary segregated housing. Staff and offender interviews indicate that they would not place offenders at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. If an offender was placed in involuntary segregated housing for this reason, they would only be housed there until alternative means of separation from likely abusers can be arranged. Staff indicated they have never had to use involuntary segregated housing for this reason.

Standard 115.43 is in compliance based upon operating procedures, proper documentation staff and inmate interviews, and observations during the tour of the facility.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for offenders to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for offenders to privately report: Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for offenders to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are offenders detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only to the immediate point-of-contact line officer.

An offender may report such incidents to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline Number #55, or in writing using an Offender Request or Informal Complaint. An offender who is sexually assaulted shall immediately notify staff that a sexual assault has occurred. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Offenders who observe, or involved in, or have any knowledge or suspicion of a sexual abuse or unauthorized relationship shall immediately notify staff.

The agency shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive immediately forward offender reports of sexual abuse and sexual harassment to agency officials allowing the offender to remain anonymous upon request. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders.

Operating Procedure 801.6 states the Offender Request is one internal way that offenders can privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept any report of PREA related issues submitted and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. If applicable, an internal incident report checked PREA shall be submitted in accordance with Operating Procedure 038.1 Reporting Serious or Unusual Incidents. Operating Procedure 803.3 states PREA/Sexual Abuse Hotline is available by dialing #55 at any time the offender telephones are available.

During the pre-audit, the auditor was provided with an MOU between the agency and Virginia Sexual and Domestic Violence Action Alliance. The MOU states the toll-free Family Violence and Sexual Assault Hotline (statewide hotline) shall be a resource for reporting sexual abuse or assault available to victims (DOC offenders) statewide who desire an external method of reporting.

Operating Procedure 866.1 states the Offender Grievance Procedure is one of the multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept any report of PREA related issues made through the Offender Grievance Procedure and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

Operating Procedure 866.1 states staff shall accept any report of PREA related issues made through an Informal Complaint and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

Operating Procedure 866.1 states staff shall accept any report of PREA related issues made through a Regular Grievance and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Manager. The facility PREA Compliance Manager shall notify the Regional PREA Analyst. During the onsite audit, the auditor tested the PREA Hotline. There were options for both English and Spanish. The auditor was able to get verification via email to the PREA Compliance Manager that the test of the PREA hot line was successful.

Staff interviews indicate staff and offenders can privately report sexual abuse or sexual harassment by sending a private report to the Watch Commander or by calling the PREA Hotline at #55 for offenders, 1-855-602-7001 for staff. Staff acknowledged they would accept reports from offenders regardless of whether they were verbal, written, anonymous, or from third parties. Verbal reports would be documented by staff, immediately after receiving the report. Offender interviews indicate offenders were aware they could send in private requests or utilize the PREA Hotline when making a private report. Offenders are that advised staff would accept verbal, written, anonymous, and third-party reports.

Offender Grievance Procedure and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

Operating Procedure 866.1 states staff shall accept any report of PREA related issues made through an Informal Complaint and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

Operating Procedure 866.1 states staff shall accept any report of PREA related issues made through a Regular Grievance and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Manager. The facility PREA Compliance Manager shall notify the Regional PREA Analyst.

During the onsite audit, the auditor tested the PREA Hotline. There were options for both English and Spanish. The auditor was able to make contact with a live representative from Virginia Sexual and Domestic Violence Action Alliance, using the hotline.

Staff interviews indicate staff and offenders can privately report sexual abuse or sexual harassment by sending a private report to the Watch Commander or by calling the PREA Hotline at #55 for offenders, 1-855-602-7001 for staff. Staff acknowledged they would accept reports from offenders regardless of whether they were verbal, written, anonymous, or from third parties. Verbal reports would be documented by staff, immediately after receiving the report.

Offender interviews indicate offenders were aware they could send in private requests or utilize the PREA Hotline when making a private report. Offenders advised staff would accept verbal, written, anonymous, and third-party reports. Standard 115.51 is in compliance based on operating procedures, written documentations, and interviews of staff and offenders.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit offenders to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by offenders in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes No NA

- At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, may an offender consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of offenders? (If a third-party file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 is the agency's administrative procedure for dealing with offender grievances regarding sexual abuse. Policy states there is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Third-parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

Operating Procedure 866.1 states an offender is not required to use the informal complaint process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Operating Procedure 866.1 states each institution shall ensure in its Implementation Memorandum that:

- a. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.
- b. Such grievance is not referred to a staff member who is the subject of the complaint.

Operating Procedure 866.1 states total continuances on a grievance that alleges sexual abuse will not exceed 70 days. In the past 12 months, there have not been any grievances filed that alleged sexual abuse.

Operating Procedure 866.1 states a regular grievance may be continued up to 30 calendar days beyond the specified time limits at any level of the procedure for good reason(s). The offender must be notified in writing of the continuance prior to the expiration of the specified time limit at any level and provided a date by which a decision will be made.

Operating Procedure 866.1 states emergency grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

It is the duty of all corrections employees to be responsive to emergency grievances. After receiving an Emergency Grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the employee receiving it shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Administrative Duty Officer or Shift Commander to provide the response within 8 hours. The initial response and final agency decision shall document the institution's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance.

In the past 12 months, there has been one emergency grievance alleging substantial risk of imminent sexual abuse that was filed.

In the past 12 months, there has been one grievance alleging sexual abuse that reached final decision within 90 days after being filed.

There were no grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months where the agency reached its final decision within five days.

In the past 12 months, there have not been any grievances alleging sexual abuse filed by offenders in the past 12 months in which the offender declined third-party assistance, containing documentation of the offender's decision to decline.

Operating Procedure 861.1 states a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Operating Procedure 866.1 states disciplinary charges may be brought against an offender for filing a grievance related to alleged sexual abuse only where the institution demonstrates that the offender filed the grievance in bad faith.

Standard 115.52 is in compliance based upon established operating procedures, relevant documents, and interview of staff and offenders.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states offenders may contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for contact information for access to outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential manner as possible. The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The DOC maintains a Memorandum of Understanding (MOU) with a community provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse. A copy of this agreement is available in the pre-audit documents.

The auditor was provided with PREA Brochures in English, Spanish, and for those who are hearing impaired. The posters contained phone numbers and mailing addresses for victim emotional support services. The auditor established telephone contact with a representative of Action Alliance. They affirmed their service to DOC offenders alleging sexual abuse. The facility informs offenders, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

During the pre-audit the auditor was provided with a contract renewal between the agency and Virginia Sexual & Domestic Violence Action Alliance. The contract included support services to victims of sexual abuse. The date on the renewal was May 1, 2019, and it does not expire until April 30, 2019. The auditor was provided with documentation stating Sussex II State Prison did not have any offenders request the services mentioned above, during the 2018-19 audit cycle.

Offender interviews indicate offenders are provided with access to telephone numbers and mailing addresses to victim advocates. Virginia Sexual and Domestic Violence Action Alliance is able to be reached through PREA Hotline by calling #55. The prison is in compliance with 115.53 based upon relevant operating procedures, observations during the tour, and interviews with staff, offenders and member of Action Alliance.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedures 038.3 states the Department of Corrections public website provides contact information on how to report sexual abuse and sexual harassment on behalf of an offender.

During the pre-audit, the auditor was provided with snap shot of the agency's website, which states; "If you or someone you know were sexually abused or sexually harassed while in custody or under the supervision of the Virginia Department of Corrections, you may complete and mail in the Third Party Reporting Form, email us, or call the Confidential Reporting Hotline to initiate a review.

The VADOC will take appropriate steps to protect staff, contractors, volunteers, offenders and probationers from retaliation for reporting occurrences of sexual abuse or sexual harassment.” Third party reporting forms are available on the agency website in both English and Spanish. 115.54 is in compliance based upon operating procedures, interviews of staff and offenders and information on the DOC website.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against offenders or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.1 states any employee, volunteer, or contractor shall immediately report to his or her supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If applicable, an internal incident report checked PREA shall be submitted. Apart from reporting to designated supervisors or officials any information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions.

Staff interviews indicate staff are aware the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, as well as retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

Medical and mental health staff indicate they disclose the limitations of confidentiality and their duty to report, at the initiation of services to an offender. Medical and mental health staff also acknowledged being required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning it. Volunteers who were interviewed indicated their requirement to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility.

Standard 115.61 is in compliance based upon fact in previous statements.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states when a facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender.

Operating Procedure 425.4 states within 24 hours of arrival at any DOC institution, prior to bed assignment, each offender shall be screened for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and housing assignments are made accordingly. Offenders who are subject to a substantial risk of imminent sexual abuse or are considered to be at risk for additional sexual victimization shall be referred to the OMHP who will immediately consult with the Facility Unit Head or designee to recommend immediate action to protect the offender.

In the past 12 months, there have not been any times the agency or facility determined that an offender was subject to a substantial risk of imminent sexual abuse.

Staff interviews indicate the facility takes protective action to protect offenders who are subject to a substantial risk of imminent sexual abuse. Staff would immediately move the offender to a secure location and notify a supervisor. If appropriate, staff would move the offender toward the front of the door, close to the control room so they could be monitored more closely. If the offender requested a single cell, they would be placed in single cell special housing if no other cell is available in the general population.

Standard 115.62 is in compliance based upon review of operating procedures, relevant documents, and interview of staff and offenders.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states upon receiving an allegation that an offender was sexually abuse while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Unit Head shall document that it has provided such notification. The facility head or agency office that receives such notifications shall ensure that the allegation is investigated in accordance with these standards.

During the past 12 months, there have been no allegation that the facility received that an offender was allegedly abused while confined at another facility.

Operating Procedure 030.4 states when the Facility Unit Head receives notification from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA standards.

During the past 12 months, there have been four allegations of sexual abuse the facility received from other facilities. The auditor was provided documentation showing these allegations were investigated and unsubstantiated.

Staff interviews indicate when they receive allegations from other facilities about incidents that occurred within their facility, the investigators would investigate the allegation the same as allegations they receive directly. If the staff receive allegations of sexual abuse or sexual harassment that have allegedly occurred at other facilities, they would be reported to the head of that facility and/or agency.

Standard 115.63 is in compliance based upon evidence presented in the operating procedures, file documentations, and interviews of staff.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 030.4 states upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The Organizational Unit Head or the individual in charge at the scene of a serious incident must take appropriate action necessary to protect physical evidence and crimes scenes until released to the responding Special Agent. Of these allegations, there was no instance where the staff was notified within a time period that still allowed for the collection of physical evidence.

In the past 12 months, there have not been any instances where a non-security staff member was the first responder to an allegation that an offender was sexually abused. Staff interviews indicate staff were aware of what to do if they were the first person to be alerted that an offender has allegedly been the victim of sexual abuse. Staff would move the victim away from the abuser, notify their supervisor in the past 12 months, there have been eight allegations that an offender was sexually abused. Of these allegations, there was no instance where the staff member separated the alleged victim from the abuser, secure the scene, and take steps to preserve evidence. Standard 115.64 is in compliance due to review of relevant operating procedures, case files, and interview of staff and offenders.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Standard 115.65 is in compliance based upon review of Operating Procedure 038.3, and interview with relevant staff.

Standard 115.66: Preservation of ability to protect offenders from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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During the pre-audit, the auditor was provided with documentation stating Sussex II State Prison is not responsible for collective bargaining on the agency's or facility's behalf and neither shall enter into or renew any collective bargaining agreement or other agreement that limits the organization's ability to remove alleged staff abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

A letter dated April 22, 2013 to all wardens and superintendents from Liz Thornton, Operations Manager referenced the Code of Virginia, prohibiting collective bargaining. Staff interviews indicate the agency does not have collective bargaining agreements. Standard 115.66 is in compliance based upon operating procedures, and staff interviews.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of offenders, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states all staff offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. Allegations of retaliation shall be reported through the same methods as available for reporting sexual abuse or sexual harassment. For at least 90 days following a report of sexual abuse, the DOC shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items to be monitored include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

The DOC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The conduct or treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff will be monitored for a minimum of 90 days on all allegations. The facility designated the Operations Manager as the staff member charged with monitoring retaliation.

During the pre-audit, the auditor was provided with copies of the PREA Compliance Managers log book that she uses to make notes documenting her retaliation monitoring. In the past 12 months, there have not been any incidents of retaliation that have occurred.

Staff interviews indicate the PREA Compliance Manager monitors retaliation for up to 90 days. Retaliation may be monitored beyond 90 days, if warranted. If a staff member was involved, the staff member would be separated from the offender and may receive disciplinary action commensurate with the type of behavior taken. If an offender retaliates against another offender, they would be kept separate from one another. Other options to protect against retaliation include protective custody and/or transfer to another facility.

Sussex II State Prison is in compliance with this standard based upon evidence from relevant operating procedures, documentations from the file folders, and interview from staff and offenders.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 830.5 states, for an offender identified as HRSV or an alleged victim of sexual abuse who has been assigned to Special Housing without their consent, Mental Health staff shall advise the ICA on whether the offender can be released to General Population or whether they must be assigned to Segregation and/or transferred to the DOC Protective Custody Unit. Involuntary assignment to Segregation shall only be made until an alternative means of separation from likely abusers can be arranged. The ICA must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means can be arranged. This assignment shall not ordinarily exceed a period of 30 days.

During the past 12 months, there has been no offender who alleged to have suffered sexual abuse who were held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment. During the past 12 months, there has been no offender who alleged to have suffered sexual abuse who was assigned to involuntary segregated housing for longer than 30 days while awaiting an alternative assessment. During the pre-audit, the auditor was provided with documentation showing a statement for the basis for facility's concern for the offender's safety, and the reason why alternative means of separation could not be arranged.

If an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.

Staff interviews confirm the agency's policy prohibiting placing offenders at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from likely abusers. If an offender were to be held in involuntary segregated housing for this reason, they would be moved as soon as less restrictive housing became available. Standard 115.68 is satisfied based upon established operating procedures, review of relevant documents, staff and offender interviews.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 030.4 states administrative investigations; shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. There have not been any substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012.

Operating Procedure 038.3 states all case records associated with claims of sexual abuse or sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment or counseling shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

During the pre-audit, the auditor was provided with documentation from the facility stating Sussex II State Prison has not had any PREA cases referred for prosecution. During the audit, the auditor reviewed several case files on completed investigations. During the pre-audit, the auditor was provided with a power point presentation of specialize investigative training.

Staff interviews indicate investigative staff received training on conducting investigation. The investigation consisted of a complete sexual abuse investigation in confinement settings. Training topics include: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

A standard of preponderance of evidence is used to substantiate allegations of sexual abuse and sexual harassment. Facility investigators conduct administrative investigations and SIU would conduct criminal investigations. Facility investigators would work in tandem with SIU and assist SIU in any way possible. Standard 115.71 is in full compliance based upon the fore mentioned documentation.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operating Procedure and directive from the Warden state a preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated. Staff interviews indicate a preponderance of evidence is used to substantiate allegations of sexual abuse and sexual harassment. 115.72 is in compliance.

Standard 115.73: Reporting to offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer posted within the offender's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 030.4 states upon completion of the investigation, SIU should inform the Facility Unit Head as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Operating Procedure 038.3 states following an investigation into an offender's allegation that he or she suffered sexual abuse in a DOC facility, the investigator in charge shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the DOC did not conduct the investigation, the institutional investigator shall request the relevant information from the investigative agency in order to inform the offender. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the DOC shall subsequently inform the offender whenever;

- a. The DOC has determined that the allegation is unfounded;
- b. The DOC has determined that the allegation is unsubstantiated;
- c. The staff member is no longer posted within the offender's unit;

- d. The staff member is no longer employed at the facility;
- e. The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- f. The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. During the pre-audit, the auditor was provided with a sample of an alleged sexual abuse investigation. At the conclusion of the investigation, the alleged offender victim was notified, in writing, of the results of the investigation.

Following an offender’s allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever:

- a. The DOC has determined the allegation is unfounded;
- b. The DOC has determined that the allegation is unsubstantiated;
- c. The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- d. The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented and sent to the offender in the same manner as legal mail. DOC’s obligation to report under this standard shall terminate if the offender is released from custody.

During the pre-audit, the auditor found that there were eight investigations were completed by the agency/facility and eight notifications were given to offenders pursuant to this standard.

During the past 12 months, there have not been any investigations of alleged offender sexual abuse in the facility that were completed by an outside agency.

Staff interviews indicate an offender who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The offender notification letters are sent as legal mail and are documented through the offender’s signature of receipt.

Standard 115.73 is satisfied by operating procedures, review of relevant documentation and interviews with staff and offenders.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 135.1 states sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1 Standards of Conduct. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal.

Operating Procedure 135.1 states disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

During the pre-audit period, auditor found that there was one employee who had resigned prior to termination for violating agency sexual abuse or sexual harassment policy. In the past 12 months, there was one staff member who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

Operating Procedure 135.1 states staff who are terminated, or who choose to resign in lieu of termination, for violation of the DOC sexual abuse or sexual harassment policies shall be informed of the DOC's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal.

In the past 12 months, there have not been any staff from the facility who have been reported to law enforcement or licensing boards following their terminations (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policy. Standard 115.76 is in compliance based upon review of operating procedures, documentations, and interview of staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with offenders? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operating Procedure 027.1 states any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer. In the past 12 months, there have not been any contractors or volunteers reported to law enforcement for engaging in sexual abuse of offenders. Staff interviews indicate any contractor or volunteer who violated agency sexual abuse or sexual harassment policies would be banned from the facility and from all contact with offenders, pending an investigation. If the actions were criminal in nature, the agency would seek criminal charges. Standard 115.77 is in compliance based upon review of operating procedures, relevant documentations, and interviews with staff, contractors and volunteers.

Standard 115.78: Disciplinary sanctions for offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are offenders subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In the past 12 months, there have not been any administrative findings of offender-on-offender sexual abuse that have occurred at the facility.

In the past 12 months, there have not been any criminal findings of offender-on-offender sexual abuse that have occurred at the facility.

The pre-audit questionnaire indicates this facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Operating Procedure 820.2 states facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in such interventions as a condition of access to programming or other benefits.

Operating Procedure 038.3 states offenders shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Staff interviews indicate offenders would be subject to disciplinary sanctions following an administrative or criminal finding that the offender engaged in offender-on-offender sexual abuse. Offenders would receive an institutional charge for misconduct. If the actions were criminal in nature, the offender abuser would be referred for prosecution by SIU.

The offender abuser may face a loss of good time and may also be transferred to a higher-level security prison. Disciplinary sanctions are proportionate to the nature and circumstances of the abuses committed, the offenders' disciplinary histories, and the sanctions imposed for similar offenses by other offenders with similar histories. An offender's mental disability or mental illness is considered when determining sanctions. Medical and mental health staff interviews indicate they provide therapy, counseling, or other intervention in an attempt to address and correct the underlying reasons or motivations for sexual abuse. When these

services are provided, staff does not consider an offender's participation as a condition of access to programming or other benefits. Standard 115.78 is in compliance based upon review of relevant operating procedure, documents, and verification of staff and offender during the interview process.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 730.2 states in institutions, within 14 days, the QMHP will notify offenders identified as HRSA or HRSV of the availability of a follow-up meeting with a mental health practitioner and relevant available treatment and programming. Notification will be documented on the Prison Rape Elimination Act (PREA) QMHP Follow-Up.

During the onsite audit, four offenders disclosed victimization during screening and were offered a follow-up meeting with a medical or mental health practitioner. It is the prison's policy and practice to follow up with a 100% of offenders who disclose victimization during screening.

During the onsite audit, the auditor was provided with sample documentation of medical/mental health referrals and tracking charts.

Operating Procedure 425.4 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Operating Procedure 701.3 states medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

During the onsite audit, the auditor reviewed a random sample of screenings and discovered the follow-up mental health evaluations are occurring within 14 days of the risk screening. Offender interviews indicate offenders who disclose sexual victimization at risk screening are offered a follow-up evaluation with medical and/or mental health staff.

Staff interviews indicate offenders who disclose sexual victimization at risk screening are offered a follow-up evaluation with medical and/or mental health staff. Those offenders who have previously perpetrated sexual abuse are also offered follow-up evaluations. Typically, follow-up mental health evaluations occur as soon as they have access to the offender; however, policy requires the evaluation to occur within 48 hours.

Standard 115.81 is in compliance based upon review of operating procedures, relevant documentation, and interviews with staff and offenders.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 720.7 states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment and services shall be provided to the occurs immediately. The nature and scope of these services determined according to your professional judgment. Victims of sexual abuse are offered timely information about access victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Staff interviews indicate offender victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Typically, this to emergency contraception and sexually transmitted infection prophylaxis.

Standard 115.82 is satisfied based upon operating procedures, review of documents, and interview results of staff and offenders.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA
-

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 720.7 states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Such treatment shall be timely, and will unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and health practitioners according to their professional judgement.

Sussex II State Prison is a male facility; therefore, Standards 115.83 (d) – 1 and 115.83 (e) – 1 are not applicable. Operating Procedure 720.7 states offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Operating Procedure 730.2 states all prisons shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners.

Staff interviews indicate evaluation and treatment of victims include life safety measures to make sure the offender is stable. Clothing would be preserved as evidence. Medical and mental health services are

consistent with community level care. Standard 115.83 is in compliance based upon review of operating procedures, relevant documents, and interviews of staff and offenders.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.1 states a sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. A sexual harassment incident review shall be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation has been determined to be substantiated. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews. The review should begin as soon as practical after the incident and a Report of Incident Review 038_F3 submitted within 7 working days of the initial Incident Report.

During the pre-audit, the auditor was advised of eight allegations of abuse that occurred during the past 12 months. Six of these allegations were followed by a sexual abuse incident review.

Operating Procedure 038.1 states the Review Team will determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training.

The Review Team will also develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement, or shall document the reasons for not doing so. The reports are submitted to the Regional Office for review by the Regional Administrator and/or Regional Operations Chief. A copy of all Report of Incident Reviews for sexual abuse and sexual harassment shall be submitted to the Regional PREA Analyst as provided in Operating Procedure 038.3, Prison Rape Elimination Act (PREA).

Staff interviews indicate the facility has a sexual abuse incident review team. The team consists of the Warden, Assistant Warden, Major, PREA Compliance Manager, Medical and Mental Health and any other staff deemed appropriate. The sexual abuse incident review team looks for any deficiencies. If any are discovered, action would be taken including changing procedures, if appropriate. The review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual,

transgender, or intersex identification, status, or perceived status; gang affiliation; and/or other group dynamics.

The review team; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed the minutes of several review team meetings. All required members of the administrative team were present. Standard 115.86 is in compliance based upon the evidence mentioned above.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders? (N/A if agency does not contract for the confinement of its offenders.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states the DOC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. Upon request, the DOC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The DOC shall ensure that data collected of allegations of sexual abuse at facilities under its direct control are securely retained. The DOC is in compliance with this standard based upon its operating procedures, staff interviews and information on the DOC website.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states the DOC shall review data collected and aggregated pursuant to this operation procedure in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- a. Identifying problem areas; corrective action on an ongoing basis; and
- b. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the DOC's progress in addressing sexual abuse. The DOC report shall be approved by the Director and made readily available to the public through its website. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Staff interviews indicate after an assault has occurred, there is a Critical Incident Debriefing and an After-Action Report. The Regional Operations Chief, the Warden, ranking correctional officers, and the Chief of

Correctional Operations meet and discuss the incident and what could have been done to prevent the incident from happening again.

The report is sent to the Director and the Chief of Correctional Operations and the two other Regional Operations Chiefs as a “lessons learned” document. In addition, the DOC aggregates data regarding all assaults and looks for trends across the DOC and down to specific institutions. This information is shared with the Director, Chief of Correctional Operations, and the Regional Administrators. In addition, the PREA staff review all incidents involving sexual assaults or sexual harassment.

If the report indicates a need to change policy or procedure, the appropriate change is made and communicated to all applicable DOC employees. All reports come to the Director for review and his approval before they are sent out publicly. Once approved, the reports are posted on the agency’s website (<http://vadoc.virginia.gov/about/facts/prea/2014-prea-annual-report.pdf>). All personal identifiers are redacted.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Operating Procedure 038.3 states the DOC shall ensure that data collected of allegations of sexual abuse at facilities under its direct control are securely retained. The DOC shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the DOC will remove all personal identifiers.

The DOC shall maintain this sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal State, or local law requires otherwise. Information is gathered from investigations. Trends are identified from the data collected. The agency implements corrective action when warranted. Changes may be implemented at both the state and institution level. I find the DOC in compliance of this standard based upon policy and a review of the website.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with offenders, residents, and detainees? Yes No

115.401 (n)

- Were offenders permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The audit team received complete cooperation with the DOC staff, prison staff, and offenders at the prison. Operating Procedures and secondary documentation were provided well before the onsite visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the

case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

A review of the website shows a number of the DOC's previous audits. The website is rather comprehensive and informative.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Alton Baskerville _____

April 29, 2019 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.